



TROPICAL CYCLONES JUDY & KEVIN

Gender & Protection Analysis

22 March 2023 [version 3]



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ACRONYMS

CAVAW	Committee Against Violence Against Women
CDA	Community Disability Associations
CDCCC	Community Disaster and Climate Change Committees
CFS	Child Friendly Space
CTP	Cash Transfer Programming
CVA	Cash and Voucher Assistance
FSAC	Food Security and Agriculture Cluster
GPC	Gender and Protection Cluster
GBV	Gender Based Violence
MHM	Menstrual Hygiene Management
NDMO	National Disaster Management Office
OPD	Organisation for People with a Disability
PFA	Psychosocial First Aid
PSEA	Prevention of Sexual Exploitation and Abuse
PSHEA	Prevention of Sexual Harassment Exploitation and Abuse
PSS	Psychosocial Support Services
RGA	Rapid Gender Analysis
SOE	State of Emergency
SRH	Sexual and Reproductive Health
TC	Tropical Cyclone
WASH	Water, Sanitation and Hygiene
WFS	Women's Friendly Space
VDPA	Vanuatu Disability Promotion and Advocacy Association
VHW	Village Health Worker
VMGD	Vanuatu Meteorology and Geohazards Department
VSLA	Village Savings and Loans

VSPD	Vanuatu Society for People with Disability
VMF	Vanuatu Mobile Force
VWC	Vanuatu Women's Centre

EXECUTIVE SUMMARY

Almost the entire population of Vanuatu, an estimated 251,319 people (80%), are in need of humanitarian assistance following the consecutive impact of Tropical Cyclones (TC) Judy and Kevin. The cyclones have caused widespread and substantial damage across the Vanuatu archipelago with Tafea and Shefa provinces the worst hit. Just under half the population of Vanuatu is female (49.5%)¹; 45% are under 18 years old²; 2.5% are aged 70+³; and there are 72,970 women of reproductive age (aged 15-49), 24% of the population⁴. An estimated 5% of the population has a disability (likely underreported⁵) with walking and seeing the most common difficulties reported and more women (5.30%) than men (4.66%) and more people in rural areas (5.28%) than in urban areas (3.90%) reporting difficulties. The current estimate (as of 20 March 2023) is 2,284 people still in 52 evacuation centres (577 households)⁶. There is widespread damage to houses and other essential infrastructure including churches, health and WASH facilities and schools, as well as damage to roads, food gardens (majority of the Vanuatu population are subsistence farmers) and livestock. There is a need for immediate relief assistance as well as Protection, WASH, Shelter, Food Security and Livelihoods and Health support.

This Gender and Protection analysis provides information to inform humanitarian response and recovery programming for all humanitarian actors (government and non-government). It has the following objectives:

- To analyse and understand the different impacts that Tropical Cyclones Judy and Kevin have had on diverse women, men, girls and boys and other at-risk or marginalised groups in Vanuatu, including people with disabilities.
- To inform humanitarian programming (response and recovery) based on different needs and risks facing diverse women, men, girls and boys, including people with disabilities, with a particular focus on Protection, Shelter, Water, Sanitation and Hygiene (WASH) and Food Security and Livelihoods.

The analysis is informed by research undertaken from 4-20 March 2023, through secondary data review and primary data collection in 26 locations in Shefa and Tafea using quantitative and qualitative tools including the Gender and Protection Interagency Rapid Assessment Form, Determining Disability at the Community Level and National Disaster Management Office's (NDMO) First Community Assessment Form and data from the Vanuatu Society for People with Disability (VSPD) and Community Disability Association member assessments of 404 existing clients in Port Vila and surrounding Area Councils between 13-17 March 2023.

Key Findings

Sexual Exploitation, Abuse and Harassment (SEAH)

Women and children are at risk of sexual exploitation, abuse and harassment. There was one report of children/women/people with disabilities exchanging sex to access Non Food Items and/or food in Tafea Province. To date there are no other reports of SEAH, however, people are extremely vulnerable (food insecurity and lack of safe access to shelter and WASH facilities) and are therefore at risk. Assessment

¹ 2020 Census, Basic Tables Volume 1, Vanuatu National Statistics Office, p.iv: 148,422 females: 151,597 males

² 2020 Census, Basic Tables Volume 1, Vanuatu National Statistics Office, p.v: 165,241 18+

³ 2020 Census, Basic Tables Volume 1, Vanuatu National Statistics Office, p.26.

⁴ 2020 Census, Basic Tables Volume 1, Vanuatu National Statistics Office, p.32-24, calculated from data table 'Total female population by 5 year age groups and region.'

⁵ Due to limited technical capacity and not using internationally recommended methods to identify persons with disability in national data systems, in 'Are Persons with Disabilities Included in the Effort to Leave No one Behind?' Mapping Disability Data in Development in the Asia Pacific, ASEAN Disability Forum, Pacific Disability Forum, CBM and UNFPA, February 2022, p.5-6. <https://asiapacific.unfpa.org/sites/default/files/pub-pdf/cbm.6.1.pdf>

⁶ National Emergency Operations Centre (NEOC) Sitrep, 20th March 2023; Displacement and Evacuation Centre Cluster report to Gender and Protection Cluster, 20 March 2023 (capturing data to 17 March 2023).

teams, security forces (police, Vanuatu Mobile Force (VMF) and international military personnel) have all been deployed to affected communities flagging an urgent need for risk mitigation measures.

Gender-based Violence (GBV)

There are reports of an increase in GBV since the cyclone. Rapid assessment teams have reported one case of sexual abuse of a young woman with a disability (referred to police) and cases of physical and emotional abuse of women and children due to high levels of tension and stress (food insecurity, increase in household workloads, children out of school). Increased risks included lack of privacy and security due to damaged houses and bathing and toileting facilities (no lighting, shared facilities, no locks, damaged walls). GBV risk mitigation measures are urgently needed across all clusters and sectors. Women and girls living with disability are at greater risk due to their physical isolation, exclusion and dependency which increases the extent of abuse they are subjected to and limits the actions they can take⁷. GBV response services are limited but the Vanuatu Women's Centre (VWC) and Committee Against Violence Against Women (CAVAW) network plays a vital role in community level first response, violence prevention and support for survivors.

Child Protection

There are reports of children not attending school, children not being supervised, child labour, physical and emotional violence against children, and child headed households. In all locations children are not attending school and assessment teams widely reported displacement and household stress - all risk factors for violence against children. An assessment team in Tafea mentioned that with adults away on seasonal work, children are in the care of relatives, separated from their siblings, or living unaccompanied. Vanuatu has a high prevalence of sexual abuse against girls under the age of 15 at almost 30%, with the majority of perpetrators male family members and boyfriends⁸.

Psychosocial Support

Most Rapid Assessment teams report anxiety, stress and signs of trauma⁹ as a result of the cyclone's devastating impacts on people's lives and livelihoods. The experience of TC Judy and Kevin may also trigger trauma for people who have already lived through past severe tropical cyclones including TC Harold (2020) and TC Pam (2015) and are facing other on-going natural disasters.¹⁰ This may have longer term mental health impacts and can also exacerbate household and relationship level stress, a risk factor for violence. Community leaders who can support Gender/Protection work (e.g. those that can assist with protection of children, people with disabilities and at-risk men and women) were reported to be available in 43.5% of assessed communities including CAVAW and chiefs. With limited mental health services in Vanuatu, it is vital that psychosocial support (PSS) and psychological first aid (PFA) is integrated into the response and first responders receive additional or refresher training.

Capacity and Coping Mechanisms

People in Vanuatu are resilient and there are strong social and cultural networks which must be acknowledged and supported during response and recovery. These include women's networks (church groups, savings groups, emergency preparedness groups), youth groups and first responders such as Community Disaster and Climate Change Committees (CDCCCs), Vanuatu Women's Centre (VWC) CAVAW network, pastors and chiefs. Wherever possible, humanitarian responders must support a strengths based locally led response and recovery and work with and support existing social networks and mechanisms.

⁷ UNFPA, *A Deeper Silence The Unheard Experiences of Women with Disabilities – Sexual and Reproductive Health and Violence against Women in Kiribati, Solomon Islands and Tonga* (March, 2013), p. 12

⁸ Vanuatu Women's Centre (2011) *Vanuatu National Survey on Women's Lives and Family Relationships*, p.17
<https://pacificwomen.org/research/vanuatu-womens-centre-overview-on-violence-against-women/>

⁹ References to trauma throughout the Gender and Protection analysis are based on untrained assessors observations on signs of trauma rather than based on clinical diagnosis.

¹⁰ including drought and volcanic ash fall.

Seasonal Work is a valuable income source for families in Vanuatu but may also impact community preparedness and coping mechanisms. With many men overseas on seasonal work, their families left behind are at-risk and less resourced to respond and recover. The impact of these absent workers is cited frequently in the Gender & Protection Assessment data, in both Tanna, Erromango and Efate, with reports of female-headed households as a consequence of male adults in a household participating in seasonal work overseas, including pregnant women, two reports of child-headed households and children being looked after by other family members. Women who may normally have the support of their husbands or partners to manage a household, care for children, replant gardens, or conduct repairs are now facing doing this alone, adding to their work burden. These circumstances also increase protection risks for women and children. It also points to the need for support for the workers who are overseas, whose homes and families may be affected.

Leadership

There are opportunities to engage and support women and girls in leadership positions but risks must be mitigated. There are already strong women leaders in disaster response mechanisms, especially at the community level through CDCCCs, which NDMO guidelines outline must be gender balanced. Some rapid assessment teams have highlighted that women CDCCC members have played a leading role in the first response. There are opportunities during recovery to support and encourage women (including young women and girls and those with a disability) in leadership roles (for example, in WASH, Shelter and Food security programming) and to strengthen provisions in the Decentralisation Act for inclusive local governance, including representation of women, youth and people with a disability. However, the high prevalence of GBV, including controlling behaviours in relationships, requires a considered approach to engaging men and boys to support women's meaningful participation and active leadership.

Participation

In many formal and customary spaces in Vanuatu, women's leadership and decision making is disproportionately low compared to men (including young women and women with disabilities). Low levels of participation can compromise quality of response and recovery programming as decisions may not be mindful of different needs and priorities of different groups in society especially women, girls, people with a disability.

People with disabilities face many barriers to meaningful participation and leadership in communities which can impact programming which excludes their needs. Four assessed communities reported people with disabilities had issues accessing evacuations centres, three reported people with disabilities being separated from carers or assistive devices, 81% reported inaccessible toilets, 83% reported inaccessible bathing facilities, and there was one report of an elderly person with a disability being left at home while their family relocated to a centre. It is particularly important for people with disabilities and their carers to be heard in assessments to ensure that needs are identified and locations mapped as needs are often quite different from people without disabilities.

Cash Programming

Social norms in Vanuatu can limit women's control over economic resources and decision making over financial resources in the household and women are often subject to controlling behaviours by their partners (69% of women reported experiencing this in regards to decision-making including around finances and economic participation)¹¹. Reports and evaluations from Oxfam Vanuatu's Cash Transfer Program (CTP) do not make a direct link between CTP and an increase in domestic violence, but they do highlight the need to be cautious with cash programming and to ensure GBV risk mitigation is incorporated.

¹¹ Vanuatu Women's Centre and Vanuatu National Statistics Office, *Vanuatu National Survey of Women's Lives and Family Relationships*, 2011, pp.92, 128, 140, 145

This is particularly important in light of the recent announcement by Minister of Finance and Economic Management, John Salong, that the Vanuatu government will be providing cash relief directly to victims of disaster, beginning with TC Judy and Kevin¹². Recovery programming is an opportunity to promote greater understanding and partnership around household financial management and decision making.

Water, Sanitation and Hygiene (WASH)

There are potential protection risks, especially for women and girls, around water collection, bathing and toileting which must be mitigated. Assessment teams in some locations have highlighted that toilet and bathing facilities have been damaged and lack privacy, lighting and locks, increasing the risk of GBV for women and girls in Tafea (Central Tanna, South Erromango) and Shefa (Erakor). Overall, 88.5% of assessed locations report there are no locks for toilet/washing facility doors; 86.5% report a lack of lighting in toilets; 86.5% report there are no separate bush toilet facilities for women and girls; and 92.3% report there are no separate bathing facilities for women and girls. Gender and Protection Assessment data indicates the majority of communities assessed have water points within a 10 minute walk (62%), roundtrip, with 21% of locations requiring a walk of up to 30 minutes; 16% over 30 minutes. Long distances to water points can indicate GBV risks (sexual assault and harrassment)¹³ and it is recommended that WASH actors consult with women and adolescent girls, including those with a disability, for all restoration work particularly on location, safety, disability access and lighting.

There is an urgent need for menstrual hygiene management products for women and girls. Rapid Assessment teams have reported this in Tafea (South Erromango, Central and South West Tanna) with people in South Erromango describing how the cloth they usually use had 'blown away in the winds'. A lack of soap and clean water reported in the majority of assessment reports will also affect women and girls' ability to manage their menstruation safely and hygienically. There are strong taboos around menstruation in Vanuatu and a lack of information.

Arguments in families have been reported over fetching water and its use indicating an increase in household level stress and lack of or limited clean water for drinking, washing and cooking due to widespread damage to water systems, is putting extra pressure on women and girls as they are largely responsible for collecting water and using it for domestic duties. Arguments in families over responsibilities for fetching water and its use have been reported in South West Tanna.

Shelter

Lack of safe shelter threatens the safety and security of affected communities, particularly women and girls, due to lack of privacy, security and overcrowding. Widespread damage to shelter has been reported (exact numbers to be confirmed) and consequent displacement with people seeking shelter in evacuation centres, or with friends or family members. Assessment teams in Tanna reported lack of privacy in toilets and bathing facilities in evacuation centres and lack of clean water, adding to people's stress and leading to disagreements and increasing the risk for GBV and other protection issues. As at 17 March 2023, the Displacement Cluster reported that there were still 2284 people residing in active evacuations centres.¹⁴ It is highly recommended that the Displacement Cluster assess the safety and security of evacuation centers still occupied including ensuring safe and secure WASH facilities and sleeping areas. It is reported that people are starting to build back in some locations (for example Nguna Island, Shefa; North Tanna, Tafea). Importantly, women's access to safe shelter if their own house has been destroyed or damaged may be affected by male ownership of land⁴⁶, potentially increasing the vulnerability of single women and female

¹² 'Cash Relief Will Empower Citizens: Minister', Vanuatu Daily Post, 17 March 2022. https://www.dailypost.vu/news/cash-relief-will-empower-citizens-minister/article_89db9536-0b0a-5143-a73c-0bea03d68d4b.html

¹³ Thematic Area Guide: Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, WASH, IASC GBV Guidelines, p.48 https://gbvguidelines.org/wp/wp-content/uploads/2015/09/TAG-wash-08_26_2015.pdf

¹⁴ National Emergency Operations Centre (NEOC) Sitrep, 20th March 2023; Displacement and Evacuation Centre Cluster report to Gender and Protection Cluster, 20 March 2023 (capturing data to 17 March 2023).

headed households.

Food Security and Livelihoods

Communities are already reporting increased household stress and domestic violence as a result of food insecurity (Southwest Tanna, Central Tanna, Nguna, Erakor). With women in Vanuatu primarily responsible for ensuring food for the household, the increasing scarcity of food and pressure to perform productive labour to secure food and essential items may trigger domestic violence within families. In 42.3% of communities assessed using the Gender & Protection Assessment tool, it was reported that women and children did not feel safe collecting food and water. Feelings of safety reported by women and girls can indicate risk of GBV¹⁵.

Health

Sexual and Reproductive health needs do not stop in emergencies: women continue to be pregnant, babies are born and STI risks are still present. Health care delivery is challenging in Vanuatu and with severe cyclone damage, especially in the islands of Tafea, there are severe constraints. SRH in Emergencies specific interventions such as the Minimum Initial Service Package (MISP) should be supported and implemented by health actors such as Vanuatu Family Health Association (VFHA) and Ministry of Health (MOH).

Education

Many children are reported as not attending school which is a child protection risk. It also increases the workload of women and girls at home, who are likely to take on additional child care roles. This may in turn lead to stress and increased violence against children or women.

Signs of trauma among children have been reported and there is a lack of safety at school due to damaged infrastructure including lack of lighting and WASH facilities. Communities must be supported to heal by supporting short term safe and play spaces for children integrating Psychosocial Support Services (PSS) into any education programming.

Access to Information

People's access to information before, during and after an emergency is dependent on their gender, age and whether they have a disability or not. Provision of information as part of response and recovery programming should take into account the gendered ways in which people receive, or are denied information, as well as varied levels of literacy in segments of the population, including people with a disability. Communication is aid, and must be accessible to everyone. Community Feedback Mechanisms are an essential component of humanitarian communications to ensure accountability to affected populations.

