

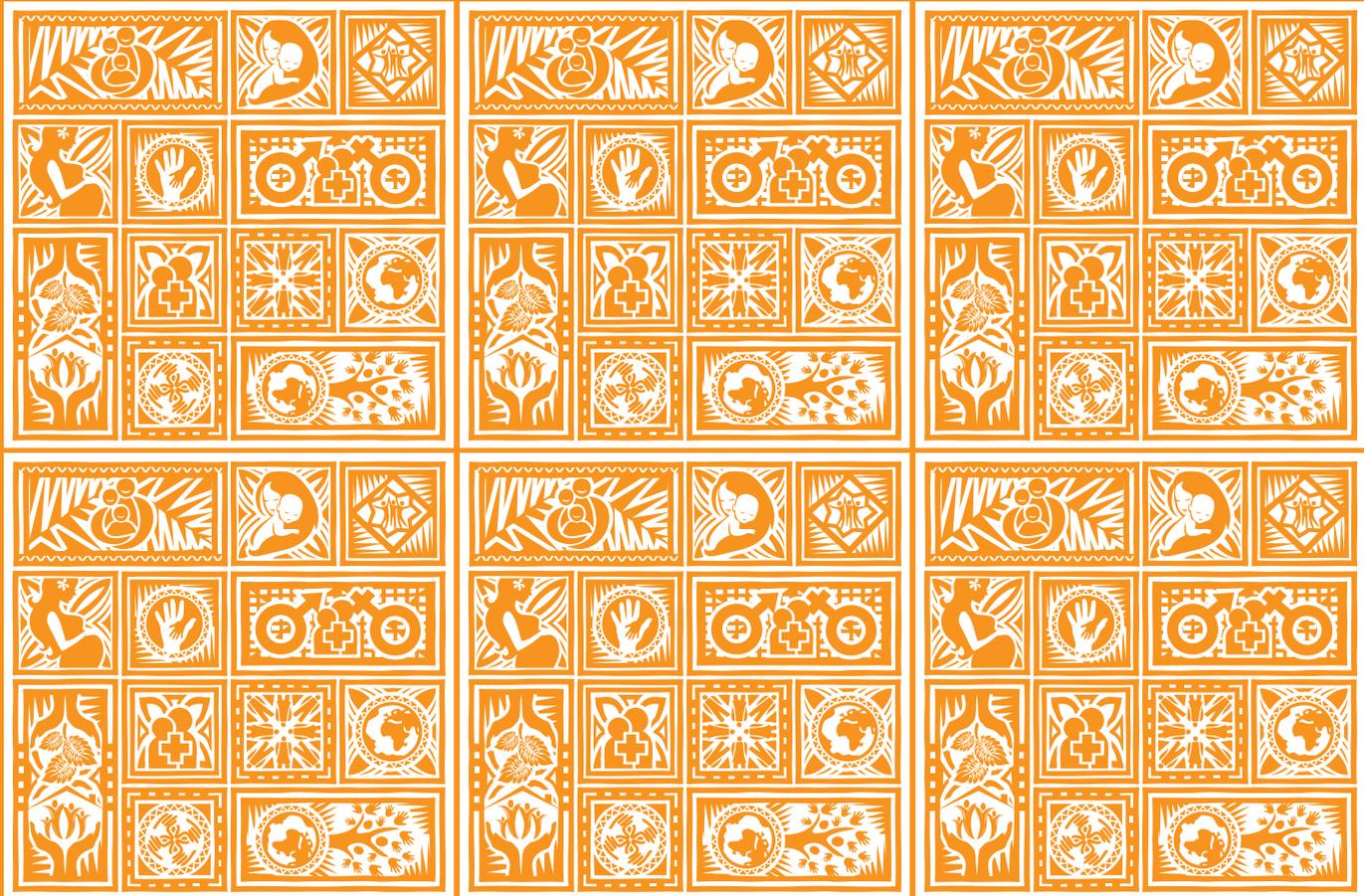


United Nations Population Fund  
Pacific Sub-Regional Office  
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**Saving lives:  
Sexual Reproductive  
Health & Rights and  
Gender-Based  
Violence Prevention  
and Response in  
Emergencies**





Saving Lives: Sexual Reproductive Health and Rights and Gender-Based Violence Prevention and Response in Emergencies.

