

Ambae Volcano

Gender & Protection Cluster Response Plan



September 2017

Version 1: First phase response September – October 2017

***revised for Mass Evacuation 29th September 2017**

Contact:

Gender & Protection Cluster Lead	Gender & Protection Cluster Co-Leads
Tina Noka, Gender & Protection Cluster Coordinator DWA Email: rilo@vanuatu.gov.au	Georgia Tacey, Country Director Save the Children Email: Georgia.Tacey@savethechildren.org.vu Charlie Damon, Program Director CARE International Email: Charlie.Damon@careint.org

1. Situation Overview and Response Summary

1.1 Situation Update

Monaro Volcano on Ambae Island remains at Alert Level 4. With the support of the NDMO 7,000 people have evacuated to East and West Ambae across 32 Evacuation Centres. There are also reports of voluntary evacuations to nearby islands. As of the 28th September a MASS Evacuation of Ambae island to Maewo, Pentecost and Santo was announced. This plan reflects the response activities for the mass evacuation.

1.2 Gender & Protection risks

Given the large numbers of people moving and congregating in evacuation centres there are significant gender and protection concerns. These include

- An increase in Gender Based Violence (GBV) and Sexual Exploitation and Abuse (SEA)
- Child Protection
- Lack of services for People Living with Disabilities (PLWD)
- General safety, protection and dignity of displaced and host communities
- Overloaded or lack of health services particularly Sexual and Reproductive Health (SRH) and Maternal and Child Health (MCH)

1.3 Gender & Protection Cluster Response Summary

To ensure the safety, dignity and protection of vulnerable persons in displaced and host communities, the Gender & Protection Cluster proposes the following response actions:

- Gender and Protection monitoring, awareness raising and training for displaced and host communities and humanitarian responders
- Establishment and training of Protection Committees who are responsible for monitoring, reporting and referral of protection issues.
- Deployment of Vanuatu Women Centre counsellors to Ambae to manage the potential increase in referrals
- Distribution of Safety and Dignity kits (lava lava, solar lights, underwear, nappies, Menstruation Hygiene Management) to displaced persons and host communities.
- Mapping and data collection to identify unaccompanied minors and vulnerable groups (including people living with disabilities and female headed households)
- Establishment of Child Friendly Spaces (CFS) and the mobilisation and training of youth to manage the CFS Data collection and vulnerability mapping of the displaced persons in evacuation centres
- Provision of psychological first aid (PFA) and psychosocial support (PSS) in the affected areas.
- Gender & Protection mainstreaming support to other Clusters.

The Gender & Protection Cluster propose to conduct the above response for one month to 20 Evacuation Centres and will prioritise those with the highest populations.

The budget for this response is VATU 77,773,850 based on 20 evacuation centres-budget can be modified when evacuation sites have been assigned.

2. Stakeholder mapping

Gender & Protection Cluster members have the following resources in Ambae:

Agency	Location	Resources
Red Cross	Saratamata, East Ambae	Staff and volunteers
Save the Children	Saratamata (East Ambae) Establishing in West Ambae Santo	10 staff and deploying an additional 10 this week. 15 staff (santo) 3 vehicles (4WD)
Vanuatu Women's Centre	Saratamata (East Ambae)	4 staff 1 project officer, 2 counsellors plus one finance 4 CAVAWs
DPO	Lolovenue (East Ambae) Walaha (West Ambae) Saratamata (East Ambae) Penama Proovincial Disability Committee and Disabled People organisations East ambae: KARO HURI West Ambae: HIVO HURI	2 staff 2 staff 1 staff (vice chairman of DPO - Penama)
ADRA	Walaha West Ambae Established CDCs for Waloriki, Navuti and Walaha	3 staff The above staff are their focal point of contact
Other networks: School Committees		

The following agencies have staff on standby to deploy:

- Action Aid
- ADRA
- CARE International
- Childs Desk
- Ministry of Justice and Community Services
- Red Cross

- Save the Children
- Vanuatu Women's Centre
- Department of Women's Affairs

The following resources are available to be shipped to Pentecost, Maewo and Santo:

- School in a box (Save the Children)
- Child Friendly Spaces (Save the Children)
- Hygiene kits, NFIs, water (Red Cross)

3. Immediate gender and protection risks and needs

The Gender and Protection Cluster has identified the following immediate risks:

3.1 Gender Based Violence (GBV) and Sexual Exploitation and Abuse (SEA)

GBV increases after disasters, and there is already a high rate of violence against women in Vanuatu¹ and violence involving children.² With the mass displacement of affected families and the burden on host communities there is a risk of an increase in sexual assault and abuse against women, boys, girls, people living with disability and in increase in domestic violence.