¹⁵ GBV Risk Analysis Guidance, 2021, IASC GBV Guidelines <https://gbvguidelines.org/wp/wp-content/uploads/2021/08/GBV-Risk-Analysis-Guidance-2021.pdf>

Recommendations

GENDER AND PROTECTION IS THE RESPONSIBILITY OF ALL HUMANITARIAN RESPONDERS - THIS IS MINIMUM GOOD PRACTICE PROGRAMMING.

5.2 Overarching recommendations for all clusters and responders

<i>Response and Recovery ALL STAGES</i>	<i>Recovery (all stages)</i>
<p>1.1 Use Gender and Protection Analysis and technical expertise available through the GPC.</p> <p>1.2 Ensure meaningful engagement and participation of women, girls, boys, people with a disability and other marginalised groups in all planning and decision making on assessment, response and recovery, including information and outreach strategies. This should include engagement with existing networks and representative organizations.</p> <p>1.3 Actively promote women’s leadership in the response and recovery. Engage local women organisers, not just as recipients but as leaders in the response. This should include young women and women with a disability. Importantly, engage men and boys to support this and to mitigate risks of GBV.</p> <p>1.4 All clusters need to ensure they are reducing the risk of GBV including by:</p> <ul style="list-style-type: none"> ● sharing information on available GBV response services with communities using the existing resources GPC GBV Referral Card and existing IEC from VWC and the GPC. ● ensuring humanitarian responders are trained in handling disclosures and have information about available services (see GPC referral guidelines). ● ensuring responders are familiar with essential actions to reduce the risk of GBV available through the GPC’s key messages and checklists for all clusters. ● linking with VWC staff and the CAVAW network where they are operating. ● Train frontline community responders (for example chiefs, pastors, women and youth leaders) in do no harm approaches and safe referral for GBV and child protection incidents. <p>1.5 All humanitarian agencies must ensure PSEAH and safeguarding includes:</p>	<p>1.8 Seek opportunities to promote gender equality and social inclusion in response and recovery programming, for example through modelling equal sharing of household roles and responsibilities and women in leadership and non-traditional roles in IEC and communications products.</p>

<ul style="list-style-type: none"> ● immediately checking that agency PSEAH and child safeguarding policies and codes of conduct are accessible, have been signed by staff, partners and volunteers, and clearly outline procedures for complaints, reporting and investigation (this should also be part of ongoing preparedness) ● ensuring cyclone-affected people in communities know their rights and how to report SEAH using, using available GPC IEC ● providing training/refresher training for all staff and partner staff on PSEAH and child safeguarding policies (within one month). <p>1.6 Collect data disaggregated by sex, age and disability and connect with relevant NGOs or agencies to better understand the issues of marginalised groups. Disaggregated data is needed to inform programming, especially aid delivery modes and targeting. A clear use for data must first be identified and existing secondary data used to determine the make-up of communities before designing primary data collection mechanisms.</p> <p>1.7 Utilise integrated approaches to essential service delivery where possible, ensuring survivor centred approaches and do no harm. For provision of GBV and child protection services, service delivery providers including community services, police, health and legal services should be following minimum standards and common referral pathways. Training of frontline service providers in these areas and use of common tools is required.</p>	
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5.2 Recommendations for the WASH Cluster and WASH actors

<i>Response</i>	<i>Recovery</i>
<p>2.1 Ensure provision of disposable sanitary products (pads) and homemade reusable options¹⁶e.g Mama’s Laef products (adequate WASH dependant) for women and girls with and without disabilities and hygiene items for men and boys. Ensure ‘female friendly’ distributions, monitor after one month and conduct Post Distribution Monitoring (PDM). Distribution</p>	<p>2.4 Review dignity kit composition and develop targeted dignity kits for elderly people and people with disabilities who may experience incontinence during or following disabilities. Procure tailored dignity kits distributed through relevant organisations (e.g. Disability Desk, VSPD, VDPA and OPDs and Community Disability</p>

¹⁶ Findings on familiar menstrual hygiene products for women and girls in Vanuatu, in Research on responding to menstrual hygiene needs of women and girls in disaster settings, in Vanuatu, Red Cross and James Cook University, May 2020. https://oldmedia.ifrc.org/ifrc/wp-content/uploads/2020/05/MHM-Report_final_21May.pdf

<p>teams should engage closely with community leaders on distribution criteria for sanitary products to minimise risks of community tension and/or GBV related to distribution.</p> <p>2.2 Provide awareness and key messages around safe drinking water as part of distributions, ensuring accessibility of messaging for persons with disability.</p> <p><i>Response: for any temporary WASH facilities including in evacuation centres, schools, health facilities, markets, etc. AND Recovery (all stages): for any repair or rebuilding of WASH facilities (including in schools, markets, health facilities etc)</i></p> <p>2.3 Ensure accessible and safe sex segregated latrines and washing facilities for all. Consult with diverse women and men separately (and include women and men with disabilities, older women and men, girls and boys and pregnant women) on appropriate siting and design and risk mitigation measures (e.g. community patrols, whistles, privacy screens, lighting (including solar lights and torches), locks, solid doors etc) to facilitate safe access. Refer to GPC and global guidance.</p>	<p>Associations) during disaster preparedness and immediate response.</p> <p>2.5 Ensure representation of women, men (including youth) and people with disabilities in water and sanitation management committees including in leadership positions.</p> <p>2.6 Utilise existing mechanisms such as WASH committees and community outreach to distribute GPC key messages and referral pathways</p>
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5.2 Recommendations for Evacuation Centre and Displacement Cluster

<i>Response</i>	<i>Recovery (all stages)</i>
<p>3.1 Ensure any evacuation centres still being used are safe and accessible. Consult with diverse women and men separately (and include women and men with disabilities, older women and men, girls and boys and pregnant women) on how to improve the safety and security of evacuation centres. Prioritise distribution of solar lights and torches with shelter kits to improve safety.</p> <p>3.2 Ensure safe spaces for recreation and psychosocial support. Provide child and youth friendly spaces, children’s play/recreational kits, sport and art/craft materials for children and youth and positive parenting messaging in the most affected communities.</p> <p>3.3 Support registration through Ministry of Justice and Community Services Child Desk and</p>	<p>3.4 Develop publicly available, accessible evacuation centre information in phone books and/or social media and ensure that information is communicated through disability organisations including Disability Desk, VSPD, VDPA, OPDs and Community Disability Associations.</p> <p>3.5 Work with Provinces, particularly Area Administrators and Ward Councillors, to regularly update Area Council and Ward Councillors data on child-headed and female-headed households which is actively shared with Ministry of Justice and Community Services Child Desk and Disability Desks, Department of Women Affairs provincial officers. Strong provincial structures and data with access to up to date data will reduce the need for, and cost of, intersectoral rapid</p>

<p>Disability Desks, Department of Women’s Affairs provincial officers of child headed households, female headed households and households with people with disabilities including those whose partners or parents are overseas on seasonal work programs in Australia or New Zealand.</p>	<p>assessments.</p> <p>3.6 Develop guidelines and processes to support the preparedness of accessible churches and community halls as evacuation centres to minimise the likelihood of marginalised people being turned away or evacuation centres struggling to cater for the needs of those seeking shelter.</p>
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5.2 Recommendations for Shelter Cluster

<i>Response</i>	<i>Recovery</i>
<p>4.1 Priority for short term temporary shelter assistance for marginalised or at risk community members (widows, female headed households (17% of Vanuatu population) and child-headed households, people with disabilities and their carers, those in remote locations).</p> <p>4.2 Ensure safe spaces for recreation and psychosocial support (both Child Friendly Spaces and Women Friendly Spaces) as a crucial element of adolescent and youth inclusive response and recovery programming</p>	<p>Short Term</p> <p>4.3 Financial assistance and/or skilled human resources to support at-risk households (widows, female-headed households, people with disabilities and their carers, child-headed households, those in remote locations) who may be unable to undertake self-repair or rebuilding.</p> <p>Medium/Long Term</p> <p>4.4 Ensure consultation with women, girls, people with a disability and other marginalised groups in shelter design and siting and use data to revise shelter designs to ensure privacy and safety needs are met for example lighting, locks, location of WASH facilities. This may include specifically designed elements for women (e.g. easy to install cyclone shutters). Refer to GPC and international guidance.</p> <p>4.5 Any technical training for carpenters, chainsaw operators, construction workers etc should include women and men and people with disabilities where possible.</p> <p>4.6 Increase awareness around building safe homes, pruning during cyclone seasons and preparing houses for disasters (including personal belongings and documentation, solar panels). Ensure there is support available for supporting female and children headed households with people with disabilities to prepare houses for cyclones or other disasters.</p>

5.2 Recommendations for the Food Security and Agriculture Cluster

<i>Response</i>	<i>Recovery</i>
<p>5.1 Prioritise food and cash assistance to marginalised and at risk community members (widows, female headed households (17% of Vanuatu population), pregnant and lactating women, people with disability and their carers, those in remote locations).</p> <p>5.2 Provide nutritious meals for affected areas within school contexts to ensure that children receive at least one healthy meal each day (link to Education Cluster).</p> <p>5.3 Ensure food distributions are made in locations that are accessible and close to communities in daylight hours. Provide support for at risk groups who may need help to carry the food items back to their houses.</p> <p><i>Response and Recovery (all stages)</i></p> <p>5.4 Ensure women and people with a disability and other marginalised groups are engaged in food security planning and implementation and they have a voice in economic empowerment activities to support resilience. Refer to GPC and global guidance.</p>	<p>5.5 Identify and mitigate GBV risks of programming. Economic response and recovery activities need to ensure that strategies have considered gender impacts and risk of GBV for example through including training or awareness raising in healthy relationships or family financial management as an activity within programs.</p> <p>5.6 Ensure equitable participation and leadership opportunities for diverse women in all food security and livelihoods activities. Ensure any training on improved practices or upskilling in the sector includes women and men and people with disabilities where possible and ensure extension workers are gender balanced and both women and men including those with disability where possible are engaged in extension activities.</p>

6. Recommendations for the Health Cluster

<i>Response and Recovery (all stages)</i>	<i>Recovery (all stages)</i>
<p>6.1 Prioritise provision of sexual and reproductive health (SRH) services and materials. Ensure women and girls and all at-risk groups have access to essential SRH services including family planning, menstrual hygiene management and incontinence supplies especially in evacuation centres.</p> <p>6.2 Where possible integrate provision of sexual reproductive health services with referral to gender based violence, child protection and disability inclusion service providers.</p>	<p>6.4 Continue support for survivor centred health response services including training for health workers at all levels in handling disclosures and referral pathways, as well as clinical management of GBV, and ensure supply chain of appropriate commodities (e.g. emergency contraception, STI prophylaxis, 'rape kits').</p> <p>6.5 Ensure any repair or rebuilding of health facilities includes consultation with women and girls and people with disabilities in the communities on design and siting. Features to make health facilities safer and more accessible could include private spaces for</p>

<p>6.3 Link with Women Friendly Spaces (WFS) as forum for services provision including SRH integrated with GBV, disability inclusion and child protection referral in light of damage to health facilities.</p>	<p>consultation and treatment, accessibility ramps and rails for elderly, pregnant women and those with physical impairments.</p> <p>6.6 Consider setting up a healthline service (24/7 phonenumber) to provide advice on health concerns, especially for pregnancy and SRH and for people with disabilities.</p>
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7. Recommendations for the Education Cluster

Response	<i>Recovery (all stages)</i>
<p>7.1 Establish short term safe and play spaces for children that are easily accessed by all (including those with disabilities) staffed by people trained in PSS and handling disclosures. These should be open to school children and those not attending school.</p> <p>7.2 Ensure NFI distributions reach children at schools including boarding schools and include solar lights and torches.</p> <p>7.3 Provide short briefings on PSS for teachers, including what to expect from students/how children respond to disasters, signs of trauma and management strategies. Link teachers to the Ministry of Youth and Sports and Ministry of Justice and Community Services Child Desk PSS referral pathways and support.</p>	<p>7.4 Ensure any rebuilding of school includes consultation with boys and girls, including those with a disability, on design and siting to ensure their needs and concerns are addressed. Utilize existing groups for this such as school councils (prioritising a gender balance).</p> <p>7.5 Provide school lunches to support families who are experiencing food insecurity in the wake of the disaster to be able to send their children to school.</p>

8. Recommendations for the Department of Labour and Employment Services

<i>Response and Recovery</i>
<p>8.1 Document the impacts (positive and negative) of seasonal work programs on communities during emergencies to share with the governments of Australia and New Zealand for discussion and reflection on possible approaches to support family members left behind as well as workers already abroad.</p>

I. INTRODUCTION

Tropical Cyclone Judy struck Vanuatu on 1 March 2023 followed by Tropical Cyclone Kevin on 3 March 2023. Initial reports from Vanuatu's National Disaster Management Office (NDMO) have indicated approximately 251,319 people, of which 125,500 are children, have been impacted by the dual tropical cyclones at Category 3 and 4, nearly 80 percent of the country's population.¹⁷ The current estimate (as of 20 March 2023) is 2,284 people still in 52 active evacuation centres (577 households) in active Evacuation Centres and 806 people (129 HH) in active host households.¹⁸ According to NDMO, the worst affected provinces are Shefa and Tafea (first priority area) and Penama and Malampa (second priority area), then the Northern part of Penama Province & Western part of Malampa Province (third priority area) and Sanma (fourth priority area).¹⁹ See Figures 1 and 2 below. Assessment teams have been deployed and preliminary reports are of extensive infrastructure damage including roads, bridges, houses, health and education facilities, and water supplies and damage to crops and livestock.

Provinces of Vanuatu and damage categories²⁰



Impact per province per TC category²¹

NUMBER OF PEOPLE IMPACTED PER PROVINCE BY TC CATEGORY (in thousands)			
Province	Cat 2	Cat 3	Cat 4
Shefa		10.5	83.3
Tafea		0.3	40.0
Sanma	50.9		
Malampa	35.3	1.8	
Penama	15.5	13.1	
Torba	0.6		
TOTAL	102.3	25.7	123.3

¹⁷ OCHA sitrep, 8th March 2023

¹⁸ National Emergency Operations Centre (NEOC) Sitrep, 20th March 2023; Displacement and Evacuation Centre Cluster report to Gender and Protection Cluster, 20 March 2023 (capturing data to 17 March 2023).

¹⁹ NDMO Sitrep 10

²⁰ OCHA sitrep, 8th March 2023

²¹ OCHA sitrep, 8th March 2023

National disaster mechanisms were put in place for community preparation. The national alert system was communicated through the normal channels including telephone companies and regular alerts and updates on the National Disaster Management Office (NDMO)/ Vanuatu Meteorology and Geohazards Department (VMGD) website and social media. There were reports from Tanna of people with disabilities not being able to access early warning systems and being left behind in their houses, whilst other family members went to evacuation centres (GPC Rapid Protection Assessment). Community Disaster and Climate Change Committees (CDCCCs) activated their disaster response plans and prepared their communities to respond.

II. OBJECTIVES AND METHODOLOGY

Taking into consideration the tight time frame, rapidly changing context and limited information, this analysis seeks to explain how different groups might be impacted by the disaster and provide practical programming and operational recommendations to meet differing needs, ensure we follow good practice standards and 'do no harm', and wherever feasible, identify windows of opportunity to advance gender equality and disability inclusion. Recommendations outlined in the Gender and Protection Cluster's Initial Response Plan (submitted to NDMO on 5 March 2023)²² are reiterated here (key activities under each subcluster are outlined in Annex 1) to advocate for attention to priority concerns.

Objectives: The objectives of the analysis are:

- To analyse and understand the different impacts that Tropical Cyclones Judy and Kevin have had on diverse women, men, girls and boys and other at-risk or marginalised groups in Vanuatu, including people with disabilities.
- To inform humanitarian programming (response and recovery) based on different needs and risks facing diverse women, men, girls and boys, including people with disabilities, with a particular focus on Protection, Shelter, Water, Sanitation and Hygiene (WASH), and Food Security and Livelihoods.

Methodology: This preliminary analysis draws on secondary literature including existing gender and protection analyses from cyclone disasters in Vanuatu,²³ reports and initial sitreps and information shared at national cluster meetings and initial rapid assessment data collected by the Gender and Protection Cluster.

Limitations of the analysis include: some assessment teams not completing assessments in all communities, limited time in communities, limited opportunity to fully brief assessment team members before deployment and a variation in the scope and depth of qualitative assessments (qualitative data was not available for parts of Tafea Province (Futuna, Aniwa & Aneityum); Shefa Province (Pango, Port Vila, North Efate, Emau) and Penama, Torba, Malampa and Sanma provinces).

This document may be updated (with an addendum) when additional assessment data is analysed and reported and sectoral assessments are complete.