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# Saving Lives: Sexual Reproductive Health and Rights and Gender-Based Violence Prevention and Response in Emergencies.

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## ACRONYMS AND ABBREVIATIONS

Acronym	Definition
AoR	Area of Responsibility – (a sub-group of the Protection Cluster)
COP	Community of Practice – (a group of technical and programme staff supporting GBV prevention and response)
CP	Child Protection
CSO	Civil Society Organization(s)
DHS	Demographic Health Survey
GBV	Gender-based violence
GenCap	Gender Standby Capacity Project
GGBViE	Gender/Gender0-based violence in emergencies
HAP	Humanitarian Action Plan
HC	Humanitarian Coordinator
IASC	Inter-Agency Standing Committee
IPPF	International Planned Parenthood Federation
NDMO	National Disaster Management Office
NFI	Non-food items
PHPC	The Pacific Humanitarian Protection Cluster
PHT	Pacific Humanitarian Team
RC	Resident Coordinator
SCF	Save the Children
SPC	The Secretariat of the Pacific Community
UNCT	United Nations Country Team
UNFPA	United Nations Population Fund
UNGG	The UN Gender Group
WASH	Water, Sanitation and Hygiene (cluster)



# Introduction

According to the World Risk Index 2014, the Pacific has four (Vanuatu, Tonga, Solomon Islands and Papua New Guinea) of the top ten countries at greatest risk. Vanuatu is at the top of the list. In previous years, Fiji was also included among the top ten.

## World Risk Index

Rank	Country	Risk (%)
1.	Vanuatu	36.50
2.	Philippines	28.25
3.	Tonga	28.23
4.	Guatemala	20.68
5.	Bangladesh	19.37
6.	Solomon Islands	19.18
7.	Costa Rica	17.33
8.	El Salvador	17.12
9.	Cambodia	17.12
10.	Papua New Guinea	16.74

The World Risk Index, which was published by Alliance Development Works (Bündnis Entwicklung Hilft) and the United Nations University. Institute for Environment and Human Security, in Bonn for the first time in 2011, calculates this disaster risk for 171 countries worldwide. The index consists for indicators in the four components of **exposure** towards natural hazards such as earthquakes, cyclones, flooding, drought and sea level rise, **susceptibility** depending on infrastructure, food, housing and economic framework conditions, **coping capacities** depending on governance, risk reduction, early warning, healthcare, social and material coverage and **adaptive capacities** related to future natural hazards and the impacts of climate change (Bündnis Entwicklung Hilft 2011). In index is established per country via multiplying exposure to natural hazards with vulnerability, which comprises the above - mentioned three components (see Figure 2 on page 40/41). In accordance with this year's thematic focus of the city as a risk area, exposure, vulnerability and the resulting risk were additionally calculated for the urban area for 140 countries.

Source: World Risk Index 2014, Bündnis Entwicklung Hilft (Alliance Development Works), and United Nations University – Institute for Environment and Human Security (UNU-EHS), 2015

During a humanitarian emergency, women have unique health concerns, from protection issues to hygiene needs to life-threatening complications related to pregnancy and childbirth. They do not stop getting pregnant or delivering babies when a disaster strikes. Natural disasters put women and their babies at risk because of the sudden loss of medical support, break down in social protection systems and vulnerability compounded in many cases by trauma. UNFPA delivers a gender-informed humanitarian response that recognizes and focuses on the specific needs of women and adolescents in communities that have survived natural disasters.

**“In emergencies in the Pacific, UNFPA is committed to supporting sexual and reproductive health and protection for women and girls from sexual violence .”**

Dr. Laurent Zessler, Director and Representative, UNFPA Pacific Sub-regional Office





## 1. WHY REPRODUCTIVE HEALTH AND GBV IN EMERGENCIES

Around the world, it is estimated that fifteen percent (15%) of pregnancies will result in a complication, and some will require emergency obstetric care such as cesarean section. What's more, in the Pacific, it is estimated that approximately 1 out of 2 women will have experienced partner or non-partner violence in her lifetime, with some countries reporting prevalence of over 70%<sup>1</sup>. During a humanitarian situation, risk and vulnerability can be exacerbated. The result can be morbidity and even death. Addressing the needs of the most vulnerable is a critical role for all humanitarian actors, and this includes ensuring provision of lifesaving reproductive health and GBV prevention and response.