Additionally, due to limited income sources women may be forced into dangerous income generation activities including transactional sex.

3.2 Child Protection

Due to the mass displacement of affected populations there is a risk of children being separated from their families leading to a breakdown in their usual protection mechanisms. This leaves them vulnerable to exploitation and abuse including child labour. Additionally children's schooling is being disrupted with schools closing for safety or because they are being used as evacuation centres. This leads to children being left at home or in evacuation centres unsupervised.

3.3 Lack of services for People Living with Disabilities (PLWD)

With the mass displacement of communities there is a risk that PLWD are not accessing services required due to being left at home, being neglected and/or left at home due to the burden of moving them to Evacuation Centres or wharfs to be transported particular those who live inland.

This results in a disruption of their usual support mechanisms and services and referral services in host communities being overwhelmed.

3.4 General safety, protection and dignity of displaced and host communities

Due to crowded evacuation centres, host communities receiving large numbers of displaced people, humanitarian responders (including VMF, police officers, NDMO and NGO staff) and inadequate

¹ Vanuatu Family Safety Study Report (2011) found that 60% of women between 15 and 49 years of age experienced physical or sexual violence during their lifetime, 44% had experienced sexual violence, 30% experienced childhood sexual abuse, 24% of ever-partnered women have been injured due to intimate partner violence, and 11% have been injured in the previous 12 months to the study.

² In a 2008 baseline study in Vanuatu, 78% of community members surveyed admitted to physically harming children, while 35% were aware of or admitted to corporal punishment at school.

WASH facilities there are risks of general safety, protection and dignity of community members. This includes inadequate lighting (in communities, in toilet / bathing facilities/ in evacuation centres); lack of privacy in evacuation centres; and lack of hygiene facilities (menstruation hygiene management, babies / children's nappies).

3.5 Overloaded or lack of health services

With the influx of displaced populations into host communities, there is a risk that already limited health services will be overloaded and health needs of displaced and host community members not being met. This is of particular concern for Sexual Reproductive Health (SRH) and Maternal and Child Health (MCH) services.

DRAFT

4. Proposed Gender & Protection Cluster response

The Gender and Protection Cluster (GPC) focuses on the safety, dignity, and equality of people affected by the Ambae Volcano, including the needs and capacities of vulnerable groups. Issues can be an exacerbation of pre-existing vulnerability and discrimination (such as exclusion of people with disabilities from full participation in society), can newly arise in the displacement (such as exposure to gender-based violence during evacuation or displacement in close quarters with persons outside of immediate family), and can arise from the assistance itself (such as where the assistance is unevenly distributed, or the items are unknown or unsuitable). Accordingly, this section contains assessment of a range of issues and considerations, some of which the Gender and Protection Cluster acts upon itself (“targeted” action on child protection, gender-based violence etc) and some of which are the responsibility of other clusters to be informed about and act upon (“mainstreaming” action).

4.1 Proposed Gender & Protection Cluster response

The Gender & Protection Cluster proposes the initial 2 month response to be undertaken by Gender & Protection Cluster partners.

Need	Proposed Gender & Protection Response
Gender-based violence issues are not being reported, but we know GBV increases after disasters, and there is already a high rate of violence against women in Vanuatu ³ and violence involving children. ⁴	Protection monitoring needs to be undertaken by Gender & Protection Cluster partners (including CARE, Save the Children and local CAVAWs); mobilisation of local service providers (particularly Vanuatu Women’s Centre) to assist GBV survivors and women and children in need since the volcano induced displacement; activities to reduce volcano-related tensions and promote non-violent behaviours. Dissemination of referral pathways and wallet card for humanitarian responders.
Safety concerns reported, and issues of access to	Establishment and training of Protection Committees who are responsible for monitoring,

³ Vanuatu Family Safety Study Report (2011) found that 60% of women between 15 and 49 years of age experienced physical or sexual violence during their lifetime, 44% had experienced sexual violence, 30% experienced childhood sexual abuse, 24% of ever-partnered women have been injured due to intimate partner violence, and 11% have been injured in the previous 12 months to the study.

