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Second Phase Harmonized Assessment Report

VANUATU: TROPICAL CYCLONE PAM

April 2015

SUMMARY OF FINDINGS

A. WATER, SANITATION AND HYGIENE

KEY FINDINGS

1. Many communities cannot access safe water sources. An estimated 68% of the rainwater harvesting catchment structures are broken, 70% of the wells have been contaminated, and piped water systems have been damaged. Water quality is poor everywhere except Port Vila, resulting in a health risk.
2. 68% of the sanitation superstructures have been destroyed, resulting in an increase in open defecation, which was reported to be up to 45% in some places. Open defecation presents urgent health, protection and dignity risks to children, women, and vulnerable groups.
3. Only 30% of households report hand washing, posing a risk of communicable disease. Some bathing facilities are unsafe.

KEY PRIORITIES

1. Provide immediate access to water supply through emergency water distribution and restoration of water systems.
2. Prevent the spread of diseases by providing hygiene messages, household water treatment and safe storage supplies and by ensuring household access to soap.
3. Ensure privacy and safe disposal of human faeces by restoring sanitation structures, complemented with sanitation promotion.
4. Ensure dignity and minimize protection risks by providing safe bathing facilities and access to sanitary protection materials for girls and women.
5. Restore protective environments at schools and health care facilities.

B. SHELTER

KEY FINDINGS

1. Many communities have received shelter assistance and are recovering fast.
2. Population and damage figures, especially in urban areas, are much higher than estimated.
3. Gaps in coverage remain, especially in Port Vila and Tanna Island.

KEY PRIORITIES

1. Tarpaulins remain a priority to meet outstanding needs and support WASH interventions.
2. Ongoing monitoring of gaps and targeting of vulnerable groups.

3. Communities are turning to recovery options and need more permanent roofing materials, including traditional thatching materials, nails, and construction materials.
4. Education, information and training on safe shelter construction.
5. Information management, including communication with affected communities and feedback mechanisms.

C. HEALTH AND NUTRITION

KEY FINDINGS

1. A high proportion of health facilities were damaged. However, all but 7 remain partially (19) or fully (45) functioning.
2. The provision of health services has decreased across all sectors, and in particular in the general clinical and in the child health services.
3. Overall, the impact on the capacity of the health services to deliver curative and preventive services has been significant, especially given the fragility of the pre-cyclone health system which had a low level of health staff, particularly with regard to medical doctors and midwives.

KEY PRIORITIES

1. Repair and re-open 6 destroyed and the 9 health facilities with major damage. Re-establish all health facilities to fully functioning status, including adequate water and sanitation services.
2. Ensure adequate human resources are available to address the increased health needs of the communities, and avoid a drop in service delivery coverage following the departure of foreign medical teams.
3. Ensure availability and distribution of essential medicines, including immunisation and cold chain capacity.
4. Finalize and start the implementation of a “building back better” strategic plan for the recovery of the health sector addressing pre cyclone health inequities.

D. EDUCATION

KEY FINDINGS

1. 88 facilities, 32% of those assessed, were found to be completely destroyed.
2. The three most immediate priorities identified by key informants at the assessed schools are (1) repairing damaged facilities (64%), (2) ensuring the safety of students and teachers (46%), and (3) establishing! Temporary Learning Spaces (45%).
3. Schools in Shefa and Tafea Provinces have the largest numbers of totally and partially damaged facilities. They also report the largest drop in access to toilets at education facilities - only 9% of schools toilets function in assessed schools in Shefa and 12% in Tafea.
4. Of the assessed schools, 17 reported the need for support in the provision of food to their students. responded to having feeding program in schools.
5. All assessed schools reported a need for basic WASH kits.

KEY PRIORITIES

1. Provide assistance in repairing damaged school facilities.
2. Provide teaching and learning resources to damaged schools.
3. Distribute basic WASH kits to affected schools.
4. Address the need for safe drinking water at affected schools.
5. Address the inability to pay school fees of some of the affected people.
6. Provide food for students at boarding schools.

E. GENDER AND PROTECTION

KEY FINDINGS

1. Displacement continues to be a concern.
2. Communication with affected communities has been a significant gap in the response so far.
3. Physical security for the affected population is inadequate.
4. Insufficient attention given to housing, land and property issues including the impact of the cyclone on landless tenants, as well as the challenges faced in replacement of vital civil documentation.
5. Reporting mechanisms and support services for survivors of gender based violence or child abuse are inadequate.
6. Targeted assistance is needed for persons living with disabilities, female headed households and older persons.

KEY PRIORITIES

1. Protection mainstreaming across all clusters to promote meaningful and impartial access, safety and dignity in the response.
2. Protection Monitoring and displacement tracking.
3. Communication with affected communities.
4. Improved services for survivors of gender-based violence (GBV) and child abuse.