Many health facilities in Pacific Islands countries are in urgent need of repair and maintenance. As a result of natural disasters, these weak facilities are vulnerable to closing as a result of severe damage sustained;

With many health facilities and birthing clinics destroyed or damaged during a natural disaster, limited access to life-saving maternal and neonatal health information and services put many of these women and their babies at high risk of maternal and neonatal morbidity and mortality;

Shortage of family planning supplies and condoms may lead to unplanned pregnancies and an increase of sexually transmitted infections (STIs);

If livelihood options and protection issues are not addressed, transactional sex which could lead to an increase in the number of unwanted pregnancies and transmission of STIs;

Given the likelihood for an increase in vulnerability to GBV during the humanitarian and recovery phase, it is critical to strengthen, safe and confidential referrals to medical and police reporting, as well as considering prevention strategies and supporting protection mechanisms;

Considering that women and children are among the most vulnerable, meeting their immediate needs for psychosocial support remains a priority;

Engaging communities in developing programmes, monitoring and evaluation – including ensuring inclusive participation by women, adolescents and persons with disability – supports humanitarian principals of neutrality and impartiality and

Addressing the specific needs of persons with disability to safely access reproductive health services and GBV prevention and response programmes is essential.





## 2. HOW UNFPA RESPONDS IN THE PACIFIC REGION

The United Nations Population Fund (UNFPA), supports governments in the Pacific through development programmes and humanitarian response through support to data collection and assessment, support for health response that includes reproductive health services and information and by promoting protection to ensure GBV prevention and response. During a humanitarian response, UNFPA/Pacific Sub-regional Office works closely with government counterparts, supporting their technical capacity and strengthening their reach to communities in need.

### 2.1 Data and Assessments

Because UNFPA is involved in supporting national census processes and data analysis and supporting Demographic Health Surveys (DHS), it is able to work closely with the National Statistics Offices to provide population based sex and age disaggregated data projected to current year figures for many Pacific Island Countries. This data can serve as a platform for policy information and strategic planning in the early response phase, until initial rapid assessments can be completed.

UNFPA also participates in inter-agency and cluster field assessments that serve as the foundation for humanitarian appeals. Regionally, UNFPA supports development of standardized assessments that can guide in-country rapid reviews and response in times of emergencies.

158,000 [100%]		Total Affected Population	
31,000 [20%]		<b>Sexually Active Men</b> <i>They need basic RH services.</i>	
39,500 [25%]		<b>Woman of Reproductive Age [WRA]</b> <i>They need basic RH services, Protection and Dignity Kits</i>	
4,740 [4%]		<b>Pregnant Women</b> <i>They need Emergency Obstetric Care, Referral and other basic RH services, Clean Delivery</i>	
790		<b>2% of WRA at Risk of Rape</b> <i>They need immediate life-saving rape treatment, psychosocial support and referral</i>	

Identify RH, MCH and GBV needs (in FSM)

After the typhoon Maysak emergency in Micronesia, a UNFPA mission was deployed to assist the Health Services National Office and the Health Services state departments in identifying essential needs in

Reproductive Health among the affected population. A rapid needs assessment was developed and following recommendations were proposed to the local authorities to be included in the Emergency plan.

UNFPA's intervention aimed to identify needs and to recommend life-saving actions in order to prevent unwanted pregnancies and maternal and neonatal mortality and morbidity.

**The following recommendations were proposed:**

Priority should be placed on establishing additional housing (temporarily) to allow the health dispensary to return to its primary role as a health facility.

Ensuring children and women protection from sexual abuse and GBV. Incorporate Women council activities in emergency health response and coordinate inclusion of a comprehensive strategy with other stakeholders, including the community level.