²² Need to determine process for updating this based on assessment data

²³ [Rapid Gender Analysis for Tropical Cyclone Harold in Vanuatu, 2020](#); [Rapid Gender Analysis for COVID-19 in Vanuatu, 2020](#); [Rapid Disability Analysis for Vanuatu \(ANCP\) 2022](#); [Rapid Gender Analysis for Cyclone Pam in Vanuatu, 2015](#)

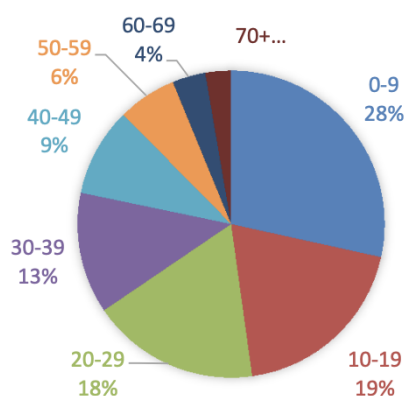
III. DEMOGRAPHIC PROFILE

Every province has been affected by TCs Judy and Kevin as outlined above. The total population of Vanuatu is 300,019 (151,597 men, 148,422 women and 63,730 households)²⁴. The two hardest hit provinces, Shefa and Tafea, make up 34% of the total population. Sex, age and disability²⁵ disaggregated data per province is outlined below.

Sex and disability disaggregated data by province²⁶

	Total	Male	Female	HH	People with disabilities ²⁷
Shefa	54,953	27,574	27,379	11,204	4,007
Tafea	45,714	22,862	22,851	8,279	1,954
Sanma	43,165	22,316	20,848	9,346	3,434
Malampa	42,499	21,495	21,004	9,763	2,539
Penama	35,607	18,033	17,574	7,915	2,121
Torba	11,330	5,711	5,916	2,411	937
TOTAL	300,019	151,597	148,422	63,730	14,933

Population Distribution by functional age group and 10 year age group²⁸



Life expectancy in Vanuatu is 73 years for women and 70 years for men²⁹. There are 7,612 people aged 70+ (2.5% of the total population).³⁰ Adolescent fertility rates in Vanuatu are very high with 82 births per 1,000 from women aged between 15-19 years old³¹. Almost a quarter of the population are women of reproductive age (15-49 years): 72,970 women or 24% of the population³² and 45% of the population are children (under 18 years old)³³.

²⁴ 2020 Census, Basic Tables Volume 1, Vanuatu National Statistics Office

²⁵ disaggregated for male and female children 0-19 (data only available in 5 year blocks); females of reproductive age 15-49; and male and female over 60 years.

²⁶ 2020 Census, Basic Tables Volume 1, Vanuatu National Statistics Office

²⁷ 2020 Census, Basic Tables Volume 1, Vanuatu National Statistics Office

²⁸ Chart 2.5 2016 Post Pam Mini Census Report, Vol 1, Vanuatu National Statistics Office

²⁹ UNFPA, 'Population and Development Profiles: Pacific Island Countries' page 94

³⁰ 2020 Census, Basic Tables Volume 1, Vanuatu National Statistics Office, p.26.

³¹ ADB Gender statistics Pacific and Timor Leste <https://www.adb.org/sites/default/files/publication/181270/gender-statistics-pacific-tim.pdf> page 18

³² 2020 Census, Basic Tables Volume 1, Vanuatu National Statistics Office, p.32-24, calculated from data table 'Total female population by 5 year age groups and region.'

³³ 2020 Census, Basic Tables Volume 1, Vanuatu National Statistics Office, p.v: 165,241 18+

In Shefa province, there are 3,763 people over 60 (49% female); 13,749 females of reproductive age; 7,289 girls under 10 years and 5,507 10-19 years; 7426 boys under 10 years and 6,830 between 10-19. The average household size in Shefa is 4.8. There are 3595 female headed households (18%)³⁴. In Tafea province there are 2,700 people (45% female) over 60 years; 10,514 women of reproductive age; 6,796 girls under 10 years and 5,137 10-19 years. The average household size in Tafea is 5.4. There are 1,222 female headed households in the province (18%)³⁵.

The Vanuatu 2020 National Population and Housing Census reported approximately 5% of the population had a disability. The most common difficulties reported by respondents were walking and seeing. More women (5.30%) than men (4.66%) reported difficulties across all categories, and more respondents living in rural areas (5.28%) reported difficulties than those in urban areas (3.90%). Reported difficulties generally increased across all categories with age. Difficulties that were acquired in later life - but not related to old age - were difficulties in seeing and walking. On the other hand, difficulties in hearing, learning and self-care were both equally present at birth as well as acquired. As is often the case with disability disaggregated data, the actual prevalence rate may be underreported. People with disabilities in Vanuatu are more likely to experience higher levels of poverty. Over 30% of people with severe disabilities and nearly 30% of those with mild and moderate disabilities are among the country's poorest (compared to 16% of people with no disabilities)³⁶. Type of disability or difficulty is outlined in the table below³⁷.

Type of disability or difficulty*	Total	Male	Female	Urban	Rural
Difficulties in seeing	3,703	1,670	2,033	783	2,920
Difficulties in hearing	2,358	1,175	1,184	390	1,968
Difficulties in walking	3,977	1,838	2,139	665	3,312
Difficulties in remembering	2,066	980	1,086	296	1,770
Difficulties in self-care	1,424	701	723	254	1,169
Difficulties in communicating	1,405	704	701	216	1,189
Total	14,933	7,068	7,866	2604	12,328

* Age 5 years or older; one person can have more than one type of difficulty

The two provinces hardest hit by the cyclones have an estimated 5,034 people with a disability (Shefa and Tafea). This indicates a significant need for disability inclusive response and tailored support. As part of the Gender and Protection Cluster assessments, disability data for 27 affected communities across Tanna, Efate and Erromango has been collected (as at 20 March 2023). Vanuatu Society for People with Disability (VSPD) and Community Disability Association (CDA) members also conducted an assessment with existing clients between 13-17 March 2023. This included visits to four Efate Area Councils (250 persons with disabilities (144M; 106W)) and 5 Port Vila Municipal Ward Councils (154 persons with disabilities (95M; 59W)). The

³⁴ It is unclear if this takes into account women whose partners are on seasonal work programs.

³⁵ It is unclear if this takes into account women whose partners are on seasonal work programs.

³⁶ Nguyen, A. CARE Rapid Disability Analysis: Vanuatu. March 2022

³⁷ Nguyen, A. CARE Rapid Disability Analysis: Vanuatu. March 2022

purpose of this collection is to ensure responders have the information needed to develop tailored and appropriate support options for people with disability affected by the cyclones. Humanitarian responders are encouraged to contact the Disability Sub-Cluster of the Gender and Protection Cluster and Provincial Disability Officers to find out the disability profile of communities they work with. See Annex 2. for contact details for GPC Cluster leads and Sub Cluster leads.

IV. FINDINGS AND ANALYSIS

CAPACITY AND COPING MECHANISMS

Existing networks and groups Throughout Vanuatu there are strong social and cultural networks which must be acknowledged and supported during response and recovery. The rapid assessment team in Nguna noted the strength and resilience of communities, active CDCCCs and community-led initial assessments and first response. The South Erromango Rapid Assessment Report highlighted that the chief and Vanuatu Women's Centre (VWC) Committees Against Violence Against Women (CAVAW) have supported communities in the immediate response with psychosocial support and information on health and hygiene issues after a cyclone. Within the 28 Area Councils in Tafea and Shefa³⁸ provinces where the Gender and Protection Rapid Assessment was completed, a total of 112 people were identified as community leaders who were available to support gender and protection work, 61.7% of whom reported knowing how to identify serious abuse (sexual or physical). This indicates a strong, existing network of leaders who emergency responders can support, upskill and train in referral to lead their community through response and recovery.

Across Vanuatu, women's networks include CAVAWs, church groups, savings groups, emergency preparedness groups (such as women members of CDCCCs and the *Women I TokTok Tugeta* network supported by Action Aid in Tanna). In Vanuatu, more than one quarter of rural women save through informal mechanisms, such as savings clubs, including VANWODS' microcredit scheme which has groups throughout the country. Both CARE and World Vision have been supporting Village Savings and Loans Associations (VSLA) in Tafea province. Research has shown that savings groups can contribute to women in leadership roles and support and solidarity³⁹. Other women's networks include the Vanuatu National Council of Women. Youth networks include those through the Vanuatu National Youth Council, Young Women for Change, CARE Vanuatu's Young Women's Leadership Program and *Vois Blong Mi* project, and school groups and church groups. These are all important sources of social support and strength and can be easily mobilised for both response and recovery programming. Indeed, a vulnerability study in Vanuatu found that the two key factors in resilience for communities were a) food gardens and b) traditional social support systems⁴⁰. The support of the extended family and strong community ties ensure that when people fall on hard times they are looked after by others who are faring better⁴¹. Wherever possible, humanitarian responders must support a strengths based locally-led response and recovery and as required by Government, work through existing mechanisms. The Ministry of Youth and Sports has mobilised youth volunteers to support response activities across all clusters, demonstrating a very positive approach to engaging youth networks.

Individual leaders are also active in communities. Assessment data listed existing leaders in roles such as:

- CAVAW staff
- Police

³⁸ excluding Aneityum and Emau.

³⁹ <https://www.careevaluations.org/wp-content/uploads/VSLA-By-the-Numbers-Methodology-Document-1.pdf>;

<https://www.carenederland.org/content/uploads/2021/09/Influence-of-Savings-Groups-on-Womens-Public-Participation-A-Global-Study.pdf>

⁴⁰ Feeny, S (et.al.) Household Vulnerability and Resilience to Shocks: Findings from Solomon Islands and Vanuatu, SSGM DISCUSSION PAPER 2013/2, Australian National University

⁴¹ <https://www.smh.com.au/opinion/vulnerability-and-resilience-in-vanuatu-20150319-1m2v3c.html>

- Aid post workers, health workers
- Pastors, church leaders, elders
- Area Council members
- Chiefs, assistant chiefs
- CDCCC members
- Alumni of CARE’s “Young Women’s Leadership Program”
- Members of village councils and committees
- Teachers and principals
- Women’s leaders and representatives
- Red Cross volunteers, NGO staff
- Clerks, treasurers, administrators of various community level groups

ROLES AND RESPONSIBILITIES

Division of labour In Vanuatu, women are traditionally the primary caregivers in the family and are responsible for the bulk (63.6%) of unpaid reproductive labour⁴². They make up 49.5% of producers in the informal and traditional economy making them vulnerable to natural disasters, exploitation, unsafe working conditions with limited protection from Vanuatu’s labour laws⁴³. 90% of carers of people with a disability are women⁴⁴. The unequal division of labour in the home will be exacerbated with the impact of TCs Kevin and Judy, including children at home as schools are shut due to widespread damage, and labour needed to manage daily household tasks (fetching water, re-planting, clean up etc). Damage to food supplies, WASH facilities and shelter, additional domestic responsibilities and increased pressures have the potential to increase tension and stress within the household over balance between women and men’s roles. This has already been observed by Rapid Assessment teams (for example in Central Tanna). In one location, Eratap, the Rapid Assessment Team mentioned women had taken up men’s roles and responsibilities to look after the family home and children. It is unclear if this refers to women whose husband/partner is overseas on seasonal work, or absent for another reason. Recovery programming is an opportunity to promote understanding and equal sharing of household roles and responsibilities.

Nationally, men are the majority of seasonal workers (86% men, 14% women)⁴⁵ and it is likely that impacted communities and families may experience heightened vulnerability in the initial response period due to male family members being absent. While evaluations of seasonal worker programs have found positive economic benefits; positive and negative social impacts have also been noted⁴⁶. Assessment teams in South Erromango and the Shepherd Islands have reported ‘low manpower’ in communities as many men have taken up seasonal work in Australia and New Zealand leaving their families behind. The impact of these absent workers is cited often in the Gender and Protection Assessment data in both Tafea and Shefa. There are reports of female-headed households as a consequence of male adults in a household participating in seasonal work overseas, including pregnant women. There are two reports of child-headed households. There is reference to ‘lots of young people and lots of old people’ (Shepherd Islands, North Tanna). There are children being looked after by other family members, in cases where both parents are overseas, and sometimes with siblings being separated. While these situations of female- or child-headed households and family separation are caused by the seasonal work program and

⁴² Vanuatu Government, 2016, <https://vnso.gov.vu/index.php/component/advlisting/?view=download&fileId=4542> Vanuatu 2016 Post TC Pam Mini Census Report

⁴³ <http://www.vanuatutvet.org.vu/wp-content/uploads/2019/11/Better-Balance-Strategy.pdf> page 7

⁴⁴ Interview VSPD 31.03.2020

⁴⁵ <https://devpolicy.org/vanuatu-workers-20190108/> cited in Williams. M. Tropical Cyclone Harold Rapid Gender Analysis, CARE Vanuatu, 14 April 2020, p.5

⁴⁶ see for example World Bank. 2018. The Social Impacts of Seasonal Migration: Lessons from Australia’s Seasonal Worker Programme for Pacific Islanders. Washington, DC: World Bank. p.p.13-23 and World Bank. 2018. Maximizing the Development Impacts from Temporary Migration: Recommendations for Australia’s Seasonal Worker Programme. Washington, DC: World Bank

not the cyclones, this does have implications for the cyclone response and recovery. Women who may normally have the support of their husbands or partners to prepare for an emergency (e.g. installing cyclone shutters, prepare the yards and gardens) and respond and recover from an emergency (clean up, manage a household, care for children, replant gardens, or conduct repairs) are now facing doing this alone. These circumstances increase the number of single females in the evacuation centres, many of which are reported to lack privacy, sex-separated facilities, and are overcrowded. Single-adult households may have less time available to attend distributions or other response activities. It also points to the need for support for the workers who are overseas, whose homes and families may be affected. This is discussed further under Shelter and Protection.

There were also 12 communities reporting women had become heads of household due to the emergency and six communities reporting children (mostly teenage boys) who had become heads of households due to the emergency.

Economic empowerment Social norms in Vanuatu can limit women's control over economic resources and decision making over financial resources in the household.⁴⁷ Once married or partnered, women are often subject to controlling behaviours by their partners – 69% of women in Vanuatu who are in a partner relationship, reported that they have experienced this in regards to decision-making, accessing healthcare and regulating mobility, family visits and finances and economic participation⁴⁸.

It is important to take these social norms into account when designing response and recovery activities to support communities such as Cash and Voucher Assistance (CVA) programs. This is particularly important in light of the recent announcement by Minister of Finance and Economic Management, John Salong, that the Vanuatu Government will be providing cash relief directly to victims of disaster, beginning with TCs Judy and Kevin⁴⁹.

Oxfam Vanuatu reports on Cash Transfer Programming (CTP) do not make a direct link between CTP and an increase in domestic violence, but they do highlight the need to be cautious and to ensure GBV risk mitigation is incorporated. The Oxfam Vanuatu Cash Transfer Feasibility Assessment⁵⁰ found almost one third (29%) of all households surveyed saw potential risks with the introduction of CTP in households, including causing tension, and the report recommended appropriate safeguards be put in place. The Oxfam CTP endline survey for volcano displaced families in Sanma province⁵¹ noted 20% of respondents reported 'tensions' in their homes with 32% citing financial issues as the cause (compared to 33% at baseline); and 30% citing jealousy as the cause (up from 16% at baseline). Promisingly, a 2022 paper from Oxfam⁵² found 98% of recipients felt safe using an e-voucher and 49% of recipients reported a decline in household tensions at the endline, but there was no detail provided on controlling behaviours and emotional violence around financial management at household level. Studies in other Melanesian contexts have identified that marital conflict and violence against women was exacerbated when CVA programs were introduced into the household without first taking into account the gender dynamics of household decision-making⁵³. Recovery programming is an opportunity to promote greater understanding

⁴⁷ Williams. M. Tropical Cyclone Harold Rapid Gender Analysis, CARE Vanuatu, 14 April 2020, p.6

⁴⁸ Vanuatu Women's Center and Vanuatu National Statistics Office, *Vanuatu National Survey of Women's Lives and Family Relationships*, 2011, pp.92, 128, 140, 145

⁴⁹ 'Cash Relief Will Empower Citizens: Minister', Vanuatu Daily Post, 17 March 2022. https://www.dailypost.vu/news/cash-relief-will-empower-citizens-minister/article_89db9536-0b0a-5143-a73c-0bea03d68d4b.html

⁵⁰ VANUATU CASH TRANSFER FEASIBILITY ASSESSMENT, Oxfam in Vanuatu, February 2019, <https://www.calpnetwork.org/wp-content/uploads/2020/03/oxf043-vanuatu-ctp-report-final-sj-and-cce1-final-digi-1.pdf>

⁵¹ End Line Survey Report: Cash Transfers for Rapid Livelihoods Recovery of Volcano-Displaced Families in Vanuatu, Oxfam Vanuatu. April 2019. https://reliefweb.int/report/vanuatu/end-line-survey-report-cash-transfers-rapid-livelihoods-recovery-volcano-displaced-families-vanuatu?_gl=1*1h00e9b*_ga*MT11NTkzNTk3OC4xNjc4MjMzMTg0*_ga_E60ZNX2F68*MTY3OT11NzQ0Ni4xMC4xLjE2NzkyNTc4OTIuNiAuMC4w

⁵² Unblocked Cash in Vanuatu, A Blockchain Revolution in Digital Cash. A Pacific Learning Event 2022.