F. EARLY RECOVERY, AGRICULTURE AND LIVELIHOODS

KEY FINDINGS

1. Men and women showed significant differences in usual livelihoods, and men's usual livelihoods were more profitable in general.
2. Usual livelihoods for men in these locations include: fishing (tuna, marlin, reef fish), lobster, coconut crabs, sandalwood, and in some islands cash crops such as kava, copra and cacao, shops.
3. Usual livelihoods for women in these locations include: weaving mats and baskets, sales of prepared foods at the markets, sewing clothes for sale, vegetable gardens.
4. Overlap in gardens and farming, in which both men and women tend to work for subsistence and also at the markets; also to some extent services and accommodation for tourists, in a few places surveyed.
5. While fishing is dominated by men, women engage in some fishing from the shore and on the reef.
6. While bigger buildings, such as schools, are already being repaired in some locations, there was widespread destruction of community infrastructure, which people rely on for their daily lives and work.

KEY PRIORITIES

1. Improve availability of, and access to, food.
2. Rehabilitation, maintenance, and diversification of agricultural livelihood systems, strategies and assets.
3. Coordinate emergency assistance activities, such as clearing paths to gardens, provision of seeds and replanting material.

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1. INTRODUCTION

A. BACKGROUND

Tropical Cyclone (TC) Pam struck Vanuatu on 13 March, causing widespread damage across all six provinces (Shefa, Tafea, Malampa, Penama, Sanma and Torba) and affecting an estimated 188,000 people, more than half of the country's estimated population of 272,000. To gain immediate clarity on the impact of the disaster, the Government of Vanuatu, supported by humanitarian partners, led joint initial rapid needs assessments to the most affected areas of the island chain from 18 to 24 March. These assessments found that Shefa and Tafea, where all of the 11 confirmed fatalities occurred, were the hardest-hit provinces.

Information collected during this first phase was detailed enough to inform immediate response planning and the development of the Flash Appeal launched on 24 April. However, it lacked the depth to advise medium and longer-term planning of humanitarian response and early recovery. The Government of Vanuatu, therefore, decided to undertake Second Phase Harmonized Assessments at the community level in the five most-severely affected provinces of Shefa, Tafea, Malampa, Penama and Torba. From 1 to 8 April, 25 government-led teams assessed 23 islands in those provinces. The teams assessed humanitarian needs across six thematic areas: Water, Sanitation and Hygiene (WASH); Shelter; Health and Nutrition; Education; Gender and Protection; and Early Recovery, Agriculture and Livelihoods.

B. OBJECTIVES

The main objectives of the assessment were the following:

1. To gather critical information in key Clusters/Thematic areas, which would provide a comprehensive picture of humanitarian situation in the affected area, highlighting residual humanitarian needs and gaps in life-saving assistance, as well as greater understanding of overall damage and loss, which will feed into early recovery and longer term reconstruction planning.
2. To enable partners to plan for immediate and longer-term response, inform early recovery and feed into the Post-Disaster Needs Assessment (PDNA) process.

2. METHODOLOGY

A. PLANNING

As a preparedness measure, the Government of Vanuatu had developed standardized cluster and sector-specific assessment forms, which had successfully been used to evaluate humanitarian and early recovery needs in the country following Tropical Cyclone Lusi in 2014. These forms,¹ also used in this assessment, are harmonized to complement each other and additional evaluations, ensure complete data sets and allow for inter-sectoral analysis. The planning for the assessment was led by the National Disaster Management Office (NDMO) with the support of Government-led clusters and humanitarian partners from the Vanuatu Humanitarian Team (VHT). Using the results of the Initial Rapid Assessment as a baseline, 23 cyclone-affected islands were selected for assessment.

The NDMO liaised with the Provincial Authorities to inform the Area Council Secretaries during the planning process. The latter then worked with the Chairmen of Community Disaster Committees (CDCs) to select local teams closely cooperated with the enumerators before and during the assessment. Government-led Clusters, with support of the VHT and Cluster Co-Leads, developed sector-specific questionnaires which had been standardized and endorsed by the Government and the NDMO prior to Tropical Cyclone Pam.

Villages were grouped according to Area Council locations, with representatives coming to a selected central location depending on geography and population size. In each Central Hub, the following representatives were requested to meet with assessment teams:

- Every Village Chief
- A member of each Community Water Committee
- A group of up to 20 persons total per central hub, ideally from an number of different villages and representing women, youth, people with a disability, children, elderly and female headed households and other vulnerabilities,
- Nurses and Teachers

The timing of the assessment coincided with Easter, which is one of the most important religious holidays in Vanuatu. The process was thus split into two tranches: Shefa and Tafea provinces were assessed on 1 and 2 April, while Malampa, Penama and Torba provinces – on 7 and 8 April.