Conduct a health facility (dispensary) damage and needs assessment in all affected areas.

Formal nutrition assessment and nutritional guidance to pregnant and lactating women.

Identify pregnant women and implement an early warning antenatal care surveillance.

Monitor continuity of care and access to RH and MHC services and supplies.

Conduct health facility (dispensary) damage and needs assessment in all affected areas.

### 2.2 Sexual Reproductive Health and Rights

UNFPA implements the Minimum Initial Service Package (MISP) for emergency response and planning toward comprehensive services to meet basic RH needs and to prevent as well as respond to sexual violence cases. UNFPA participates in needs assessments to support development of appropriate strategies and interventions. Through procurement



of Reproductive Health Kits, as well as medical supplies and equipment, health systems can quickly be resupplied and stocked to ensure provision of necessary reproductive health care. In addition support for life-saving services can include orientation and mentoring of health staff as well as bringing in additional health personnel to support the overburdened staff at health facilities.

UNFPA and IPPF have trained medical staff from government and NGO agencies on the Minimum Initial Service Package (MISP) to ensure a rapid reproductive health and GBV response in the region. In partnership with IPPF affiliates in country, starting from 2008, when the first regional MISP training was hosted in Fiji through many “echo trainings” that replicated the MISP curriculum in Solomon Islands, Tonga and Vanuatu. Implementation of MISP is essential in humanitarian emergencies in order to:

**Prevent sexual violence and provide appropriate assistance to survivors by** (1) ensuring systems are in place to protect displaced populations, particularly women and girls, from sexual and physical violence, (2) ensuring medical services, including psychosocial support, are available for survivors of sexual violence.

**Reduce the transmission of HIV by:**

- (1) enforcing respect for universal precautions,
- (2) guaranteeing the availability of free male and female condoms,
- (3) ensuring that blood for transfusion is safe

**Prevent excess maternal and neonatal mortality and morbidity by:**

- (1) providing clean delivery kits to all visibly pregnant women and birth attendants to promote clean home deliveries, (2) providing midwife delivery kits (UNICEF or equivalent) to facilitate clean and safe deliveries at the health facility, (3) initiating the establishment of a referral system to manage obstetric emergencies

**Plan for the provision of comprehensive reproductive health services, integrated into Primary Health Care (PHC), as the situation permits by:**



- (1) collecting basic background information identifying sites for future delivery of comprehensive RH services, (2) assessing staff and identifying training protocols, (3) identifying procurement channels and assessing monthly drug consumption.

**Meeting Immediate Reproductive Health Needs (Vanuatu)**

The affected women are now forced to give birth without access to even the barest essentials for safe child delivery. They lack clean and safe delivery options and antenatal care due to limited access to health facilities and/or shortage of overstretched medical staff. Prenatal care helps to identify general health problems that need to be treated and educates women and their communities to recognize danger signs during pregnancy. Complications during and after childbirth are leading cause of death and disability for women.



Sexual violence is not inevitable. When sexual violence has occurred, the safety and well-being of the survivor must be the first priority. Medical treatment is critical for someone who has been sexually assaulted. Survivors of sexual violence commonly experience fear, guilt, shame, anxiety and depression. Without timely health response survivors of violence risk contracting sexually transmitted disease, pregnancy and life-threatening complications. UNFPA's intervention aims to access to life-saving reproductive health services and GBV response in order to prevent excess maternal and neonatal mortality and morbidity.

**Objectives and Priority Activities:**

**To restore Reproductive Health services among the cyclone PAM affected areas”**

Support the provision of basic and comprehensive RH services and its referral mechanism through mobile clinic and public health outreach;

Procurement and distribution of RH kits, Clean Delivery Kits, Newborn Baby Kits, basic medical and non-medical supplies to selected affected health facilities;

Rehabilitation of RMNCAH facilities in selected affected health facilities;

Awareness raising on RH issues;

**To support the reproductive health delivery system through strengthened capacity of health staff,**

Capacity building to health staff on RH/GBV related issues

Provide technical assistance to the Ministry of Health and co-chair the Reproductive Health Task Force under the Health cluster's umbrella;

**To document and integrate SRHR in emergency and its MSP into the health and disaster management's policies and plans.**

Plan for comprehensive RH/GBV services and integration of RH into preparedness plan

Support Ministry of Health to coordinate actors working in the area of reproductive health across disaster management cycle.