<https://reliefweb.int/report/vanuatu/unblocked-cash-vanuatu-blockchain-revolution-digital-cash-pacific-cash-learning-event-2022>

⁵³ CARE Australia, *Gender Analysis Prepared for the Cash and Voucher Assistance Feasibility Study, Solomon Islands*, p 6

and partnership around household financial management and decision making.

DECISION MAKING AND REPRESENTATION

In many formal and customary spaces in Vanuatu, women's leadership and decision making is disproportionately low compared to men. In Tanna island, women are not usually permitted to speak in traditional governance spaces such as the *nakamal* (*kastom* decision-making space), where decision-making often prioritises community harmony and family relations over individual women's interests. Adolescent girls and young women in Tafea have highlighted that they lack confidence and face an overwhelmingly negative response about their ability to lead, have few opportunities to develop their leadership skills and lack community support to stand for youth leadership roles⁵⁴. Key community decision-makers remain as Chiefs and church leaders who are predominantly men. As the community will abide by the decisions and rulings of the Chiefs,⁵⁵ they can be a powerful force in maintaining peace and ensuring the community responds to disasters and are an important group to work with in response and recovery. However, it is important to note that this is not uniform across Vanuatu and the extent of women's participation varies particularly between matrilineal and patrilineal societies⁵⁶. Women with primary land rights are more likely to be included in major decision making processes, but even in patrilineal systems, women may still play key roles although they will not be visible in the *nakamal*, but represented by a male relative⁵⁷.

Women are also underrepresented in and marginalised from decision-making and leadership positions in formal local and national government structures. Since Vanuatu's independence in 1980, only six women have been elected to Parliament with the first woman since 2008 elected recently in the October 2022 snap election. She is the lone female voice in the 52 member Parliament. At local government level, there are provisions in the Decentralisation Act for inclusive and sustainable governance, including representation of women, youth and people with a disability, however a lack of established mechanisms to operationalise these ideals.

Over-protectiveness can result in people with disabilities being kept at home "for their own safety", preventing participation. Sometimes people with disabilities remain at home because their families believe that their participation might create a burden for others. As a result, provincial and national governments and non-government organisations often do not know where people with disabilities are, and what their specific priorities are, which can result in service planning which excludes their needs.⁵⁸ Four assessed communities reported people with disabilities had issues accessing evacuations centres, three reported people with disabilities being separated from carers or assistive devices, 80.6% reported inaccessible toilets, 83.9% reported inaccessible bathing facilities, and there was one report of an elderly person with a disability being left at home while their family relocated to a centre. VSPD clients in Port Vila and surrounding Area Councils, 43% reported not having access to safe drinking water, 13% did not have access to water for household use and 14% could not access a proper toilet. Four percent of VSPD clients reported specific instances of neglect (e.g. being locked in houses or not receiving food). It is particularly important for people with disabilities and their carers to be heard in assessments to ensure that needs are identified and locations mapped as needs are often quite different from people without disabilities.

⁵⁴ Pacific Girl Concept Note, CARE Vanuatu 2019

⁵⁵ McLeod, A, '*State Society and Governance in Melanesia*' 2007, pages 2-3

⁵⁶ Thomas, A. (2013) *Empowering Ni-Vanuatu Women: Amplifying Wantok Authority And Achieving Fair Market Access*, PhD Thesis, University Of Waikato, NZ.

⁵⁷ Naupa, A. and Simo, J. "Hu i kakae long basket?" Case Studies of Raga and Mele', in Huffer, E. (ed) *Land and Women: The Matrilineal Factor The cases of the Republic of the Marshall Islands, Solomon Islands and Vanuatu*, Pacific Islands Forum Secretariat 2008

⁵⁸ WVV, Water for Women, August 2018, Gender, disability, social inclusion, political and economic analysis.

Participation and leadership in humanitarian decision making The Director General of the Ministry of Climate Change Adaptation, Meteorology, Geo-Hazards, Environment, Energy and Disaster Management is a woman, there is one female Director (20%) and one female unit head within the NDMO (25%); other structures such as Provincial Disaster Committees, Clusters and other response mechanisms are heavily male dominated. As of 2022, all provinces throughout Vanuatu have Provincial Disability Officers, including two male officers who are people with disabilities (Tafea and Torba). The NDMO's National Community Based Disaster Risk Reduction guidelines for CDCCCs assert that they should be gender balanced. Government and NGO partners have been working with communities towards gender balanced committees and women in leadership roles and there are many examples of strong women leaders in this space. Rapid assessment teams in Nguna (Shefa) reported that in all the communities visited, women leaders are held in high regard and play a leading role amongst most/all the CDCCCs, with many being chairpersons of their community committees and were able to input into the rapid assessments that were carried out. Throughout response and recovery, women, young women and girls, including those with disabilities, must be engaged intentionally and in coordination with local women's organisations and leaders to ensure their voices are heard and reach decision makers.

Where men remain in dominant leadership roles, women are less likely to receive critical information for preparedness and to be able influence decisions around immediate response. When women are excluded from decision-making, their needs and priorities become invisible, resulting in preparedness, relief and recovery approaches that do not engage women nor serve them, thereby increasing the impact of disasters⁵⁹. Research in Tafea province following TC Pam in 2015, found greater involvement of women in disaster leadership contributed to more inclusive preparedness and response⁶⁰.

CONTROL OF AND ACCESS TO RESOURCES

Land and Shelter Land tenure in Vanuatu is largely patrilineal, with some pockets of matrilineal systems⁶¹. These systems are not generally matriarchal however, so while land may pass through a woman's line, men have control over it⁶². Women's rights to land use are complicated, vary greatly across the archipelago and are not necessarily lost when widowed⁶³. However, women's access to safe shelter if their own house has been destroyed or damaged may be affected by male ownership of land⁶⁴.

Rapid Assessment teams are reporting damage to shelters, for example in Central Tanna the team noted 'large scale damage to houses in some communities', but the scale is yet to be confirmed by sectoral assessments. In TC Harold, an estimated 80% of homes in the hardest hit provinces were affected with traditional and semi-permanent housing (almost 75% of housing in Vanuatu) incurring the greatest damage⁶⁵. It is reported that people are starting to build back in some locations (for example Nguna Island, Shefa; North Tanna, Tafea) and many people remain displaced in evacuation centres or with friends and family. The current estimate (as of 20 March 2023) is 2,284 people still in 52 evacuation centres (577 households)⁶⁶. Noting the impact of male family members overseas on seasonal work programs (discussed above under Roles and Responsibilities), shelter recovery programming must

⁵⁹ UNESCO, and Monash University, *Understanding Gender and Climate Change in the Pacific* (December 2010), 26.

⁶⁰ https://www.care.org.au/wp-content/uploads/2014/10/Vanuatu-DRR-Impact-Study-Summary_12-Oct-2016.pdf

⁶¹ For example in parts of Shefa, Penema, Sanma and Torba. See Naupa, A. and Simo, J. "Hu i kakae long basket?" Case Studies of Raga and Mele', in Huffer, E. (ed) *Land and Women: The Matrilineal Factor The cases of the Republic of the Marshall Islands, Solomon Islands and Vanuatu, Pacific Islands Forum Secretariat 2008*

⁶² Ibid.

⁶³ Naupa, A. and Simo, J. "Hu i kakae long basket?" Case Studies of Raga and Mele', in Huffer, E. (ed) *Land and Women: The Matrilineal Factor The cases of the Republic of the Marshall Islands, Solomon Islands and Vanuatu, Pacific Islands Forum Secretariat 2008*.

⁶⁴ Anupam Singh 2001, *Philosophical Perceptions of Pacific Property Women and Land Tenure*, 21-24 January 2001, Adelaide

⁶⁵ Government of Vanuatu Post Disaster Needs Assessment TC Harold and COVID 19, Volume A Summary Report , Draft August 2020, p.15.

⁶⁶ National Emergency Operations Centre (NEOC) Sitrep, 20th March 2023; Displacement and Evacuation Centre Cluster report to Gender and Protection Cluster, 20 March 2023 (capturing data to 17 March 2023).

consider lightweight and easy to install components such as cyclone shutters, so that women are able to independently manage their homes. Shelter recovery programming is also an opportunity to promote gender equality, for example CARE's TC Harold shelter program selected and trained both male and female Shelter Focal Points and chainsaw operators⁶⁷.

Food security and Livelihoods Women in Vanuatu are primarily responsible for ensuring food for the household⁶⁸. Some communities have already run out of fresh and dry food, others have reported no food or only a few days food left⁶⁹, and the increasing scarcity of food and pressure to perform productive labour to secure food and essential items may trigger domestic violence within families. Communities are already reporting increased household stress and domestic violence as a result of this food insecurity (Southwest Tanna, Central Tanna, Nguna, Erakor).

Rapid Assessment teams are reporting widespread damage to crops, including backyard gardens, and livestock and the imminent food insecurity in Shefa and Tafea. 54% of VSPD Vila-based (and surrounding Area Councils) clients with a disability reported damage to crops and 47% indicated they had sufficient food for only one week. In rural and remote provinces, communities are very reliant on gardens and livestock for subsistence and are likely to be more impacted than urban communities who are more likely to have alternative income sources. Female headed households are also likely more at-risk than male headed households. In Nguna, communities are predicting they have enough food stocks (gardens) for two more weeks then they will rely on buying from shops putting financial pressure on families. In Erakor, communities are reporting most gardens are destroyed. In Ifira both backyard and larger gardens have been extensively damaged. The CDCCC in Ifira is calling for backyard gardening programs to alleviate food insecurity. In South Erromango communities are reporting 100% of crops destroyed, wild pigs freely accessing fields (as fencing is destroyed) and predicting perhaps a week left of stock. They are able to fish but have run out of fuel for their boats so their catches are limited, potentially limiting their protein intake. In Central and South West Tanna there are reports of plants being destroyed and gardens flooded, vegetables rotting in the fields and food stocks largely exhausted. It is currently the season where communities rely on bananas but in Tanna and Efate most bananas have been damaged and plants destroyed by the cyclone. Some communities reported taro stocks for another 2 weeks - 1 month (during interagency assessments undertaken on 4-5 March) but no protein sources. Communities in South West Tanna are particularly upset about the government ban on selling food at markets, citing large gardens of kava and vegetables in preparation for ceremonies that if can't be sold will go to waste and be a huge financial loss for these families. Many affected communities in Priority 1 areas already face multiple physical challenges in maintaining food security including growing crops in areas close to volcanoes and affected by regular ash fall (e.g. East Tanna) and in areas of low rainfall (e.g. Aniwa which has been experiencing drought)⁷⁰. In East Tanna where there was ashfall from Mount Yasur following TC Judy, there has been further damage to food gardens.

Traditionally following cyclones in Vanuatu, people replant almost immediately. Regular advice from the Department of Agriculture reminds farmers prior to cyclones to remove leaves from bananas, prune island cabbages, trim top of cassava plants, harvest bananas that are ready, harvest water taro that might be washed away by water, and harvest enough food and store them at home and keep the seeds to replant⁷¹. One vulnerability study showed that with economic shocks, virtually all households in Vanuatu tightened their household budget and curtailed spending on food, education and health in order to cope with the food price hikes. The study found that female-headed households were among the most

⁶⁷ CARE Vanuatu, TC Harold Shelter Recovery program video: <https://www.youtube.com/watch?v=2HdxzqZAmM8&t=211s>

⁶⁸ Cowley, Anna, 2015. Food Security and Livelihoods. Gendered Situation analysis Tafea September 2015. CARE International p. 24

⁶⁹ Noted by Rapid Assessment teams from field trips 4-10th March

⁷⁰ <https://www.vmgd.gov.vu/vmgd/images/climate-media/docs/VCU-Mar-2020.png>

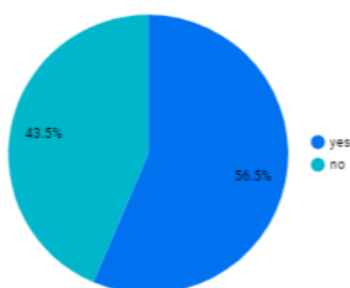
⁷¹ [FOOD SECURITY AND AGRICULTURE CLUSTER MALFFB KEY MESSAGES FOR TROPICAL CYCLONE](#)

vulnerable and women generally bore a greater burden in the adjustment to these shocks⁷².

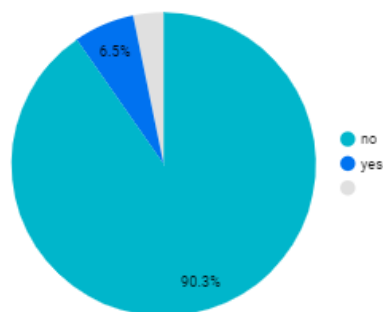
In 43.5% of communities assessed using the Gender & Protection Assessment tool, it was reported that women and children did not feel safe collecting food and water. Feelings of safety reported by women and girls can indicate risk of GBV⁷³ - it is recommended that the WASH and FSAC (Food Security and Agriculture) Clusters and all actors engaging in emergency distributions seek GBV risk mitigation advice through the Gender and Protection Cluster. In Efate (Shefa) women reported to rapid assessment teams that their gardens were far from their houses and they can 'easily be attacked during disasters' if they go alone and VWC has reported one case of a woman being sexually assaulted in Tafea in a food garden.

Only 6.5% of communities assessed reported an adequate supply of food and water for pregnant women, nursing mothers, mothers of children under five and elderly people. There was one report of children/women/people with disabilities exchanging sex to access Non Food Items and/or food in Tafea Province (see PSEAH section below).

Do women/children feel safe collecting water and food? (Yes / No / Blank)



Is there an adequate supply of food and water for pregnant women, nursing mothers and mothers of children under 5 and elderly? (Yes / No / Blank)



ACCESS TO SERVICES

Access to WASH services Rapid assessment teams in both Tafea and Shefa are reporting damage to water supply systems, water tanks, contaminated rivers and springs (South West Tanna, Central Tanna, South Erromango, Ifira). Lack of or limited clean water for drinking, washing and cooking, puts extra pressure on women and girls as they are largely responsible for collecting water and using it for domestic duties. Women and girls have a larger role relative to men in water, sanitation and hygiene activities, including in agriculture and domestic labour⁷⁴. In general, women need, use and benefit from water in different ways than men - with women generally being the primary collectors and users of water for domestic purposes (including food preparation, housekeeping, laundry, child hygiene and home gardens) while men use water more exclusively for agriculture – including irrigation and livestock watering, bathing and preparation of kava⁷⁵. Arguments in families over responsibilities for fetching water and its use have been reported in South West Tanna. An increase in domestic violence exacerbated by family stress is discussed below under protection.

