

Gender, Protection and Social Inclusion Considerations for Frontline Responders:

Tropical Cyclone Harold, Evacuation Centres and COVID-19¹

Ensure that all frontline responders understand and have signed the Gender and Protection Cluster Code of Conduct for Emergency Responders. This will assist in ensuring awareness and agreement to perform responsibilities and behaviours which protect the rights of affected communities. This Code of Conduct should be used in collaboration with reporting, feedback and complaints mechanisms to prevent sexual exploitation, abuse and harassment in emergency settings.

Ensure that communities are aware which evacuation centres are open and understand the amended State of Emergency guidance in Direction 37: “The social gathering restriction of 5 people and social distancing does not apply to those seeking safe shelter at safe houses or evacuation centers”.

Gender, Protection and Social Inclusion across Sectors:

- ➔ **Collect and use sex, age and disability disaggregated data** in evacuation centre planning and operations to assist with inclusive preparedness and response.
- ➔ **Ensure that women, men, children and people with disabilities and special needs are able to get information** about the cyclone and COVID-19 in ways they can understand and are able to participate in decision making in the evacuation centre.
- ➔ **Use face to face and remote programming options** throughout preparedness and response measures as appropriate. Ensure online privacy, safety and cybercrime legislation is followed.
- ➔ Provide supportive messaging with a focus to enhance people’s **safety, dignity and rights** at all times.
- ➔ **Engage faith based approaches and promote the resilience that Ni-Vanuatu** people have drawn upon throughout their lives.
- ➔ Ensure that any **distributions of food and non-food items are needs based**, accessible and those most at risk can access these services
- ➔ **Provide information on gender and protection**, including information on gender impacts, gender based violence (**GBV**), **multi-sectoral referral pathways and services** in awareness raising sessions in the evacuation centres. Women, children and people with disabilities can be **referred to Vanuatu Women’s Centre on 24000** (this should only be done with their consent, confidentially and maintaining their privacy).
- ➔ **Establish Safe Spaces** within the evacuation centre to serve as places where women and girls come together to share information, support and engage in recreational activities. Safe Spaces should be utilized as **ways to engage and communicate with women**. In addition, engage women leaders and

¹ This Guidance Note was developed in April 2020 by the Department of Women’s Affairs and Gender and Protection Cluster in collaboration with UN Women. All recommendations are based on Vanuatu, Pacific and global best practice and reference documents include: ‘Vanuatu National Sustainable Development Plan 2016-2030’; ‘National Disaster Risk Management Act 23 of 2019’; NDMO and IoM ‘National Policy on Climate Change and Disaster Induced Displacement 2018’; NDMO ‘Cyclone Support Plan 2019’; ‘Gender and Protection Cluster Deployment Pack for Emergency Responders’ (DWA and CARE in collaboration with Gender and Protection Cluster); NDMO and IoM ‘Evacuation Centre Management Guidelines’; ‘Vanuatu National Gender Equality Policy 2015-2019’; ‘Vanuatu Disability Inclusive Development Policy 2018-2025’; IASC 2015, ‘Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery’; 2020 Gender in Humanitarian Action Asia Pacific ‘The COVID-19 Outbreak and Gender: Key Advocacy Points from Asia and the Pacific’; 2020 Pacific Humanitarian Protection Cluster ‘The COVID-19 Outbreak Protection Brief’; IASC, 2020, ‘Scaling-up Covid-19 Outbreak Readiness and Response Operations in Humanitarian Situations, Including Camps and Camp-Like Settings’; Sphere, ‘Applying Humanitarian Standards to Fight COVID-19’; UNFPA, 2020, ‘Coronavirus Guidance Document – One Maternal Death is One too Many’; UNICEF, ‘Help Desk, Emergency Responses to Public Health Outbreaks’.

women's associations from the outset to **inform strategies** for communication and dissemination of information about GBV referral pathways and hotline numbers.

- **Frontline responders** who are part of the cyclone and/or COVID-19 preparedness and response **must have basic skills to respond to disclosures of GBV** in a compassionate and non-judgmental manner. This includes knowing **which agencies** they can make multi-sectoral referrals to for further care or **where treatment centres and remote based services are located** to provide care for survivors.
- The referral pathways and safe referral cards in the **Gender and Protection Cluster Deployment Pack for Emergency Responders** should be used, in conjunction with specific service information provided by Ministry of Justice and Community Services, Ministry of Health and Vanuatu Police Force.
- Put in place measures to **ensure that women and girls spaces/services within the centre are not crowded and have privacy**. This might include limiting the number of women and girls accessing the service at one particular time, marking spaces for mats and the floor and using separate rooms or tents.
- **Do not send caseworkers or counsellors into crowded areas** where they cannot maintain suggested distancing and privacy.
- **Psychosocial support for communities and psychological first aid services for frontline responders should be available** through trained providers, with tailored approaches for people who may also be GBV survivors.
- Distribution of **safety and dignity kits** is essential (including solar light or torch, small radio, batteries, lava lava, underwear, nappies and baby products, menstruation and hygiene products, bathing soap and washing powder, comb, whistle, **phone credit for calling GBV hotlines/police**).

Participation and Feedback Mechanisms:

Gather **feedback on activities and services from all members of the community** (all genders, ages, abilities and other groups).

- Provide opportunities for people to provide feedback on services in person where applicable - e.g. during treatment or distribution of food/medicine.
- **Use online or phone methods** to gather feedback and suggestions on activities and services from the people supported.

Gender, Protection and Health: Ensuring Access to Essential Services

- Reassure women that **essential services** such as support for prevention and response to GBV and sexual reproductive health (SRH) **will still be operating**, however this may be through different technologies.
- Be aware in preparedness and response that **older people and people with disabilities and/or chronic illnesses face further risks, as well as anxieties**, adding to the ongoing challenge of a cyclone, within the COVID-19 situation. **Call the COVID-19 hotline on 119 if you need assistance**.
- **Promote messaging that communications and social connection** is important through storian, women's spaces and radio. If phone lines and internet are accessible, these are also ways to connect with family and community members.
- **Ensure female health providers** are available and accessible to provide GBV and SRH services and are **involved in leadership and decision making** within health structures.

Gender, Protection and WASH:

Gaps in hygiene and sanitation are important factors in the spread of communicable illnesses. Hygiene promotion in evacuation centres is critical and must include a strong focus on **regular handwashing with soap, clean and accessible water** and other safety measures in **Ministry of Health and WHO guidelines**.

- Ensure **accessible, separated, private and well-lit water, sanitation and hygiene (WASH) facilities** are available for women, children and people with disabilities
- **Use a range of communication channels and different formats** to provide information about hygiene promotion and WASH facilities, using simple language, to **make it accessible to everyone**.
- Consider **specific adaptations or alternatives** to standard WASH supplies, such as smaller water containers that would be easier to carry, portable partitions to allow privacy during personal care and disability inclusive facilities.