**Midwives: South – South Corporation between Vanuatu and Fiji Ministry of Health**

Every year, the 5th of May is commemorated as the International Midwives Day and to increase the awareness about the contribution of midwives towards the patients all over the world. In May 2015, the Pacific Sub-regional Office worked with the Fiji Ministry of Health to identify midwives who could immediately be deployed to Vanuatu to support overstretched health capacity and providers there at the Vila Central Hospital who have worked through the cyclone and post cyclone period without proper rest or an opportunity to re-settle their families after the cyclone. Nine midwives arrived on 10 May and remained in Port Vila for one month. These are midwives from Fiji who have recently retired from their Fiji service upon reaching the age of 55 and all of them were former Chief midwives from the various Fiji Divisional and sub-divisional Maternity Units. Their deployment has resulted in local midwives taking a well-deserved break at a time when Vanuatu is also experiencing their birth bulge period. Total monthly births are now ranging from 200-300 births with April recording a total of 300 births, the highest so far this year. 2014 recorded a total of 3133 births.

This south to south modality between the Government of Fiji and the Government of Vanuatu is good practice given that the Fiji midwives will have much to offer the local midwives in terms of transfer of skills and experience. Vanuatu health authorities have emphasized the strong need to utilize this opportunity as a capacity building one for the local midwives to allow for improvements and better delivery of services. As for the Fiji midwives, the experience has shown them the constraints within which the local midwives operate in with minimal resources and capacity.

The collaboration was also made possible by the respective countries' Ministries of Health and their Nursing Councils which facilitated speedy registration procedures to allow them to practice 24 hours after arrival into Vanuatu.



## 2.3 Gender and Gender-Based Violence in Emergencies

Globally, UNFPA co-leads the Gender-Based Violence Area of Responsibility (AoR) under the Protection Cluster. In the Pacific the United Nations Gender Group, co-led by UNFPA and UN Women, has become the central inter-agency convener for supporting gender mainstreaming and supporting Gender-based Violence prevention and response.

UNFPA also participates in the Pacific Protection Cluster which is led by OHCHR-UNHCR. Through the Protection Cluster, Gender/GBV in Emergencies (GGBViE) capacity has been built in the region. For example, UNICEF, UNFPA and UN Women, have hosted capacity building workshops in Fiji and Solomon Islands, with the aim of establishing a cadre of organizations already addressing gender/GBV in development programming, and agreeing to Standard Operating Procedures (SOPs) for timely response in an emergency which reaches the community level quickly. UNFPA has developed a GBV in Emergencies training module, with input from Fiji, Solomon Islands and Tonga partners; this will be rolled out in the Pacific in 2015 with a regional workshop planned for Vanuatu in June which will result in concrete SOPs for a Gender/GBViE Community of Practice.

### Prevention and Response to GBV Cases in Vanuatu

Protection is a life saving intervention because it is about addressing specific vulnerabilities and meeting the basic needs of women who hold together the fabric of our communities in times of crisis. The simplest items can have the greatest impact: sanitary supplies are used to menstruation and undergarments and toiletries provide basic hygiene. Without them, women may be inhibited from caring out daily tasks or hesitate to venture out to access relief aid; Girls may miss school too. And they offer protection: A Flashlight will enable women to travel or access bathroom facilities at night, a time when they are particularly vulnerable to gender base violence.

Radio facilitate the communication of vital information like where to seek help if in distress, or the location of the closest health facility if roads are blocked. These and other items are distributed to women along with help and psychosocial outreach.

In addition to a health respond to sexual violence, is in need to strengthen excess to justice for survivors. Considering that women and children are the most vulnerable, meeting their immediate needs for psychosocial support remains a priority.

Access to information for women remains a critical area of need, particularly in remote areas. A lack of information about when help is coming and where services can be accessed adds, significantly to the stress that women are experiencing in the current context, and exacerbates their vulnerabilities to increasing protection related risks.