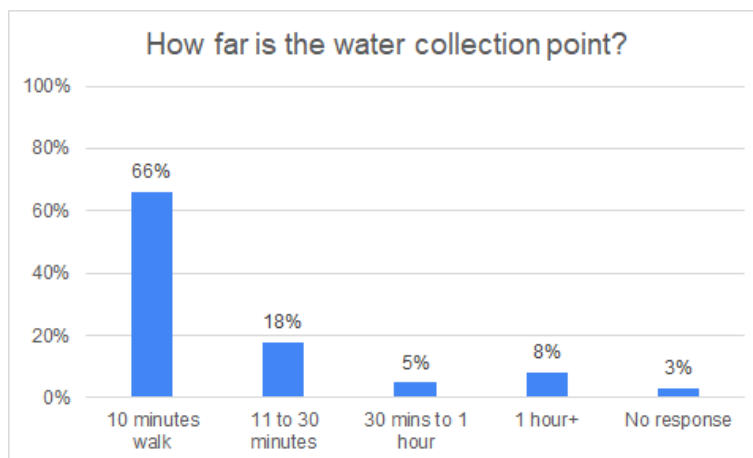
⁷² Cowley, Anna, 2015. Food Security and Livelihoods. Gendered Situation analysis Tafea September 2015. CARE International p. 24

⁷³ GBV Risk Analysis Guidance, 2021, IASC GBV Guidelines <https://gbvguidelines.org/wp/wp-content/uploads/2021/08/GBV-Risk-Analysis-Guidance-2021.pdf>

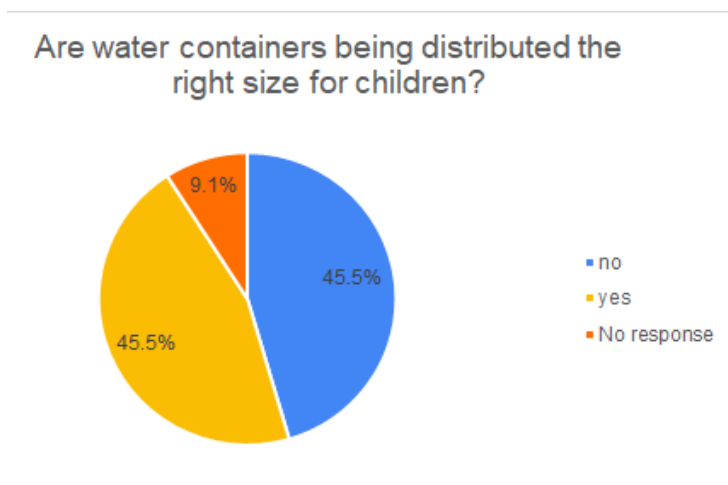
⁷⁴ WHO, [Water, sanitation and hygiene: measuring gender equality and empowerment](#)

⁷⁵ Unicef Final Assessment Report, Gender Equity and Social Inclusion in the WASH Sector in Vanuatu Page 24

Gender and Protection Assessment data indicates the majority of communities assessed have water points within a 10 minute walk (66%), roundtrip. 18% percent of locations require a walk of up to 30 minutes. For 13% of locations, collecting water can be more time consuming (5% takes 30 minutes to one hour, 8% more than one hour). Long distances to water points can indicate GBV risks (sexual assault and harrassament)⁷⁶ and it is recommended that WASH actors consult with women and adolescent girls, including those with a disability, for all restoration work particular on siting and design.



Forty seven percent of locations indicate there are no water containers currently being distributed. Of the locations where they are being distributed, 45.5% report the containers are not the right size for children. If water containers are too difficult to carry, it can put a high time burden, and pose health and safety risks to children and women⁷⁷. It is recommended that WASH actors and those distributing NFIs consult with diverse women and children to determine who is carrying water and what sizes of container would be most appropriate.

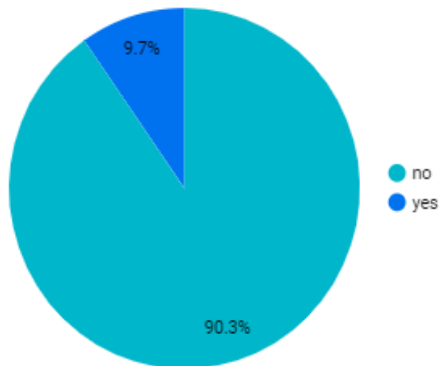


Assessment teams in some locations have also highlighted that toilet and bathing facilities have been damaged and lack privacy, lighting and locks, increasing the risk of GBV for women and girls in Tafea (Central Tanna, South Erromango) and Shefa (Erakor, Eratap and Shepherds Islands). Overall, 90.3% of assessed locations report there are no locks for toilet/washing facility doors; 87.1% report a lack of lighting in toilets; 87.1% report there are no separate bush toilet facilities for women and girls; and 91.9% report there are no separate bathing facilities for women and girls.

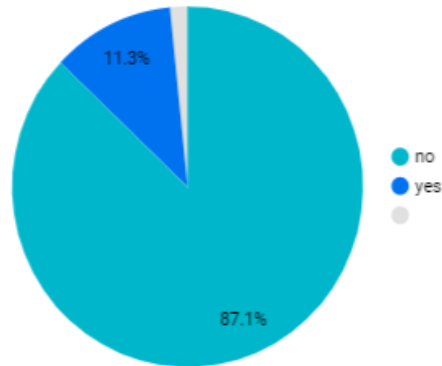
⁷⁶ Thematic Area Guide: Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, WASH, IASC GBV Guidelines, p.48 https://gbvguidelines.org/wp/wp-content/uploads/2015/09/TAG-wash-08_26_2015.pdf

⁷⁷ The Gender Handbook for Humanitarian Action, IASC, 2017, p.362.

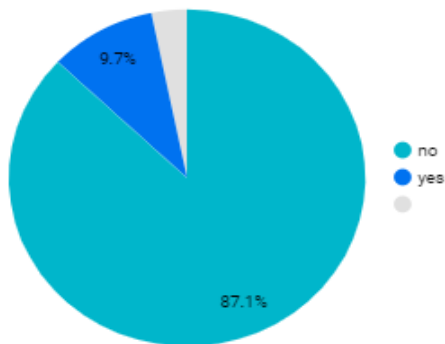
**Are locks provided for toilet/washing facility doors?
(Yes / No / Blank)**



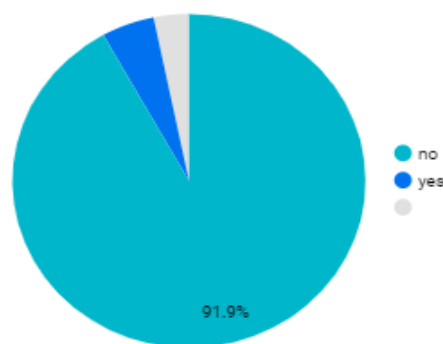
**Is there lighting at toilets?
(Yes / No / Blank)**



**Are there separate bush toilets for girls and women?
(Yes / No / Blank)**



**Are there separate bathing facilities for girls and women?
(Yes / No / Blank)**



In some cases outhouses/toilets and bathrooms (which are often freestanding buildings) have been blown away (reported in South Erromango) and people are using shared facilities thereby potentially increasing risk of GBV further. In others, women and girls are bathing at night in damaged facilities (for example with tarpaulins for walls) (reported in Erakor) increasing the risk of GBV. Lack of electricity and damage to solar powered systems was also widely reported, potentially impacting on the safety and security of women and girls to access WASH services. At the time of data collection, many places had not had electricity reconnected. The team in Ifira reported solar light posts had been damaged and the CDCCC was asking for them to be restored to improve security. The Shepherd Islands assessment team also reported damage to solar panels and noted security risks for women and girls, especially widows and single women when bathing or walking in the evenings. The rapid assessment team in Eratap reported sexual harassment and abuse of women and girls accessing WASH facilities (bath and toilet facilities).

Access to water and sanitation in Vanuatu is not universal with people in rural areas primarily accessing

unimproved water and sanitation facilities including shared toilets, pit latrine without a slab, flush/pour to anything other than septic tank or sewer. Women and girls with and without disabilities are disproportionately affected by the lack of access to basic water, sanitation and hygiene facilities, due to increased vulnerability to infection during menstruation and reproduction. WASH recovery programming is an opportunity to ensure the input of women and girls, including the elderly and those with a disability into the design and siting of WASH facilities to improve security and safety.

Menstrual Hygiene Management (MHM) There is an urgent need for menstrual hygiene management products for women and girls. Rapid Assessment teams have reported this in Tafea (South Erromango, Central and South West Tanna) with people in South Erromango describing how the cloth they usually use had ‘blown away in the winds’. A lack of soap and clean water reported in the majority of assessment reports will also affect women and girls’ ability to manage their menstruation safely and hygienically. The need for menstrual products for women with disabilities were specifically mentioned by the Rapid Assessment Team in the Shepherd Islands.

In Vanuatu, women and adolescent girls already face multiple challenges to managing menstruation effectively and with dignity. Women and girls with disabilities face even broader challenges managing menstruation than those without disabilities⁷⁸. In many schools and workplaces, WASH facilities are inadequate to meet the needs of menstruating girls and women. Challenges include non-functioning toilets and showers, poorly maintained facilities lacking in privacy, toilet paper, safe disposal options, soap and water. Inadequate WASH facilities contribute to unhygienic practices or extended delays in changing materials⁷⁹.

Menstruation is a taboo topic in many parts of Vanuatu, leaving girls without clear information about menstruation until they experience their period⁸⁰. Taboos also restrict menstruating women touching or preparing food and beliefs that exposure to menstrual blood brings bad luck to men and boys⁸¹. In a shelter or evacuation centre context, this may exacerbate the carer workload for other women in the household and could adversely affect people with a disability whose only carer is restricted by cultural norms⁸². Women and girls with intellectual disabilities, and their caregivers, experience discrimination and stigma related to gender, disability and menstruation which informs decisions around where to evacuate, negatively impacts mental health and limits opportunities to earn income during recovery⁸³. A report by the Vanuatu Red Cross (May 2020) highlighted the importance of ‘female friendly’ distributions of menstrual hygiene products - distributed by women, at a different time to other distributions, including IEC on how to use, in a private space - and noted the importance of information specifically targeting younger girls (who are potentially more shy about menstruation) in addition to older girls and women⁸⁴. The report also highlighted that women and girls in Vanuatu are familiar with disposal sanitary products and homemade reusable options. Mama’s Laef is a locally owned business in Port Vila which makes culturally appropriate reusable menstrual hygiene products and information booklets including one targeting adolescent girls⁸⁵.

⁷⁸ Downing, S.G.; Benjimen, S.; Natoli, L.; Bell, V. *Menstrual hygiene management in disasters: The concerns, needs, and preferences of women and girls in Vanuatu*. Waterlines 2021, 40, 144–159.

⁷⁹ Mohamed, Y, Huggett, C, Macintyre, A, McSkimming, D, Barrington D.J, Durrant K & Natoli L, n.d., [The Last Taboo: Managing Menstrual Hygiene Management in the Pacific](#), Burnet Institute, Medical Research. Practical Action.

⁸⁰ <https://www.sista.com.vu/menstruation-doesnt-have-to-be-a-curse/>

⁸¹ [Keeping Girls in School in Vanuatu - CARE Australia](#)

⁸² Mohamed, Y & Huggett, C 2017, [Menstrual hygiene management in the Pacific: women’s and girl’s experiences](#), Devpolicy blog, 28 November 2017

⁸³ Wilbur, J., Poilapa R., & Morrison, C., Menstrual Health Experiences of People with Intellectual Disabilities and Their Caregivers during Vanuatu’s Humanitarian Responses: A Qualitative Study. International Journal of Environmental Research and Public Health 2022, 19(21), 14540; <https://doi.org/10.3390/ijerph192114540>

⁸⁴ Research on responding to menstrual hygiene needs of women and girls in disaster settings, in Vanuatu, Australian Red Cross, Vanuatu Red Cross and James Cook University, May 2020.

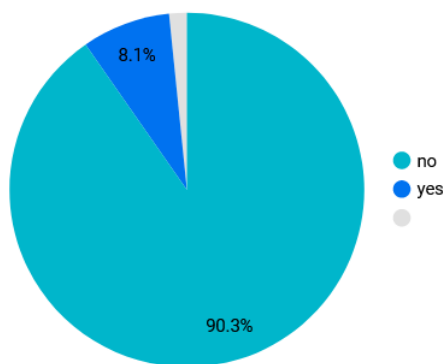
⁸⁵ <https://www.mammaslaef.com/>

Provision of MHM products should be part of any WASH programming and NFI distributions, should be 'female friendly' and should also include IEC materials on how to manage menstruation hygienically and with dignity. There is an opportunity for longer term recovery programming to reduce stigma and shame around menstruation for all women and girls, including women and girls with diverse disabilities.

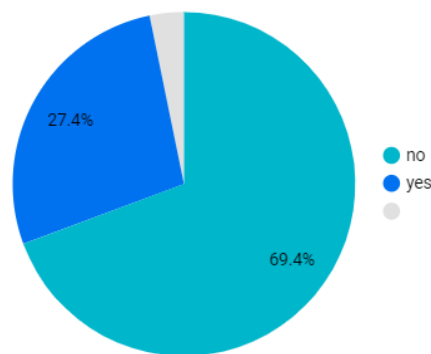
Importantly, feedback received from the TC Harold response was that men and boys felt excluded because they did not receive any underwear or personal hygiene items when women received dignity kits⁸⁶. Provision of items for men and boys may avoid potential triggers for violence in a context where people are already very stressed. One team distributing dignity kits in Teouma Bush (9 March 2023) reported anecdotally that people sheltering there were confused why the relief supplies they were distributing were only for women of reproductive age. While they did not mention potential risks in the community with distributions focussed on women, this is very important to note and indicates that distribution of dignity kits should be mindful of GBV risk mitigation. Distributions ought to be coordinated to avoid resentment in communities and the principle of Do No Harm considered in roll out of NFIs. It is also recommended that men and boys are included in MHM awareness outreach so they gain a greater understanding of women and girl's needs including specific WASH facility requirements, additional water needs, and need for privacy and dignity⁸⁷.

The Gender and Protection Assessment results show that 90.3% of assessed locations do not have sanitary protection available for menstruating women and girls and 69.4% of assessed locations do not have enough appropriate clothing available for at-risk groups. The VSPD assessment also identified menstruating women and girls with disabilities and other persons with disabilities experiencing continence without any access to sanitary protection.

**Is sanitary protection available for menstruating girls and women?
(Yes / No / Blank)**



**Is there enough appropriate clothing available for vulnerable groups?
(Yes / No / Blank)**



Access to Health Services Health services have been substantially affected with damage to buildings and/or medical stocks reported in most locations. In Tafea (Tanna) communities are reporting diseases from lack of clean water and concern over lack of health staff and supplies as well as damage to facilities. South Erromango communities are reporting widespread damage to health facilities, medical supplies and equipment damaged and assessment teams raised concerns over lack of public health outreach and lack

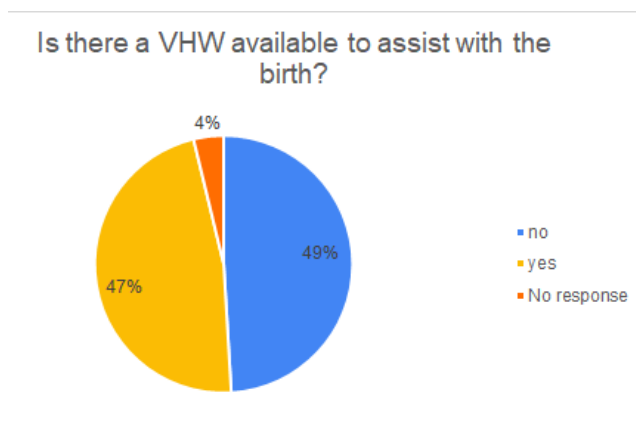
⁸⁶ Post Distribution Monitoring Report, TC HAROLD RESPONSE, Pentecost and Ambrym April – June 2020, CARE Vanuatu, July 2020, p.24

⁸⁷ Similar recommendation in Research on responding to menstrual hygiene needs of women and girls in disaster settings, in Vanuatu, Australian Red Cross, Vanuatu Red Cross and James Cook University, May 2020.

of SRH including family planning services. During the cyclones a woman gave birth to a child in an evacuation centre in Tanna and one woman in North Erromango in her third trimester was evacuated. In Shefa (Nguna, Erakor and Ifira) communities mentioned an increase in waterborne diseases. In Ifira, no damage was sustained by the Ifira Dispensary but it is very low on medicines and has run out of oxygen. In the Shepherd Islands only minor damage was reported to health dispensaries. VSPD clients from Port Vila and surrounding Area Councils (17.3%) had run out of medications and 9.4% had no access to transport or money to access health facilities. There were reports in Tanna of health facilities turning away patients as the cyclone was coming and after the cyclone some facilities were not open as there were no personnel.

Health care systems in Vanuatu already face unique logistical and financial challenges in delivering health care to small and scattered populations living in remote and inaccessible areas spread over 82 islands.

Gender inequality increases women’s vulnerability and inhibits their access to health care services and information. Gender norms and women’s low status affect women’s ability to make decisions over their own lives particularly around sexual and reproductive health and family planning and limits their access to education and health care.



Despite the vast majority of all births in Vanuatu occurring in a health facility (2013 DHS-MICS reporting 89%) and majority attended by a skilled attendant (in five years preceding 2013 DHS-MICS, 89%) with the most common being a nurse or midwife⁸⁸. Most pregnant women in Vanuatu receive some antenatal care, including in rural areas⁸⁹. Fertility rates in Vanuatu (total and adolescent) have declined in the last decade (latest data is 3.7 births per woman and 48 births per woman aged 15-19 in 2020) and the contraceptive prevalence rate (the percentage of women aged 15-49 using any method of contraception) has improved in the same period (an estimated 48.4% in 2021)⁹⁰. It will be important for the Health Cluster and Ministry of Health to ensure women can continue to access reproductive and sexual health services to maintain these gains and meet national policy objectives⁹¹.