⁴ In a 2008 baseline study in Vanuatu, 78% of community members surveyed admitted to physically harming children, while 35% were aware of or admitted to corporal punishment at school.

<p>assistance, information and support, for vulnerable groups⁵ including women and children, and people with disabilities.</p> <p>Safety and Dignity kits (lava lava, solar lights, underwear, nappies, Menstruation Hygiene Management) required to ensure adequate safety and protection of displaced populations and vulnerable groups.</p>	<p>reporting and referral of protection issues.</p> <p>Protection committees can also manage the distribution of Safety and dignity kits (lava lava, solar lights, underwear, nappies, Menstruation Hygiene Management) to displaced persons and host communities.</p>
<p>Mass arrival of humanitarian responders and other stakeholders who may not have any general understanding of gender and protection in emergencies. This can put both responders, host and displaced communities at risk. Additionally there may be hostility between host communities and evacuees due to looting and theft</p>	<p>Training of stakeholders (including VMF, Police, local leaders, humanitarian responders) on Code of Conduct, gender based violence, prevention of sexual exploitation and abuse. Training to include sessions on managing disclosures and referral pathways</p>
<p>Host and displaced communities unaware of the increased potential of gender and protection risks that their communities may face</p>	<p>Awareness sessions to be provided to communities to give information on gender and protection. This includes information on gender based violence, prevention of sexual exploitation and abuse and sessions on referral pathways and services.</p>
<p>Children may have been separated from their families due to the mass movement of displaced populations leading to a breakdown in their usual protection mechanisms. This leaves them vulnerable to exploitation and abuse</p>	<p>Child mapping to be conducted to identify and report unaccompanied minors</p>
<p>Children (both those displaced and those staying in evacuation centres) have no access to a safe space for play and interaction</p>	<p>Establishment of Child Friendly Spaces (CFS) and the mobilisation and training of youth to manage the CFS</p>
<p>Currently there is no breakdown of disaggregated data of displaced populations identifying the number of women, men, girls, boys, people living with disabilities.</p>	<p>Data collection and vulnerability mapping of the displaced persons in evacuation centres</p>

⁵ It is estimated that 20% of households in Vanuatu are vulnerable, based on data from Vanuatu National Statistics Office Census of Population and Housing, 2009. The estimate for disabilities in the census is 5%.

Therefore there is currently no analysis on the detailed specific needs of vulnerable displaced persons.	
Psychological issues for cyclone-affected people, including trauma from the volcano eruption and fears about the future. Some affected people feel uncomfortable receiving this assistance from local chiefs.	Provision of psychological first aid (PFA) and psychosocial support (PSS) in the affected areas. Supplements efforts of local CAVAWS and/or existing trained people on islands. Support from non-resident counsellors may be accessed more as it may be perceived as more confidential.
Communication with communities and displaced persons on key messages; key contacts; other information & education	Provision of IEC materials to place on noticeboards for every community
Other clusters have little capacity for mainstreaming gender and protection	Provision of recommendations to each cluster in this document, plus support for raising awareness and capacity for mainstreaming gender and protection.

This response will be conducted in 20 Evacuation Centres prioritising those with the highest populations. Current data indicates that this will include the following Santo will receive the most amount of displaced people. We will wait for the Provincial and National Government community selection process to be completed before stipulating which locations we will work in. **This budget is based on 20 locations across three islands for 1 month.** Budget will increase if more locations are required.

Gender & Protection Response Budget

				1 MONTH for 1 Evac centre	1 MONTH for 20 Evac centres	Notes
Detail	unit	Unit cost	QTY	Total		
staffing						
G&P Focal Point	month	1200000	2	2,400,000	48,000,000	
G&P Focal Point per diem	day	3000	60	180,000	3,600,000	
G&P Focal point accom	day	1000	60	60,000	1,200,000	
G&P Volunteers 5 vols per team, 1000 Vt pd, 3 days per week x 1 month				60,000	1,200,000	1000 per day, 3 days week, 5 volunteersx 4 weeks
				-		
Response equipment						
Child Friendly Space Kit	Kit	10000	5	50,000	1,000,000	
Youth Friendly Space Kit	Sportsflip Kit	1200	3	3,600	72,000	
Stationary for assessments, awareness activities and notice board				16,000	320,000	pens, paper, flip chart, pins, blue tack, masking tape, catalogue books
Plane ticket for focal points Vila to longana or West Ambae return	return ticket	35000	2	70,000	1,400,000	
Supervisory visits (travel for senior management for support)	air & land travel	10000	1	10,000	200,000	
Land travel				30,000.0	600,000	For travel between more populated Evac Centres
Communications-sim refill for focal points		9000	2	18,000.0	360,000	
Complaints/Feedback box		1200	1	1,200.0	24,000	
				2,898,800.0		