UNFPA's interventions aims to strengthen GBV prevention and response through multi-sectoral programming, including support for safe, confidential and informed referral and psychosocial support for survivors of gender-based violence.

Objectives and priority activities:

Affected women, children, young people, people living with disabilities, elderly people and other vulnerable groups are protected from violence, exploitation, abuse and neglect, including through the provision of survivor-centered and multi-sectoral services.

Support to GBV coordination through department of Women

Psychosocial supports sub grants to NGOs and CBOs for community-based outreach.

### **Strengthen meaningful participation of affected persons in all phases of response and recovery.**

The United Nations Gender Group has a Gender Surge mechanism established to quickly mobilize humanitarian response in alignment with the Pacific Humanitarian Team and national clusters led by governments. In 2012, the UNGG participated in an inter-agency Protection-led assessment mission in Fiji that resulted in concrete actions to improve evacuation center conditions and preparedness measures. In the past 12 months and at the request of national authorities, deployed staff directly to two large-scale emergencies (Tropical Cyclone Ian: two staff, albeit one focused largely on Child Protection; Solomon Islands Flash Floods: two staff), and robust surge for Vanuatu Cyclone Pam response. Additionally, remote technical advice has been given by UNFPA, UNICEF, and UN Women to national protection, health and nutrition clusters, and to NDMOs or their equivalent in Tonga, Vanuatu, Solomon Islands and Federated States of Micronesia.

### **Mental Health and Psychosocial Support in Emergencies**

Support from the Protection Cluster, Education Cluster and Health Cluster has resulted in Mental Health and Psychosocial Support being integrated into humanitarian Responses in Fiji and Tonga.

In Tonga, the focus of UNFPA programming for RH was 3,000 women of reproductive age. MHPSS Programming targeted front line service providers working with MoH (nurses) as well as staff of Caritas, Tonga Red Cross and Tonga Family Health Association to identify MHPSS needs and provide Psychosocial support programmes. MHPSS will be done in coordination with UNICEF which is focusing on school-age children and teachers. In Fiji, UNFPA led the development of Psychosocial First Aid responses by government and NGOs that were disability inclusive.

Gender and GBV in Emergencies in inclusive responses to humanitarian response has been promoted through the PHT. Gender Focal points have received capacity building support at the annual Pacific Humanitarian Team annual retreat. Over the past four years, the Pacific Humanitarian Team has begun developing a cadre of Gender Focal Points that would be based in five high risk countries, namely Fiji, Tonga, Samoa, Vanuatu and Solomon Islands to quickly mobilize and respond in emergencies. At the 2012 annual retreat, UNFPA, SPC and UN Women organized a session to share resources and offer practical guidance to emergency preparedness and response measures building support at the annual Pacific Humanitarian Team annual retreat. Over the past four years, the Pacific Humanitarian Team has begun developing a cadre of Gender Focal Points that would be based in five high risk countries, namely Fiji, Tonga, Samoa, Vanuatu and Solomon Islands to quickly mobilize and respond in emergencies. At the 2012 annual retreat, UNFPA, SPC and UN Women organized a session to share resources and offer practical guidance to emergency preparedness and response measures.

Since there are a number of NGOs (Oxfam and World Vision), International Federation of Red Cross and Red Crescent national societies (Fiji and Solomon Islands Red Cross) and national CSOs already engaged in development programmes to promote gender equality, they can be effective front line service providers in a humanitarian emergency, reaching



deep into communities to serve the most vulnerable. UNFPA has provided capacity building grants and technical assistance to Fiji Red Cross to enhance their community based response in emergencies, partnered with SAFENET NGO members in the Solomon Islands flood response, is working with the National Women's Council in FSM, and is collaborating with the Department of Women Affairs and Action Aid to establish Women's Information Centers in Vanuatu.