Eighty two percent of locations assessed reported having a women in their third trimester present. Of those locations, 49% do not have a Village Health Worker (VHW) available to assist with the birth. The rapid assessment team in East Efate reported two cases of pregnant women with no access to health workers to support them during delivery.

Survivors of GBV already face many challenges to access health response services. The MOH Health Readiness and Service Availability assessment completed in 2020, found that only 2% of health facilities were service ready when it came to GBV service provision. The MOH has responded by training nurses but another aspect of service availability lies in the adequate supply of commodities⁹². In light of reports of

⁸⁸ Sullivan, C. Finucane, S. Butler, A. 2021. *Sexual and Reproductive Health and Gender -Based Violence in Vanuatu: A review of policy and legislation* (FINAL DRAFT). The University of Melbourne, Melbourne. https://pacific.unfpa.org/sites/default/files/pub-pdf/vanuatu_policy_and_legislation_review_final_draft_1.docx.pdf

⁸⁹ United Nations Population Fund, University of Melbourne (Vaughan, C., Spiteri-Staines, A., Rowe, J.). *Sexual and reproductive health and gender-based violence in Vanuatu: A review of policy and legislation* (2021), p.38

⁹⁰ United Nations Population Fund, University of Melbourne (Vaughan, C., Spiteri-Staines, A., Rowe, J.). *Sexual and reproductive health and gender-based violence in Vanuatu: A review of policy and legislation* (2021), p.34

⁹¹ United Nations Population Fund, University of Melbourne (Vaughan, C., Spiteri-Staines, A., Rowe, J.). *Sexual and reproductive health and gender-based violence in Vanuatu: A review of policy and legislation* (2021).

⁹² correspondence with UNFPA, 20 March 2023.

increased GBV and increased risks for GBV in the wake of the cyclones, it is highly recommended that support for survivor centered health response services continue to be supported throughout recovery. Where possible integrated approaches across sectors should be utilised to enable women and children to access essential health, GBV and PSS services; ensuring support is available for women and children with disabilities.

Access to education Assessment teams in Tafea and Shefa are reporting damage to schools including school WASH infrastructure, kitchens and gardens, dormitories, classrooms, and teacher accommodation (South Erromango, South West Tanna, Ifira). This means many children are not attending school which is a child protection risk and also increases the workload of women and girls at home who are likely to take on additional child care roles which may in turn lead to stress and increase in violence against children or women. Communities in South Erromango are reporting that children are traveling long distances and staying with relatives during the week to reach school facilities (Bongkil and Port Lucy), a further child protection risk. Other communities are reporting signs of trauma among students (South Erromango) and a need for Psychosocial Support Services (PSS) to be integrated into any education programming and for short term safe play spaces for children. Assessment teams in South West Tanna have reported solar lights that students usually use at night have been destroyed in the cyclones making school grounds dangerous at night, in particular for female students and staff and people with a disability. There are reports in South East Tanna⁹³ of parents asking principals to delay the reopening of schools due to food shortages as more effort is required for parents to prepare food for children to take to school compared to feeding them at home, highlighting the potential need for school lunch programs once schools do open. A total of six locations assessed reported that work was stopping children from attending school. Five locations reported children being involved in illegal activities such as stealing. Five communities reported children are involved in gardening. There are also reports of children helping clear debris and other damage, and helping their parents with this work due to schools not yet being reopened (at time of assessment).

Access to information Assessment teams have reported various community level access to information depending on location. In Nguna (Shefa), there was only one community with access to phone networks (Vodafone and Digicel) and Radio networks were patchy everywhere. In North Erromango there were reports of challenges with the phone network and requests for satellite phones. In Tanna (South West and Central) most communities reported access to telephone and radio (VBTC) but some were still without and many mentioned ‘word of mouth’. In the absence of reliable and credible information sources, there have been reports of misinformation and rumours, including that Vanuatu was to face a third cyclone days after TC Kevin. Importantly, there are differences in the ability to access information depending on age, gender and disability. Women’s access to information is strongly affected by gendered norms where men as ‘household heads’ can control who accesses information in their household. Men will often go to awareness sessions or go to town to receive information, with the expectation that this is shared in the family however this is not assured and messages can be incorrectly interpreted or not passed on. Women with husbands or partners participating in seasonal work overseas, widows, or other female-headed households may lack access to these forums altogether. Men have a slightly higher literacy rate than women (male 89.6%, female 89.3% in English in urban areas; and male 73.9%, female 71.6% in English in rural areas with lower rates for literacy in French)⁹⁴.

People with a disability are likely to have lower levels of literacy with only 48% of people with a disability having attended school compared to 72% for the people without disabilities⁹⁵. Levels of education for people with a disability are also lower than for people without disabilities and so their ability to access

⁹³ Comms with UNICEF, Vanuatu

⁹⁴ 2020 Census, Basic Tables Volume 1, Vanuatu National Statistics Office, p.vi

⁹⁵ https://mspgh.unimelb.edu.au/data/assets/pdf_file/0011/2567576/WEB-DIDRR-Report-14112017.pdf page 9, cited in Williams. M. Tropical Cyclone Harold Rapid Gender Analysis, CARE Vanuatu, 14 April 2020

written material may be significantly affected by literacy and education levels. Research following TC Pam found that only 38% of adults with disabilities could read an SMS message as compared to 58% for adults without disabilities⁹⁶. SMS messages are used by the NDMO to provide cyclone alerts to the population. Further, radio and mobile text messaging are not always available to all, particularly women, at-risk people such as those living with disability and people living in remote communities. CDCCCs are an important network for information sharing before, during and after emergencies and should be trained in disability inclusion and generally able to identify and support at-risk people in their communities. Provision of information as part of response and recovery programming should take into account the gendered ways in which people receive, or are denied information, as well as varied levels of literacy in segments of the population. Communication including early warning systems, awareness raising and information dissemination are components of humanitarian assistance, and must be accessible to everyone.

PROTECTION

Gender Based Violence (GBV) *Note that GBV risk mitigation is discussed under specific sectors below*

TAFEA: Rapid assessment teams have reported an increase in GBV since the cyclones. In Tafea Province teams have referred one case of sexual abuse of a young woman with a disability to police. In Tanna (Middlebush/Central and SouthWest), teams have reported increased stress and tension in households and cases of physical and emotional abuse of women and children. Teams in these locations note that families are stressed due to food insecurity, lack of materials to rebuild and increased household workloads (fetching water, children out of school) leading to arguments and violence. This is in line with global research indicating that intimate partner violence increases as a result of the effects of disasters including scarcity of basic provisions, increased stress due to loss of income, bereavement, loss of property, breakdown in law enforcement and breakdown in the economy and destruction of social networks⁹⁷. Women and girls living with disability are even more at risk as their physical isolation, exclusion and dependency increase the extent of abuse they are subjected to and limit the actions they can take⁹⁸.

Summary data for number of communities reporting protection cases - Tafea as at 20 March 2023

⁹⁶ *ibid.*

⁹⁷ https://www.who.int/violence_injury_prevention/publications/violence/violence_disasters.pdf

⁹⁸ UNFPA, *A Deeper Silence The Unheard Experiences of Women with Disabilities – Sexual and Reproductive Health and Violence against Women in Kiribati, Solomon Islands and Tonga* (March, 2013), p. 12

Since the emergency began, are there any reported cases of children, youth, women, pregnant women, persons with disabilities and the elderly being:

Killed by violence 0	Killed by accident 1	Injured by violence 3	Injured by accident 1
Seriously injured by violence 0	Seriously injured by accident 0	Missing 2	Being forced to leave 6
Physically abused 1	Sexually abused 1	Emotionally abused 2	Without parents, UAM 2

SHEFA: Rapid Assessment teams in Erakor and Eratap highlighted the risk of GBV due to lack of privacy and security due to damaged houses and bathing facilities (no lighting, damaged walls/structures). In East Efate the rapid assessment team mentioned the risk women face when walking to their gardens by themselves. Shepherds Islands Assessment teams in Tongariki and Buninga found that solar power panels (normal power source) were blown away during the cyclone. GBV risk mitigation measures are urgently needed. No increase in violence of any kind was reported to the assessment team in Nguna although a number of communities commented that it could become an issue as food supplies are depleted. VSPD assessments of Efate-based clients (Port Vila and surrounding Area Councils) also indicated that 11.6% had faced some form of domestic violence since the cyclones.

Summary data for number of communities reporting protection cases - Shefa as at 20 March 2023

Since the emergency began, are there any reported cases of children, youth, women, pregnant women, persons with disabilities and the elderly being:

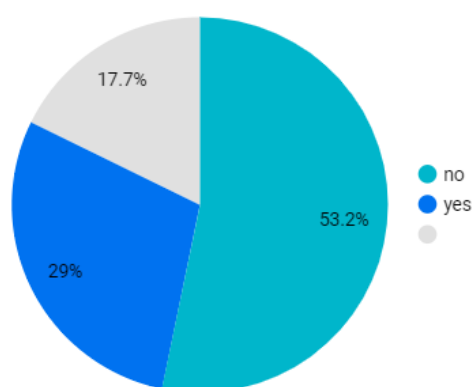
Killed by violence 0	Killed by accident 0	Injured by violence 0	Injured by accident 5
Seriously injured by violence 0	Seriously injured by accident 0	Missing 0	Being forced to leave 6
Physically abused 1	Sexually abused 0	Emotionally abused 2	Without parents, UAM 1

Vanuatu already has one of the highest prevalence rates of violence against women and girls (VAWG) globally: the 2011 *Vanuatu National Survey on Women’s Health and Domestic Violence* found that 60% of ni-Vanuatu women aged 15-49 experience physical and/or sexual violence⁹⁹. Once married or partnered, women are often subject to controlling behaviours by their partners – 69% of women in Vanuatu who are

⁹⁹ Vanuatu Women’s Center and Vanuatu National Statistics Office, *Vanuatu National Survey of Women’s Lives and Family Relationships*, 2011.

in a partner relationship, reported that they have experienced this in regards to decision-making, accessing healthcare and regulating mobility, family visits and finances and economic participation¹⁰⁰. Women and girls with disabilities are two to three times more likely to experience physical and sexual abuse than women without disabilities and can experience different forms of violence such as the denial of food or water and forced sterilisation and medical treatment¹⁰¹. Women with disabilities also face additional barriers to access support services relating to discrimination, exclusion, and isolation when they experience violence¹⁰². Cases of VAWG against women and/or people with disabilities are often not properly investigated and are often dealt with through reconciliation in the women’s villages with the imposition of limited sanctions on the perpetrator¹⁰³.

**Do the health workers know the procedures for dealing with sexual abuse (eg medical examination within 72 hours)
(Yes / No / Blank)**



In most of Vanuatu, particularly in rural and remote areas, access to police and justice services for women, girls and people with disabilities who have experienced violence is challenging because of lack of human and material resources. In rural areas, domestic violence cases are usually dealt with by chiefs and not the state justice system¹⁰⁴. Health services are limited and the number of police posts in Vanuatu are insufficient to provide appropriate coverage especially in rural areas. Counselling services for survivors of GBV are available in Vanuatu, with a network of 39 CAVAW (Committee Against Violence Against Women) organised through the Vanuatu Women’s Centre (VWC) across 6 provinces. CAVAW are trained in counselling and handling cases and referral to the VWC. VWC also has a 24/7 helpline: 161. Members of the VWC CAVAW network in South Erromango have been conducting active outreach in communities providing counseling and also information on health and hygiene in emergencies, highlighting their

vital role in community level first response, violence prevention and support for survivors. The Rapid Assessment team in the Shepherds mentioned that people are aware of the VWC helpline number and CAVAW representatives have been doing counseling and awareness in a number of communities.

In 29% of assessed communities, it was reported that health workers knew the procedures for dealing with sexual abuse; the remaining communities either provided no response (17.7%) or reported the health workers did not know this (53.2%). It should be noted that it is not known if health workers themselves provided this information.

Psychosocial support Rapid assessment teams in Tanna (SouthWest and Central), Erromango (South) and Efate (East) report anxiety, stress and trauma as a result of the cyclones. The experience of TC Judy and Kevin may also trigger trauma for people who have already lived through past Severe Tropical Cyclones including TC Harold (2020) and TC Pam (2015) and may be dealing with recurrent impacts of other natural disasters such as drought (for example, in Aniwa) and volcanic ash fall (for example, in Tanna). This may have longer term mental health impacts and can also exacerbate household and relationship level stress, a risk factor for violence (as mentioned above). Vanuatu has limited formal

¹⁰⁰ ibid, pp.92, 128, 140, 145

¹⁰¹ CARE Australia, *Vanuatu Rapid Gender Analysis for COVID-19*, 2020

¹⁰² CARE Australia, *Tropical Cyclone Harold Rapid Gender Analysis*, 2020; CARE Australia, *Tropical Cyclone Harold Rapid Gender Analysis*, 2020

¹⁰³ Committee on the Rights of Persons with Disabilities, *Concluding observations on the initial report of Vanuatu*, 13 May 2019

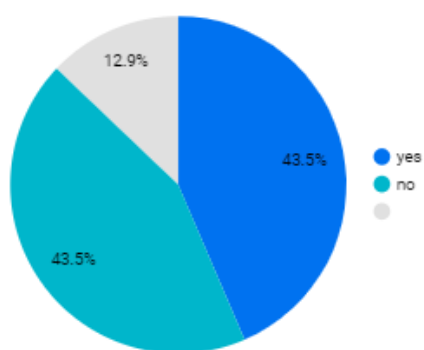
https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/TBSearch.aspx?Lang=En&CountryID=190

¹⁰⁴ https://mics.gov.vu/images/stretem_rod/Conflict_Management_and_A2J_in_Rural_Vanuatu.pdf page 40

mental health services available and so it is vitally important that responses to the cyclone include understanding the psychosocial damage that is being done and integrating psychosocial support (PSS). Training for community first responders such as chiefs, health staff, members of the CDCCC and CAVAWs should also be explored.

Community leaders who can support Gender/Protection work (e.g. those that can assist with protection of children, people with disabilities and at-risk men and women) were reported to be available in 43.5% of assessed communities. The people reported to be providing this support include:

Percentage of community leaders who can support Gender/Protection work (Yes, No, no response)



- Church pastors (with some locations specifying this was spiritual counselling, not PSS)
- Chiefs
- CDCCC members
- CAVAW
- Counsellors at the women’s centre
- School staff including principals and teachers
- Elders
- Registered nurse

Child Protection Child protection issues mentioned by rapid assessment teams in Tafea include children being unsupervised, child labour and physical and emotional violence against children (South West Tanna and Central Tanna) and specific mention of child headed households in Central Tanna. In South Erromango, male youth (under 17) are reportedly engaged in petty theft (food, kava). In all locations children are not attending school (see below under Access to Education) and as mentioned above, assessment teams widely reported household stress - both risk factors violence against children. The assessment team members to South Erromango and East Efate also mentioned that many adults are away on seasonal work; in some cases this has contributed to children being left in the care of relatives, separated from their siblings, or living unaccompanied. In Shefa, the CDCCC in Ifira expressed concerns to the rapid assessment team about children’s welfare and safety, specifically about increased instances of parents physically disciplining their children and children undertaking post cyclone clean up work, putting them at risk of injury. No child protection issues were reported by teams in Erakor or Nguna, but the team in Eratap reported that people leaving the community due to the cyclone (unclear to where or why) had led to an increase in risk for children’s safety and that children faced risks in generally in the community and when accessing WASH facilities, of sexual harassment and abuse.

In Vanuatu, female children from a previous relationship or adopted children are likely to be most at risk of incest¹⁰⁵. The prevalence of sexual abuse against girls under the age of 15 at almost 30% is one of the

¹⁰⁵ Vanuatu National Child Protection Policy 2016-2026, P.13
https://mjcs.gov.vu/images/policy/Vanuatu_National_Child_Protection_Policy_2016-2026_FINAL_Nov16.pdf

highest in the world, with the majority of perpetrators are male family members and boyfriends)¹⁰⁶. In a 2008 baseline study, 78% of community members surveyed admitted to physically harming children¹⁰⁷. Previous crises in Pacific countries have found several serious child protection issues including instances of neglect, separation, abandonment, abuse, economic exploitation, illegal adoption and trafficking, physical, sexual and other forms of violence.⁸⁷

Research conducted by ECPAT International on the sexual exploitation of children in the Pacific¹⁰⁸ found that it was more common than previously thought. Findings noted that about one-third of victims are boys and two-thirds are girls with 93% of offenders being male and 32% of 'enablers' being female. Offenders were most likely to be from the child's extended family, including grandparents, uncles/aunts, cousins, and siblings. Parents/step-parents and community members were the next most common categories of perpetrators. The research noted a strong stigma attached to being a victim of sexual exploitation, cultural taboos around discussing sex and the fear of further judgement by communities and other family members as limiting children's ability to speak out and report offending against them. Evacuation from homes due to damage caused by a cyclone presents a risk of exacerbating these risks to children.