Australia, France, New Zealand, Solomon Islands and Tonga provided military assets to transport the teams between and within the affected areas.² They were greatly supported by the Vanuatu Police naval assets.

¹ Annex III: Second Phase Harmonized Assessment Questionnaires

² Annex II: Second Phase Harmonized Assessment Logistics Plan

B. AREA OF COVERAGE

Assessments on Efate Island, which has an estimated population of 86,250, were carried out by the Shefa provincial government within the first week of the cyclone impact. Standardised assessment forms endorsed by the NDMO were used in all of Efate's eight Area Councils. Results were supplemented by reports from Community Disaster Committees and compiled by Area Secretaries into Area Council Summary Reports. Findings in Efate were shared with the NDMO and Clusters for response planning and action, and have been incorporated in this report.

In addition to Efate Island, the following islands were assessed during the joint assessments from 1 to 8 April:

ISLAND	POPULATION	VILLAGES AND SITES VISITED	TEAMS
Shefa Province			
Epi	5,651	Lamen Bay/Epi School, Lokopuwi Village, Mapvilao Village, Redstone Village	Team 1 and Team 2
Tongoa	2,243	Morua Village	Team 3
Tongariki	274	Kokopak Village	Team 3
Buninga	112	Mbarira Village	Team 3
Emae	488	Worarana Village	Team 4
Makira	93	Makira School	Team 4
Mataso	61	Mataso School	Team 4
Pele	423	Pilirua Village	Team 12
Emao	767	Wiana Village	Team 12
Nguna	1,479	Marie Village, Matua School, Ulatap Village	Team A
Moso	239	Tassiriki Village, Sunai Village	Team B
Ifira	721	Ifira community	Team B
Tafea Province			
Erromango	2,251	Port Narvin, Ipota Village, Unpongor Village, Umpon Yelongi Village	Team 9 and Team 10
Aniwa	299	Asavai Village	Team 11
Tanna	30,770	Inaka school, Lenakel Village, Imaki village, Port Resolution, Kings cross school, Greenhill school	Teams 5, 6, 7, 8
Futuna	620	Ishia Village	Team 11
Aneityum	978	Analgauhat School	Team 11
Malampa Province			

Ambrym	7,218	Neuwa Village, Ulei Village, Wuro Airstrip	Teams 6, 9, 10, 11
Malakula	25,682	Benenaveth Village, Wiaru Village, Lakatoro Village, Lambumbu Village, Rapaksivir Village	Teams 7, 8, 9
Paama	1,623	Liro Village, Selusa School, Lehili College	Team 11
Penama Province			
Maewo	3,836	Gambule School, Naviso School, Asanvari Village,	Teams 2, 3
Pentecost	18,809	Lini Memorial College, Nambwarangiut Village, Renbura Village, Melsisi School, Tankarang Village, Pangj Village	Teams 3, 4, 5, 6
Torba Province			
Mere Lava	591	Lekwel Village, Aot Village	Team 1

C. SUMMARY OVERVIEW OF THE ASSESSMENT

A total of 113 enumerators (30 Women and 83 men) were deployed in 25 teams to 23 islands across four provinces. Some enumerators took part in both tranches of assessment. Diversity in terms of gender, age and disability among Key Informants was ensured. Assessment teams consisted of specialists from different Government Ministries and Departments, volunteers from the Vanuatu Red Cross and civil society organizations, as well as staff members of international NGOs and United Nations Agencies. Each team assessed the following six thematic areas through Key Informant interviews, focus group discussions and site assessments³:

1. Water, Sanitation and Hygiene (WASH)
2. Shelter
3. Health and Nutrition
4. Education
5. Gender and Protection
6. Early Recovery, Agriculture and Livelihoods

Upon return, Cluster Leads and Co-Leads held debriefs with the enumerators, capturing direct observations and other information which may not have been recorded in the forms. Structured and unstructured information obtained during the debrief was useful in triangulating data and filling in information gaps.⁴