### Ensuring Inclusion: Engaging Young People and Reaching Persons with Disability

During an emergency, young people and disabled persons organizations can play a vital role in mobilizing communities and reaching the most vulnerable. Young people account for up to one quarter of the total population of Pacific Island countries and territories (PICTs)<sup>2</sup>. Globally, it is estimated that 15% of total populations are persons with disability. Reaching and engaging young people and persons with disability is critical to saving lives during a humanitarian response. The Pacific Disability Forum joined with the UN Gender Group and SPC to organize a panel discussion at the 2014 Pacific Humanitarian Team annual meeting, to highlight the importance of inclusive humanitarian preparedness and response. A series of toolkits were shared to provide practical steps for supporting emergency programmes. For example, in 2012, as a result of collaboration between the Pacific Disability Forum, UNFPA, Fiji Red Cross and Fiji Disabled Persons Federation, the persons with disability network allowed greater access to Dignity Kits, and the inclusion of specific items (such as continence pads) to meet unmet needs that were identified.

In Vanuatu, UNFPA collaborated with the Vanuatu National Youth Council and as a result, a series of activities were organized by young people, for their peers and communities. This included:

1. Radio Talk-back Shows live on Radio to highlight available SRHR Services, and allow young people to discuss their experience and challenges during and in the aftermath of the cyclone.
2. Community Awareness vital in rebuilding communities, including sharing information on accessing Health Care and SRH information and services.
3. Music festival - "PAM for Change Relief Concert" organized by the Council Music Festival in Port Vila and Tanna involving local bands and to provide the much needed moral support and psychosocial boost after the emergency.





### 3. INNOVATION IN THE PACIFIC

#### Prepositioned and Deployed Pacific Dignity Kit

Globally, UNFPA is recognized for an initiative to meet urgent protection, health and hygiene needs in an emergency. Dignity Kits offer positive reinforcement and support for pregnant and lactating women (ANC/PNC), as well as opening avenues to extend sexual reproductive health messages to adolescent girls (ASRH) and access to family planning (FP) for women of reproductive age. ANC/PNC, ASRH and FP sessions have been organized alongside other health interventions such as with newborn, infant and baby care sessions (eg. Immunization, and neonatal care).

The Pacific Dignity Kit is a regional innovation to the global standard. It has been developed with input from Pacific women and in coordination with NGO implementing partners as well as Ministries of Health. Further adaptation of the kit, including what is included in each kit and the delivery strategy is necessary with each emergency.

UNFPA and Ministry of Health staff organized a Public Health Outreach session in Fresh Wind Ohlem community, outside Port Vila. The team was joined by Margaret Soul, a midwife and nurse from the Neil Thomas Ministry Clinic, two Vanuatu Women’s Center staff and community health workers.

Pregnant and lactating women received the dignity kits; however, all mothers with babies were able to have a well-baby check-up for their children, and receive health messages, including on available family planning methods. In addition, Vanuatu Family Counseling Center deployed Leikita Abel, a trained counselor to support the team and provide information on services that VFCC provides for survivors of violence.



## UNFPA DIGNITY KIT - CYCLONE PAM



When disaster strikes, **UNFPA** ensures that the reproductive health needs and protection concerns of women and girls are integrated into emergency responses. One of the ways in which UNFPA supports women and girls in the aftermath of natural disasters is by providing 'dignity kits'.

#### What is a dignity kit?

Dignity is about more than physical and mental well-being. It is about meeting the basic needs of the women who hold together the fabric of our communities in times of crisis.

A dignity kit comprises the basic items that women and girls need to protect themselves and maintain hygiene and respect in the face of natural disasters.

The simplest items can have the greatest impact: Sanitary supplies are used during menstruation and undergarments and toiletries provide basic hygiene. Without them, women may be inhibited from carrying out daily tasks or hesitate to venture out to access relief aid; girls may miss school, too.

And they offer protection: A flashlight will enable women to travel or access bathroom facilities at night, a time when they are particularly vulnerable to gender-based violence. In addition, radios facilitate the communication of vital information like where to seek help if in distress, or the location of the closest health facility if roads are blocked.

Dignity kits are designed to be adaptable to suit the cultural needs of affected communities across the world, including in the Pacific.

#### A gateway to better reproductive health

Dignity kits provide a gateway that allows UNFPA to discuss wider sexual and reproductive health and protection concerns with affected communities, particularly women and girls.