Sexual Exploitation, Abuse and Harassment (SEAH) Globally, when disaster strikes and affects the functioning of usual systems there may be an increase in sexual exploitation and abuse. This is where at-risk groups (particularly woman and child heads of households and single women living in poverty, widows, adolescent girls, sex workers, and disabled women and men among others), who are struggling in terms of safe shelter, reduced income and employment opportunities, may be forced or coerced to provide sex in exchange for food¹⁰⁹.

As mentioned above under Food Security and Livelihoods, there was one report of children/women/people with disabilities exchanging sex to access Non Food Items and/or food in Tafea Province. To date there are no other reports of SEAH, however, people are extremely at-risk (food insecurity, shelter, WASH insecurity) and are therefore at risk. The Vanuatu Mobile Force (VMF) and police are mentioned by the assessment team in South West Tanna; on 15 March, 37 police officers were deployed to Tafea for an initial 14 days to support distribution and provide security; interagency assessment teams have been deployed across the country; and international military personnel have assisted with shipping emergency relief to Tafea and Shefa. The presence of these security personal and assessment teams flags the urgent need for risk mitigation measures including organisational measures (Pre Deployment briefings and reminders about Codes of Conduct and policies such as PSEAH and Child Protection), and clear reporting and investigation mechanisms; as well as clear messaging to the affected community about humanitarian assistance and what to expect from humanitarian responders, and how to report complaints.

During the rapid assessments, assessment team members from the Gender and Protection Cluster collected data on the number of community leaders per location who could assist with gender and protection work (112 leaders). It was reported that 61.7% of these leaders knew how to identify serious abuse such as sexual or physical abuse; 30.9% did not know this and the remaining leaders did not record

¹⁰⁶ Vanuatu Women's Centre (2011) *Vanuatu National Survey on Women's Lives and Family Relationships*.
https://mjcs.gov.vu/images/research_database/Vanuatu_National_Survey_on_Womens_Lives_and_Family_Relationships.pdf

¹⁰⁷ Vanuatu National Child Protection Policy 2016-2026, P.12 [vanuatu national child protection policy 2016 - 2026](#)

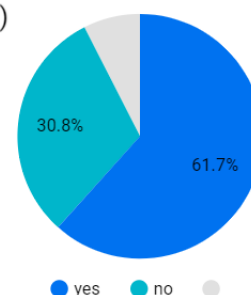
¹⁰⁸ ECPAT International 2019, *Perceptions of frontline welfare workers on the sexual exploitation of children in the Pacific*, June 2019

¹⁰⁹ UNICEF 2015, *Report on the Pacific Conference on Ending Violence Against Children*, 18-20 May 2015, Nadi, Fiji

a response.

People with disabilities Women and girls with disabilities are at considerably higher risk of physical and sexual abuse and neglect due to gender norms and differing needs particularly menstrual hygiene management¹¹⁰. (See MHM section above for more details). Discrimination and emotional violence from family members and people in the community is a part of daily life for people with disabilities in Vanuatu¹¹¹. There is a risk that such violence and abuse will increase with dislocation and evacuation as a result of the cyclone and that current violence support services will struggle to meet the specific needs of people with a disability requiring violence counselling and support.

Chart: Percentage of community leaders who know how to identify serious abuse (sexual and physical) Yes/No (PSHEA knowledge)



The move to either an evacuation centre or another undamaged house of family or friends, is impactful for people with a disability who may have lost their assistive devices (wheelchair, walking stick or devices within the house) in the cyclone and who do not have the comfort of their own safe space. In the VSPD assessment, 10.6% of clients needed repairs or replacements to their mobility devices due to cyclone-related damage. Similar reports of damage to mobility devices were received during Tafea Gender and Protection assessments. Due to higher rates of incontinence as well as menstrual hygiene needs, women with a disability have difficulties using inaccessible toilets with dignity. Incontinence requires greater use of water to clean up and wash clothing and this may not be available in evacuation centres or homes used as refuges. Rapid assessment teams reported persons with a disability being left behind in their homes, some with their carer, while their family went to the evacuation centre during the cyclone (Central Tanna, East Efate). Despite efforts following Cyclone Pam to improve evacuation accessibility, prior to Cyclone Judy only two evacuation centres in Efate were identified as accessible. Both centres were overwhelmed and some persons with disabilities were turned away. Teams in South and North Erromango have identified people with disabilities who require assistive devices and linked them to disability focal points within their community. The South Erromango team reported two people who were assisted to the safe house in their community during TC Judy and were still residing there at the time of assessment (8-11 March 2023).

The burden for carers of people with a disability is increased in times of evacuation particularly where the carer may be an older person or grandparent. Issues of nutrition become pertinent in times of disaster where it may be difficult to provide for the nutritional needs of people with a disability such as soft foods i.e. bananas for high needs children or a diet suitable for amputees with diabetes. It was found during TC Pam, that people with disabilities were becoming malnourished due to the lack of foods appropriate to their needs¹¹².

People with disabilities can also inadvertently be left out of community preparedness efforts due to communications not being tailored to their needs and therefore inaccessible¹¹³. The NDMO Community Based Disaster Risk Reduction Guidelines that provide guidance to all CDCCCs in Vanuatu assert that at-

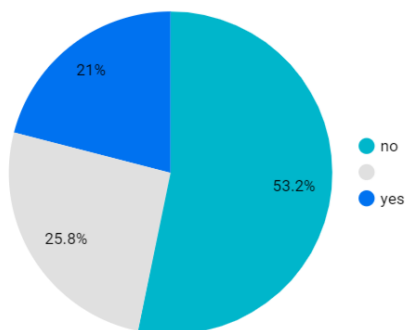
¹¹⁰ <http://wwda.org.au/wp-content/uploads/2013/12/pacificsisters1.pdf>

¹¹¹ Interview VSPD 31.03.2020, cited in Williams. M. Tropical Cyclone Harold Rapid Gender Analysis, CARE Vanuatu, 14 April 2020

¹¹² Interview VSPD 9 April 2020, cited in Williams. M. Tropical Cyclone Harold Rapid Gender Analysis, CARE Vanuatu, 14 April 2020.

¹¹³ Information provided by email from Pacific Disability Forum, Fiji Disabled Persons Federation (FDPF) and CBM, March 2020 cited in Williams. M. Tropical Cyclone Harold Rapid Gender Analysis, CARE Vanuatu, 14 April 2020

Percentage of communities with support and/or advocacy available for people with disabilities (Yes, No, no response where blank = no response)



risk people should be part of the decision making processes of disaster preparedness and response.

Twenty one percent of assessed communities report having support or advocacy available for people with disabilities; more than half (53.2%) report their communities lack these services.

In reflections with the Disability Sub-Cluster on the positive outcomes of the VSPD and Community Disability Assessment, the importance of ensuring a “twin-track” approach to disability inclusion (mainstreamed and targeted disability inclusion interventions) was

stressed in order to obtain detailed and accurate data and information to inform programming¹¹⁴.

Safety within evacuation centres and WASH

There is considerable learning from previous disasters in Vanuatu. Shelter lessons from the Ambae volcano evacuation 2018-19 include the importance of addressing the needs of marginalised and at-risk groups including privacy, access and security and the importance of hearing the voice of and providing support to families who take in evacuees during a disaster¹¹⁵. It is vitally important for women and at-risk people to feel safe in their shelter and also that their rights are understood the same by all parties.

TAFEA: At the time of assessment it was reported in Central Tanna that over 300 people sought shelter in evacuation centres across multiple sites during the cyclones. The rapid assessment team noted that some of these sites do not have clean water to drink or privacy in toilets and bathing facilities and a general lack of privacy in evacuation centres, adding to people’s stress and leading to disagreements and increasing the risk for GBV and other protection issues (as discussed above under Protection). In Southwest Tanna, sites commonly used as evacuation centres were damaged (community hall, classrooms, churches) with the rapid assessment team recommending that they be repaired and maintained to continue to function as safe spaces during disasters.

SHEFA: As at 17 March 2023, the Displacement Cluster reported that there were still 2284 people residing in active evacuation centres¹¹⁶. In Erakor, people were still living in Evacuation Centres at the time of rapid assessment as their homes were damaged. It is highly recommended that the Displacement Cluster assess the safety and security of evacuation centers still occupied including ensuring safe and secure WASH facilities and sleeping areas. The rapid assessment team in East Efate reported safety concerns in toilets in evacuation centres due to lack of locks, lights and no sex segregation.

V. CONCLUSIONS AND RECOMMENDATIONS

It is highly likely that TCs Judy and Kevin will have a disproportionately negative effect on women and girls in a number of ways including protection risks (SEAH, GBV and child protection), adverse impacts to their

¹¹⁴ Commonwealth of Australia, DFAT, Development for All 2015-2020: Strategy for strengthening disability-inclusive development in Australia’s aid program, May 2015 (remains current) <https://www.dfat.gov.au/about-us/publications/development-for-all-2015-2020>.

¹¹⁵ <https://www.sheltercluster.org/vanuatu/documents/2018-tc-hola-ambae-volcano-response-lessons-learned-workshop-report-14062019>

¹¹⁶ Displacement and Evacuation Centre Cluster report to Gender and Protection Cluster, 20 March 2023 (capturing data to 17 March 2023).

food security and nutrition, their sexual and reproductive health, education and livelihoods. Social norms in Vanuatu dictate that women are primary caregivers and responsible for provision of food to the family. TCs Judy and Kevin have decimated gardens, food stocks and houses thereby placing women at risk. Women and girls' reproductive workload will increase in looking after children, people with a disability, and the sick and older members of the family and sourcing and collecting water. Their productive workload in finding food for the family and or an income will also increase and the potential for violence will also increase due to stress and challenges in meeting their responsibilities. Their maternal and sexual reproductive health (SRH) needs continue in an emergency.

People with a disability are especially at risk with lack of engagement in community and family decision making, dislocation from safe surrounding and assistive devices, increased sexual abuse especially for women and girls with disabilities due to lack of protection from their usual home and being placed in evacuation centres or other people's houses. There is increased potential for malnutrition due to foods not appropriate for individual physical needs being available. Increased potential for emotional or physical abuse from those who do not know or understand a person's disability. Abuse may include withholding of foods or being hit for unusual behaviours. Lack of access to accessible and dignified toileting and bathrooms may negatively impact menstrual health for women and girls with disabilities and increase discrimination and feelings of shame. Other marginalised groups may experience increased discrimination, abuse and violence as a result of dislocation and require safe spaces and access to networks as part of their recovery.

REMEMBER, GENDER AND PROTECTION IS THE RESPONSIBILITY OF ALL HUMANITARIAN RESPONDERS - THIS IS MINIMUM GOOD PRACTICE PROGRAMMING

1. Recommendations for all clusters and humanitarian responders (government and non-government)

Response and Recovery ALL STAGES

1.1	<p>Use Gender and Protection Analysis and technical expertise. Decision makers and those coordinating recovery and response efforts should actively engage with the Gender and Protection Cluster and its sub clusters for technical advice and program with reference to existing gender and protection analysis including this document.</p>
1.2	<p>Ensure meaningful engagement and participation of women, girls, boys, people with a disability and other marginalised groups in all planning and decision making on assessment, response and recovery, including information and outreach strategies. This should include engagement with existing networks and representative organizations to support appropriate targeting (e.g. size and type of items for NFI distribution) mobilisation and outreach and obtain detailed information on target groups.</p> <ul style="list-style-type: none"> ● Include people with a disability themselves and their carers and organisations such as Disability Desk, VSPD, VDPA and other OPDs and Community Disability Associations to find the disability profile of communities and ensure a “twin track” approach to disability inclusion. Use the Disability Key Messages document to inform programming and advocate for disability inclusion with other clusters ● Include youth through reaching out to the Vanuatu National Youth Council, church

	<p>groups, CSOs and NGO groups (e.g. Young Women’s Leadership Program in Port Vila and Tafea, Wan Smolbag Youth Centre) and the Ministry of Youth and Sports who have already mobilised youth volunteers.</p> <ul style="list-style-type: none"> ● Include women’s networks and groups (e.g. National Council of Women, <i>Women / TokTok Tugeta</i> network, market associations, savings groups, social and church groups etc.)
<p>1.3</p>	<p>Actively promote women’s leadership, including women with disabilities, young women and adolescent girls. Recovery and response agencies should <u>engage local women organisers, not just as recipients but as leaders in the response</u>. This should include women with disabilities, young women as well as adolescent girls. This will strengthen mobilisation, ensure the voices of diverse women and girls in the response and is also an opportunity to build on development programming and support national government objectives for greater gender equality by actively including women in program activities and in leadership roles (e.g. on WASH or Shelter committees, in the Provincial Operations Centres (PEOCs) and CDCCs) and engaging women’s networks.</p> <p>However, it is also important to mitigate the risk of violence from shifting power dynamics and ensure that women are not overburdened with increased work. At community level, meetings should be held with those who hold power in the family (usually men) to discuss why it is important to involve women (because they have different needs and priorities) and to explain how they would be involved in programming. Meetings should also be held with women to determine their interest in, and availability for, extra tasks and to discuss the most appropriate ways to support them with child care, transport and communicating with their husbands or male relatives to ensure their support.</p>
<p>1.4</p>	<p>All humanitarian clusters/responders MUST mitigate the risk of GBV. The analysis outlines high prevalence rates for GBV and increased risks due to the disaster (displacement, household stress and trauma, increased work burden) and potentially with humanitarian programming if not designed with risk mitigation in mind. <u>Technical advice on GBV risk mitigation can be sought through the Gender and Protection Cluster</u>. At a minimum ALL humanitarian clusters/agencies should:</p> <ul style="list-style-type: none"> ● Share information on available GBV response services with communities including CAVAW (names and contact numbers), VWC 24/7 hotline and the Vanuatu Police Force. It is recommended to use the existing resources of the Gender and Protection Cluster such as the GBV Referral Card, existing IEC from VWC and the GPC, and radio and SMS messaging. ● Ensure their responders are trained in principles of do no harm and survivor centred approaches, handling disclosures and have information about locally available services including familiarity with the GPC referral guidelines. It is highly likely that in the course of their work, frontline staff and partners will engage with survivors who need their assistance. It is important that they are equipped to know how they can help. Maintain close coordination with the Gender and Protection Cluster and GBViE sub-cluster for support and information on GBV risk mitigation and first response. ● Ensure their responders are familiar with essential actions to reduce the risk of

	<p>GBV as outlined in the IASC GBV guidelines and available through the Gender and Protection cluster’s Key Messages and checklists for all clusters. Within one month ensure training for at least WASH, Shelter and FSAC cluster managers, staff and partners on GBV risk mitigation including these checklists.</p> <ul style="list-style-type: none"> ● Link with VWC staff and the CAVAW network where they are operating. It is recommended that humanitarian responders connect with VWC in the location they are responding to (short, medium and long term) to potentially support with outreach or messaging. ● Train frontline community responders (for example chiefs, pastors, women and youth leaders) in do no harm approaches and safe referral for GBV and child protection incidents.
1.5	<p>Ensure PSEAH and child safeguarding. Affected communities are highly dependent on humanitarian assistance to meet daily needs. With increased vulnerability comes the increased risk of sexual exploitation, abuse and harassment. Ensure measures are in place to prevent sexual exploitation, abuse, and harassment (PSEAH) and for child safeguarding.</p> <ul style="list-style-type: none"> ● Humanitarian agencies must immediately check that agency PSEAH and child safeguarding policies are accessible, have been signed by staff, partners and volunteers, and clearly outline procedures for beneficiaries and humanitarians to make complaints against humanitarian staff and partners, and reporting and investigation mechanisms. A sample Code of Conduct is in the GPC Deployment Pack. This should also be part of ongoing preparedness. ● Cyclone affected communities must know their rights and how to report SEAH. It is recommended that GPC IEC (including posters IASC Six Core Principles Relating to Sexual Exploitation and Abuse and Ekspek Rispek and How to Support Survivors be printed and displayed at distribution centres and other community hubs (immediate with response) and messaging continue through radio and SMS. ● Humanitarian agencies must ensure training/refresher training for all staff and partner staff on PSEAH and child safeguarding policies (within one month)
1.6	<p>Collect data disaggregated by sex, age and disability and connect with relevant NGOs or agencies to better understand the issues of marginalised groups. Disaggregated data is needed to inform programming, especially aid delivery modes and targeting. A clear use for data must first be identified and existing secondary data used to determine the make up of communities before designing primary data collection mechanisms. The Washington Group questions should guide collection of disability data. The Disability Sub-Cluster can provide guidance and examples of application and use of the Washington Group questions in Bislama. Aligned with the “twin-track” approach to disability inclusion, wherever possible, disability specific interventions led by relevant organisations (Disability Desk, VSPD, VDPA and OPDs and Community Disability Associations) should be encouraged and supported to provide data with greater depth and accuracy.</p> <p>Sectoral assessments must collect disaggregated data and program teams should prioritise meeting with organisations working with groups such as people with disabilities, the elderly, children, youth, pregnant and lactating women to understand key issues better. Any follow up assessments should partner with representative bodies and</p>

	advocacy organisations to better access information about these groups. Data should also be collected on impacts on livelihoods, wellbeing, gender based violence and child protection. This enables the monitoring of these key societal issues which have negative impacts on certain community members.
1.7	Utilise integrated approaches to essential service delivery where possible, ensuring survivor centred approaches and do no harm. For provision of GBV and child protection services, service delivery providers including community services, police, health and legal services should be following minimum standards and common referral pathways. Training of frontline service providers in these areas and use of common tools is required.