Shared Costs for G&P						
Design of Protection IEC materials		50000	1	50,000	50,000	
Printing of IEC materials				200,000	200,000	
Safety & Dignity Kits (lava lava, solar lights, underwear, nappies, MHM)	Kit	5500	1322	7,271,000	7,271,000	1322 menstruating woman and girls based off 2009 census and evac population
Freight for IEC, Child friendly Kits, Youth friendly Kits, Stationary				410,000	410,000	combination of air and sea freight
flights for staff to travel to Maewo, Pentecost and Santo		35000	2	70,000	350,000	
womans centre per diems costs	monthly pp	90000	4	360,000	360,000	3000 vt per day for 4 woman for 30 day
Training on code of conduct GBV, etc (training materials)				123,000	123,000	
10 generators	generator	29000	10	290,000	290,000	for lighting bathrooms, walkways, meeting spaces, power for mobile phones, power for awareness sessions
jerry cans to dispense fuel		5000	10	50,000	50,000	
Drums of Fuel		3500	5	17,500	17,500	
sea freight for fuel from Santo				6,000	6,000	
Team Leader for supervision, reporting and risk management				180,000	3,600,000	
TOTAL				14,825,100	70,703,500	
Monitoring and Evaluation 10% of base costs				1,482,510	7,070,350	flights, travel, accom for M&E staff every month, reporting etc
GRAND TOTAL				25,335,110	77,773,850	

4.2 Gender and Protection mainstreaming actions for other Clusters

Area	Risks	Recommendation of Response and advocacy activities
Food Security & Agriculture (FSAC)	Hunger, women eating less each day in order that children and/or grandchildren may eat, dizziness when collecting basic items.	<p>Immediate food distributions, with gender-balanced teams. Food assistance given directly to women. Consider additional food assistance being available through Information and Support Services Tents.</p> <p>Assistance should be accompanied by messaging on the eligibility, duration and quantity of assistance being provided.</p> <p>Ensure blanket distribution for both evacuees and host families as they will also be short of food and water.</p>
	Vulnerable groups which may be overlooked for food assistance through traditional processes because they are not from the island (sick people from another island, and student boarders)	<p>Targeting these groups for food assistance and monitoring their food security going forward.</p> <p>Provide general awareness on such activities particularly sexual and reproductive health care</p>
	Dangerous income generating activities to purchase food or other NFIs	
WASH	Thirst, difficulty accessing water sources for vulnerable women and girls, people with disabilities and older people at the ECs.	<p>Immediate water distributions and/or mobilisation of water decontamination efforts which prioritise households including persons with illnesses, injuries and disabilities, households with pregnant and lactating women, small children and elderly people. Inclusion of gender balance on water assistance communities at village level.</p>
	Uneven access to water distribution, with water being collected by people gathering around, which misses those who are not present.	<p>Ensure distribution of water assistance according to need/capacity, including making sure less mobile or visible people are informed about the assistance and receive it.</p>
	Lack of dignity and private spaces- No separate bathing, toilet and changing facilities for women and girls, no bathing or toilet facilities accessible for persons living with disabilities in the ECs	<p>Take appropriate actions as feasible, to promote safety and dignity for women and girls, and persons living with disabilities in affected areas.</p>
	Women and girls in affected areas of menstruation age do not	<p>Distribution per person not per household, by mixed teams of</p>