For example, UNFPA uses the networks established through the distribution of dignity kits to organize sensitization sessions for communities and raise awareness about basic sexual and reproductive health, women’s protection, and ante- and postnatal care.



## Support to Women's Safe Spaces

Recent violence against women prevalence data collected in Vanuatu shows 60 per cent of women experience physical and sexual violence committed by an intimate partner in their lifetime and 48 per cent of women and girls aged 15 and above experience physical and/or sexual violence committed by a non-partner. A further 30 per cent of girls below the age of 15 years, experience sexual abuse, with more than one in four women (28 per cent) reporting that their first sexual experience was forced. Violence against women has been confirmed in the Vanuatu Women's Counseling Center monitoring missions in Shefa as well as in reports from the medical staff. In addition, the MIRA has indicated high rates of psychosocial distress among the population.

UNFPA, the Vanuatu Office of Women's Affairs and Action Aid have established a strategic partnership to address protection issues that directly impact on women in the current crisis and over the long term. Together the three agencies will work to ensure women's immediate protection, and put in place systematic community-based mechanisms that ensure that vulnerable groups of women and people with disabilities are able to hold duty-bearers accountable in future disasters.

One effective method for strengthening outreach to communities is through the Women's Information Centers (WIC). Three centers were established during the Emergency Phase, in Efate and Tafea in coordination with the Ministry of Justice/Department of Women with support from UNFPA and Action Aid. These centers offer a point for women to access information on humanitarian assistance and recovery. The centers also organize women's voices to inform the assistance process, through design and monitoring, to ensure that the most vulnerable are reached. The WIC works closely with the Vanuatu Women's Counseling Center to refer GBV related cases and ensure immediate referral. A total of 25 WICS are planned, with additional WICs possible if additional resources are mobilized.





## 4. CONCLUSION AND RECOMMENDATIONS

### 1. Data for Development can also support immediate information needs in an Emergency

Available demographic data should be used more systematically and effectively to understand baselines and make more accurate estimates of affected people, by age group, vulnerability group, and by sex. UNFPA has experience in supporting collaboration between National Disaster Management Offices and National Statistics Offices to build on census and DHS data in supporting preparedness and response.

### 2. Emergency Preparedness is Critical

Humanitarian response is built into the PSRO 2013-2017 MCPD. Dignity Kits and Kit 2A/2B are being pre-positioned in Suva. Experiences in Solomon Islands, Tonga, FSM and Vanuatu indicate that there is value in completing the Minimum Preparedness Plans (MMPs) for some of the disaster prone countries where PSRO can respond. This will ensure that ongoing development programming is more resilient and able to respond faster to humanitarian needs.

### 3. Gender and GBV in Emergencies must be integrated in all programming to save lives and preserve dignity during a humanitarian crisis

UNFPA can play a greater role in gender and protection mainstreaming in emergencies. Gender and violence issues can be highlighted and incorporated in health assessments as a crosscutting issue. Regional Emergency GBV Advisor (REGA), and the UNGG Surge Capacity can support government counterparts raise visibility of Gender/GBV issues and to develop a robust programme for prevention and response. Addressing needs of men, women, boys and girls can be mainstreamed in cluster responses, for example through procurement of RH kits can support the

health response and dignity kit distributions as well as mental health psychosocial interventions can be part of a protection response.

### 4. Engagement of communities is smart and is effective

Profiling local capacity and mapping available resources to respond in an emergency situation. Health needs in terms of personnel as well as equipment and supplies can be per-assessed for each country and completed according the magnitude of the event. Risk and protective factors noted in VAW prevalence data can be considered. PSRO has supported MISP training in the past in Fiji, Solomon Islands and PNG (IPPF has also supported training in the region and in Tonga). Samoa has requested MISP training and Solomon Islands is planning another round of training this year for Guadalcanal and Makira Provinces, considered to be very prone to natural disasters. Similarly PSRO has been engaged in development of Gender/GBV training modules and has trained staff in Solomon Islands, Tonga and Fiji, with a request from Vanuatu to train staff in June 2015. Trained staff can become a pool of resource people and a Community of Practice to support future humanitarian responses.



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