Recovery (all stages)

1.8	Seek opportunities to promote gender equality and social inclusion in response and recovery programming. Recovery programming in particular can be an opportunity to promote understanding and equal sharing of household roles and responsibilities and to promote women in leadership and non-traditional roles. IEC materials should promote positive and inclusive relationships between diverse men, women, boys and girls. Communication products are also an opportunity to promote sharing of work and mutual support in a time of disaster response.
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2. Recommendations for the WASH Cluster

Response

2.1	<p>Ensure provision of disposable sanitary products (pads) and homemade reusable options¹¹⁷e.g Mama’s Laef products (depending on whether WASH is adequate) for women and girls with and without disabilities and hygiene items for men and boys.</p> <ol style="list-style-type: none"> a. Immediately distribute MHM products with women distributing items to women and at a different time as NFI distributions, to avoid embarrassment and optimize the opportunity for women to ask questions about the products they receive. b. Distribution teams should engage closely with community leaders on distribution criteria for sanitary products to minimise risks of community tension and/or GBV related to distribution. Wherever possible,NFIs should also include items for men (e.g. underwear, soap) c. Within one month, consult women and girls of different ages, locations and abilities on appropriate menstrual hygiene items and management practices to ensure suitability of products. d. Conduct Post Distribution Monitoring to collect and monitor feedback and tailor distributions.
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¹¹⁷ Findings on familiar menstrual hygiene products for women and girls in Vanuatu, in Research on responding to menstrual hygiene needs of women and girls in disaster settings, in Vanuatu, Red Cross and James Cook University, May 2020. https://oldmedia.ifrc.org/ifrc/wp-content/uploads/2020/05/MHM-Report_final_21May.pdf

2.2	Provide awareness and key messages around safe drinking water as part of distributions, ensuring accessibility of messaging for persons with disability.
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Response AND Recovery (all stages): for any temporary WASH facilities including in evacuation centres, schools, health facilities, markets, etc. and for any repair or rebuilding of WASH facilities (including in schools, markets, health facilities etc)

2.3	<p>Ensure accessible and safe sex segregated latrines and washing facilities for all. Consult with diverse women and men separately (and include women and men with disabilities, older women and men, girls and boys and pregnant women) on appropriate siting and design and risk mitigation measures¹¹⁸ to facilitate safe access.</p> <p>Refer to GPC Key Messages and Checklists (Bislama and English) at a minimum and preferably the IASC GBV guidelines and Inclusion of Persons with Disabilities guidelines.</p>
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Recovery (all stages):

2.4	Review dignity kit composition and develop a list of standard items for Vanuatu and develop targeted dignity kits for elderly people and people with disabilities who may experience incontinence during or following disabilities. Procure tailored dignity kits which can be available for distribution by relevant organisations (e.g. Disability Desk, VSPD, VDPA and OPDs and Community Disability Associations) during disaster preparedness and immediate response.
2.5	Ensure representation of women, men (including youth) and people with disabilities in water and sanitation management committees including in leadership positions.
2.6	Utilise existing mechanisms such as WASH committees and community outreach to distribute GPC key messages and referral pathways

3. Recommendations for the Evacuation Centre and Displacement Cluster

Response:

3.1	Ensure any evacuation centres still being used are safe and accessible. Consult with diverse women and men separately (and include women and men with disabilities, older women and men, girls and boys and pregnant women) on appropriate how to improve the safety and security of evacuation centres (eg community patrols, whistles, privacy screens, lighting (including solar lights and torches), locks, solid doors etc) to facilitate safe access. Prioritise distribution of solar lights and torches with shelter kits to improve safety.
3.2	Ensure safe spaces for recreation and psychosocial support as a crucial element of adolescent and youth inclusive response and recovery programming. Provision of child and youth friendly spaces, children’s play kits, sport and art/craft materials for children and

¹¹⁸ For instance, community patrols, whistles, privacy screens, lighting (including solar lights and torches), locks, solid doors etc.

	youth and positive parenting messaging in the most affected communities.
3.3	Support registration through Ministry of Justice and Community Services Child Desk and Disability Desks, Department of Women Affairs provincial officers of child headed households, female headed households and households with people with disabilities including those whose partners or parents are overseas on seasonal work programs in Australia or New Zealand.

Recovery (all stages)

3.4	Develop publicly available, accessible evacuation centre information in phonebooks and/or social media and ensure that information is communicated through disability organisations including Disability Desk, VSPD, VDPA, OPDs and Community Disability Associations.
3.5	Work with Provinces, particularly Area Administrators and Ward Counsellors , to regularly update Area Council and Ward Counsellors data on child headed and female headed households which is actively shared with Ministry of Justice and Community Services Child Desk and Disability Desks, Department of Women Affairs provincial officers. Strong provincial structures and data with access to up to date data will reduce the need for, and cost of, intersectoral rapid assessments.
3.6	Develop guidelines and processes to support the preparedness of accessible churches and community halls as evacuation centres to minimise the likelihood of marginalised people being turned away or evacuation centres struggling to cater for the needs of those seeking shelter.

4. Recommendations for the Shelter Cluster

Response:

4.1	Priority for short term temporary shelter assistance for marginalised or at risk community members, ¹¹⁹ including widows, child-headed households, people with disabilities and their carers, those in remote locations.
4.2	Ensure safe spaces for recreation and psychosocial support (both Child Friendly Spaces and Women Friendly Spaces) as a crucial element of adolescent and youth inclusive response and recovery programming.

Recovery (short-term):

¹¹⁹ Female headed households constitute an estimated 18% of households in Tafea and Shefa province but unclear if this includes women whose partners are overseas on seasonal work programs.

4.3	Financial assistance and/or skilled human resources to support marginalised and at-risk households¹²⁰ (widows, female-headed households, people with disabilities and their carers, child-headed households, those in remote locations) who may be unable to undertake self repair or rebuilding.
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Recovery (medium-term):

4.4	Ensure consultation with women, girls, people with a disability and other marginalised groups in shelter design and siting and use data to revise shelter designs to ensure privacy and safety needs are met. This may include specifically designed elements for women (e.g easy to install cyclone shutters). Refer to GPC Key Messages (Bislama and English) and Checklists (Bislama and English) and IASC GBV and Inclusion of Persons with Disabilities guidelines . Prioritise distribution of solar lights and torches with shelter kits to improve safety.
4.5	Any technical training for carpenters, chainsaw operators, construction workers etc should include women and men and people with disabilities where possible.
4.6	Increase awareness around building safe homes, pruning during cyclone seasons and preparing houses for disasters (including personal belongings and documentation, solar panels). Ensure there is support available for supporting female and children headed households with people with disabilities to prepare houses for cyclones or other disasters.

5. Recommendations for the Food Security and Agriculture Cluster

Response:

5.1	Prioritise food and cash assistance to marginalised and at risk community members (widows, female headed households (17% of Vanuatu population), pregnant and lactating women, people with disability and their carers, those in remote locations). ¹²¹ Preparation and distribution of food should not wait for detailed assessment data. Explore options for subsidising costs, particularly for marginalised and at risk communities.
5.2	Provide nutritious meals for affected areas within school contexts to ensure that children receive at least one healthy meal each day (link to Education Cluster).
5.3	Ensure food distributions are made in locations that are accessible and close to communities in daylight hours. Provide support for at risk groups who may need help to carry the food items back to their houses.

¹²⁰ These include widows, female headed households, people with disabilities and their carers, those in remote locations.

¹²¹ Widows, female headed households (17% of Vanuatu population), pregnant and lactating women, people with disability and their carers, those in remote locations.

Response AND Recovery (all stages):

5.4	Ensure women and people with a disability and other marginalised groups are engaged in food security planning and implementation and they have a voice in economic empowerment activities to support resilience. Responding agencies need to consider acute food security needs of communities in the response and recovery phases to the cyclones as well as plan for longer term livelihoods support including reactivation of agriculture, livestock and fisheries. Refer to GPC Key Messages (Bislama and English) and Checklists (Bislama and English) and Inclusion of Persons with Disabilities guidelines .
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Recovery (all stages):

5.4	Identify and mitigate GBV risks of programming. Economic response and recovery activities need to ensure that strategies have considered gender impacts and risk of GBV. For example, any cash based programming should take into account the changing gender dynamics and increased GBV risk so as not to perpetuate these risks. Integrate activities like Family Financial Management to mitigate GBV risks and support family groups (or all kinds) to better and more equitably manage their income and resources and plan for their future.
5.5	Ensure equitable participation and leadership opportunities for diverse women in all food security and livelihoods activities. Ensure any training on improved practices or upskilling in the sector includes women and men and people with disabilities where possible and ensure extension workers are gender balanced and both women and men including those with disability where possible are engaged in extension activities.

6. Recommendations for the Health Cluster

Response and Recovery (all stages):

6.1	Prioritise provision of sexual and reproductive health (SRH) services and materials. Ensure women and girls and all marginalised groups have access to essential SRH services including family planning, menstrual hygiene management and incontinence supplies especially in evacuation centres through the Health Essential Services Plan (including activation of the Minimum Initial Service Package (MISP) or other means). Include in any outreach while health service delivery remains impacted (dignity kits, birthing kits, hygiene kits etc). Include Traditional Birth Attendants (TBAs) and Village Health Workers (VHW) in outreach.
6.2	Where possible integrate provision of sexual reproductive health services with referral to gender based violence, child protection and disability inclusion service providers.
6.3	Link with Women Friendly Spaces (WFS) as forum for services provision including SRH integrated with GBV, disability inclusion and child protection referral in light of damage to health facilities.

Recovery (all stages):

6.4	Continue support for survivor centered health response services including training for health workers at all levels in handling disclosures and referral pathways, as well as clinical management of GBV; and ensure supply chain of appropriate commodities (eg. emergency contraception, STI prophylaxis and other items in 'rape kits').
6.3	Ensure any repair or rebuilding of health facilities includes consultation with women and girls and people with disabilities in the communities on design and siting. Features to make health facilities safer and more accessible could include private spaces for consultation and treatment, accessibility ramps and rails for elderly, pregnant women and those with physical impairments.
6.4	Consider setting up a healthline service (phonenumber 24/7) to provide advice on health concerns especially for pregnancy and SRH. Recognising the vulnerabilities and significant pre-existing barriers for people with disabilities accessing health services and medications, consider specialised phone services and/or other processes to provide fast-tracked health services to persons with disabilities during and following disasters.

7. Recommendations for the Education Cluster

Response:

7.1	Establish short term safe and play spaces for children that are easily accessed by all (including those with disabilities) and staffed by people trained in PSS and handling disclosures. These should be open to school children and those not attending school.
7.2	Ensure NFI distributions reach children at schools , including boarding schools, and include solar lights and torches.
7.3	Provide short briefings on PSS for teachers , including what to expect from students/how children respond to disasters, signs of trauma and management strategies. Link teachers to the Ministry of Youth and Sports and Ministry of Justice and Community Services Child Desk PSS referral pathways and support.

Recovery (all stages):

7.4	Any rebuilding of schools should include consultation with boys and girls, including those with a disability, on design and siting to ensure their needs and concerns are addressed (e.g. WASH facilities for girls, safe spaces for girls, accessibility for people with physical disabilities). Utilize existing groups for this such as school councils (with gender balanced representation). Use this opportunity to talk more broadly about access to education and barriers for ALL (girls, boys and those with a disability).
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7.5	Provide school lunches to support families who are experiencing food insecurity in the wake of the disaster to be able to send their children to school.
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8. Recommendations for the Department of Labour and Employment Services

8.1	<p>Document the impact (positive and negative) of seasonal work programs on communities during emergencies to share with the governments of Australia and New Zealand for discussion and reflection on possible approaches to support family members left behind as well as workers already abroad. The impact of seasonal work programs is notable with absent fathers and sometimes both parents leaving female headed and child headed households. This makes communities more vulnerable to disasters, slower to recover and potentially puts women and children at risk. These social impacts on communities who have experienced disaster should be discussed with donor governments to ensure support for family members left behind. In addition, workers already overseas must be consulted as to their support needs so they are best able to contribute to the response and recovery in their communities. This could include salary advances, early termination of their contract or PSS.</p>
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ANNEX 1

Summary of Gender and Protection Cluster Activities in Response Plan (Submitted to NDMO 5 March 2023)

<p>Objective 1: GBV</p>	<ul style="list-style-type: none"> 1.1 Leadership and Coordination of the Gender Based Violence in Emergencies Subcluster 1.2 Provide women, children and people with disabilities with access to critical, lifesaving essential services including crisis counselling, safe houses, psychosocial support, case management, client funds, referral and women’s friendly spaces 1.3 Procure and distribute dignity kits to women and girls in disaster affected areas; 1.4 Develop and disseminate emergency IEC materials and messaging on prevention and response to GBViE; 1.5 Strengthen and disseminate referral pathways for lifesaving gender-based violence in emergencies services including Vanuatu Women’s Centre, health, justice, police, chiefs, pastors and other community front line providers; 1.6 Train frontline workers (community leaders) to provide lifesaving GBViE referral services for responding to cases of gender-based violence in communities; 1.7 Utilise community based protection mechanisms to provide lifesaving primary prevention training for women, girls, men and boys at community and individual levels in alignment with the Family Protection Act, respectful relationships and gender equality
<p>Objective 2: Child Protection</p>	<ul style="list-style-type: none"> 2.1 Leadership and Coordination of the Child Protection in Emergencies Subcluster 2.2 Identify unaccompanied and separated children and provide case management for referral; 2.3 Provide and ensure distribution and supplies for psycho social support including child friendly spaces and children's recreational material; 2.4 Refresher training for child protection officers and youth volunteers in psychosocial first aid and psychosocial support; 2.5 Support to communities in the affected provinces through development and delivery of emergency IEC materials; 2.6 Register and reissue national identity cards and birth certificates for children to assist in child protection and prevention of trafficking
<p>Objective 3: Disability Inclusion</p>	<ul style="list-style-type: none"> 3.1 Leadership and Coordination of the Disability Inclusion in Emergencies Subcluster; 3.2 Register persons with disabilities and inform disability inclusive distribution of relief supplies; 3.3 Provide GBViE, PSS and PFA services to people with disabilities and their carers in affected communities; 3.4 Provide support for access to mobility, other assistive devices and community-based rehabilitation approaches across sectors for people with disabilities and their carers; 3.5 GPC training to other clusters, sectors and frontline responders in disability inclusion, mainstreaming and integration and how to use disability data to inform planning, implementing and monitoring for

	<p>lifesaving response;</p> <p>3.6 Support to persons with disabilities and their carers in the affected provinces through development and delivery of emergency IEC materials</p>
<p>Objective 4: Supporting women's leadership and participation for inclusive disaster response</p>	<p>4.1. Ensure women's representation in the provincial emergency operations centre and provide training to EOC members to ensure the needs of women, people with disabilities and other at risk groups are identified and responded to</p> <p>4.2. Support women's leadership and participation in emergency response through support to CDCCCS and women's networks</p>
<p>Objective 5: Gender and Protection Coordination Effective coordination of the Gender & Protection Cluster and support for mainstreaming and integration across all cluster responses to ensure that assistance is accessible, inclusive and equitable</p>	<p>5.1 Equipping response teams and conducting assessments to identify lifesaving needs</p> <p>5.2 Leadership and coordination of the Gender and Protection Cluster</p> <p>5.3 Update cluster tools and IEC materials including gender and protection, mainstreaming, PSEA, AAP</p> <p>5.4. Train GPC and other Cluster partners on key cluster guidelines (e.g Gender in Humanitarian Action, PSEAH, Deployment Pack for Emergency Responders)</p> <p>5.5. GPC specialists to provide technical support for GPC and other cluster response, programming and distributions to ensure gender and protection needs have been included in response</p>

ANNEX 2

Contacts for GPC leads and Government sub cluster leads

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