	<p>have, or cannot afford, sanitary pads, and in some cases, do not use pads in normal times and are unfamiliar with their use.</p> <p>Hygiene kits not inclusive of children's needs such as nappies, clothes, panties, underwear, etc.</p>	<p>men and women; community messaging on these items and how they are used (also how to dispose of them); consultation with women on what they normally use and provision of something more suitable and familiar.</p> <p>Ensure hygiene kits for children are included in respective organization's kits.</p>
	<p>Methods for addressing water contamination that may be unfamiliar, less community acceptance and uptake. Recognising lesson learned from TC Pam regarding distribution of puritabs with instruction to men, even though women have the gender role for water.</p>	<p>Awareness raising with women on how to use puritabs. If water is being chlorinated, include key messages about the taste, that it is still good to drink, that if they leave it standing for 24 hours the taste will be less, etc.</p>
	<p>Distribution of one jerry can per household. Need water container for different purposes, including drinking, cooking, and hygiene.</p> <p>Lack of proper Waste management causing environmental pollution leading to WASH related diseases</p>	<p>Consider if they have other options for water containers, so that potable water is in a different container to water used for hygiene purposes.</p> <p>Provide advocacy and Promotion on WASH related illnesses and dignity issues</p>
<p>Shelter</p>	<p>Evacuation centres consisting of large population do not necessarily have enough privacy for families which may result in sexual assault and abuse and domestic violence.</p> <p>Evacuation Centres are crowded and not accessible for people living with disabilities</p> <p>No general safety as there may not be sufficient fuel and generators to provide lightings in the ECs but also safety during the day times.</p> <p>Chances for looting and theft will increase particularly where there is insufficient lighting.</p>	<p>Provide general safety and security awareness to EC communities and also to stakeholders involved including VMF and Police force members.</p> <p>Ensure ECs are disability accessible including accessible WASH facilities</p> <p>Provide brief training on complaint/ feedback mechanism to all stakeholders involved.</p> <p>Provide G&P checklists to all volunteers on the ground.</p> <p>Engage women, youth and men in the ECs to support volunteers on by developing social, protection committees to assist</p>

		<p>volunteers on identifying and reporting protection issues.</p> <p>Provide youth, women and child friendly spaces</p> <p>Provide torches in kits for lighting</p> <p>Provide safety response to female headed households.</p>
Education	Disruption of schooling for children in volcano-affected areas.	Establishment of temporary learning spaces, which can provide for child protection as well as continuance of education. Monitoring attendance, identifying drop outs.
	Parents being unable to afford school fees, while diverting their limited income into relocation, food and water needs.	Advocacy for waiver of school fees in affected schools.
	Children not at school and not supervised since classrooms are used as ECs	Ensure temporary classrooms are set up for children to continue with education
	Secondary student fall back on syllabus especially those sitting exams such as Year 8, 10 and 12 due to relocation timings	<p>Ensure that these students are immediately accommodated for in secondary schools on the safe zones.</p> <p>Food and water distribution must increase in these schools</p> <p>WASH facilities must also increase to cater for the increased numbers</p>
Health & Nutrition	Upper respiratory tract infections, boils	Soap distribution, community messaging on not squeezing or draining boils to reduce risk of infection.
	Concern about malnutrition for children under 5 years, when remaining food stocks run out, particularly for children from vulnerable households such as child-headed, female-headed, and disability-headed households.	Monitoring Need to monitor children under 5 for malnutrition in the coming weeks, when the remaining food stocks are gone
	Lack of attention on infant feeding practises	Promotion on proper infant feeding practises

	Inadequate supply of food and water for pregnant and breastfeeding mothers. Pregnant and breastfeeding mothers have specific micronutrient needs but the food assistance only considered overall calories and the division between carbohydrates, proteins and fats.	Consider micronutrient support to prevent malnutrition.
	Women and girls without access to sexual and reproductive health (SRH) services may have compromised capacity to control the timing and spacing of children.	Mobilise SRH support.

DRAFT

Annex 1: Gender & Protection Technical Working Groups

Working Group	Members	Agency
Coordination	Tina Charlie Georgia Betty Josie SEMAN Judy	DWA CARE Cave the Children UNwomen MOJ DWA DWA
Information and Management	Louise Eric Candice Elissa	MOJ DWA CARE CARE
Logistics and Finance	Andrew Flora John Patas Betty Donna	DWA Actionaid DWA UNwomen SPC
GBV	Johnlyn Jill Charlie Tegan Hannah Georgia Annie Donna Raynold Oscar Betty	DWA VWC CARE CARE CARE Save the Children Save the Children SPC VCC Redcross Un Women
WASH	Jocelyn Hannah Willy Dannie Sanin	MOJ CARE CARE ADRA Isra aid
Food	Dan Charlie Marie Eddy Candice Cedric	Oxfam CARE CARE CARE CARE Oxfam
Disability	Knox Candice Hannah Andriana Jill James	MOJ CARE CARE CAREVWC VWC Disability Desk
Child Protection	Elizabeth Georgia James Annie Oscar Jomela Simem Morris Kenny	MOJ Save the Children Disability Desk Save the Children Redcross

DRAFT