³ Annex III: Second Phase Harmonized Assessment Questionnaires

⁴ Annex IV: Assessment Teams' Debrief Checklist

3. FINDINGS

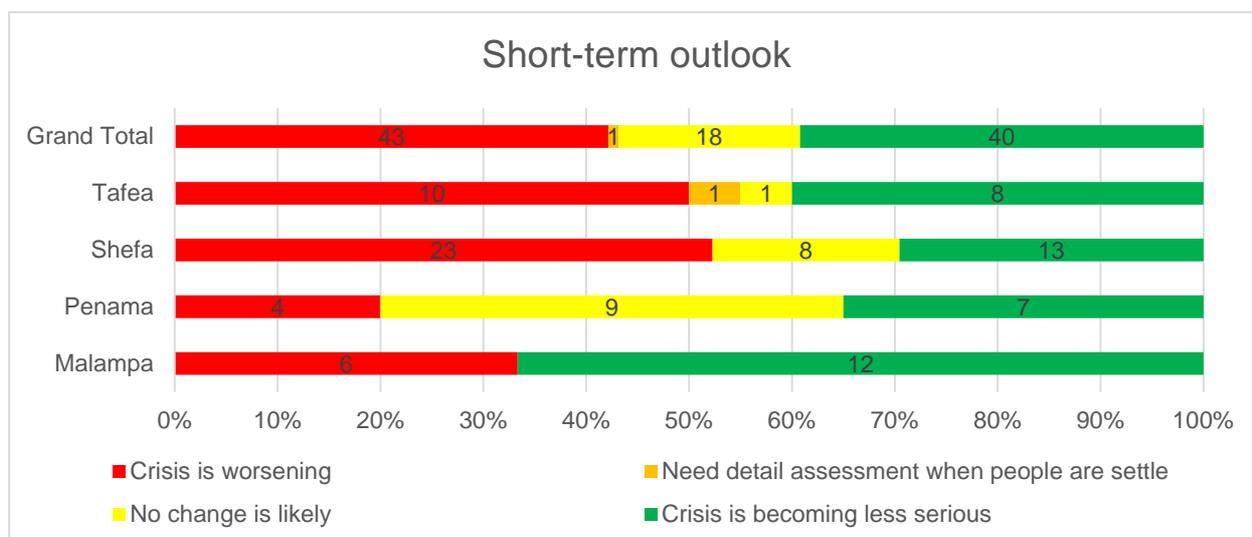
A. WATER, SANITATION AND HYGIENE

Strong winds and intense rain damaged water and sanitation infrastructure, which raises health, protection, and education concerns. Almost two thirds of the WASH assessors believed that the situation in the community surveyed was severe required immediate attention. Based on assessments conducted by other clusters, damages are expected to have been similar on water, sanitation, and hygiene services at schools and health care facilities.

The intensity of damages depends on the distance to the eye of the cyclone. The eye passed over the island of Tanna, causing severe damage. Rainwater-dependent islands were also severely affected in the aftermath of the cyclone, as communities had limited alternatives. These islands include Tongariki, Mataso, Makira, Buninga, Nguna, Moso, Aniwa, South East Ambrym. Communities that practised open defecation prior to the cyclone faced increased health risks, as unimproved water sources have been contaminated.

OVERALL SHORT-TERM OUTLOOK

50% of communities in Shefa and Tafea Provinces expect the situation to worsen. In Penama the number stands at 20%, and in Malampa around 30%. This corroborates other data indicating that Tafea and Shefa are the most affected provinces.



WATER

KEY FINDINGS

1. Water systems have sustained extensive damage. Communities reported that access to water is their first priority.
2. Wind and debris destroyed rainwater catchment intake areas (roofs) and gutters, completely damaging such systems in the provinces of Tafea (88%), Shefa (32%), Malampa (12%), and Penama (6%).

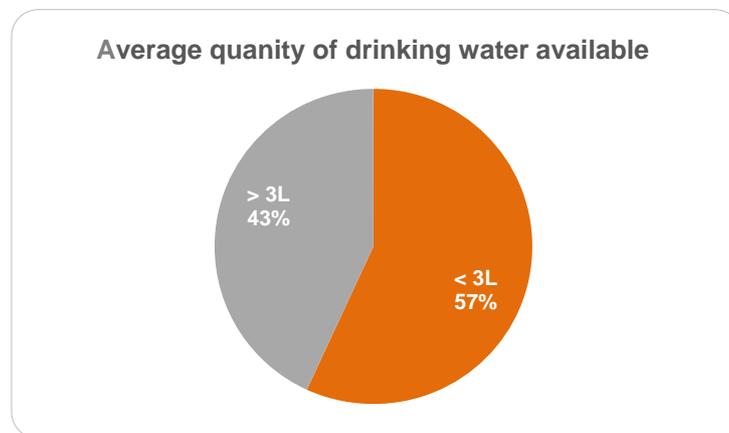
3. Poor water quality was found in all sites tested outside of Port Vila from debris, sediment, and sea water, showing a need for water treatment prior to drinking. Less than half of the households reported using some form of water treatment.
4. Fallen trees and landslides damaged piped water systems, especially those which were older and poorly constructed or maintained.
5. Debris, trees, rocks and sedimentation blocked spring water intakes.
6. Power failure and mechanical damages has caused failure of pumped water systems.

KEY PRIORITIES

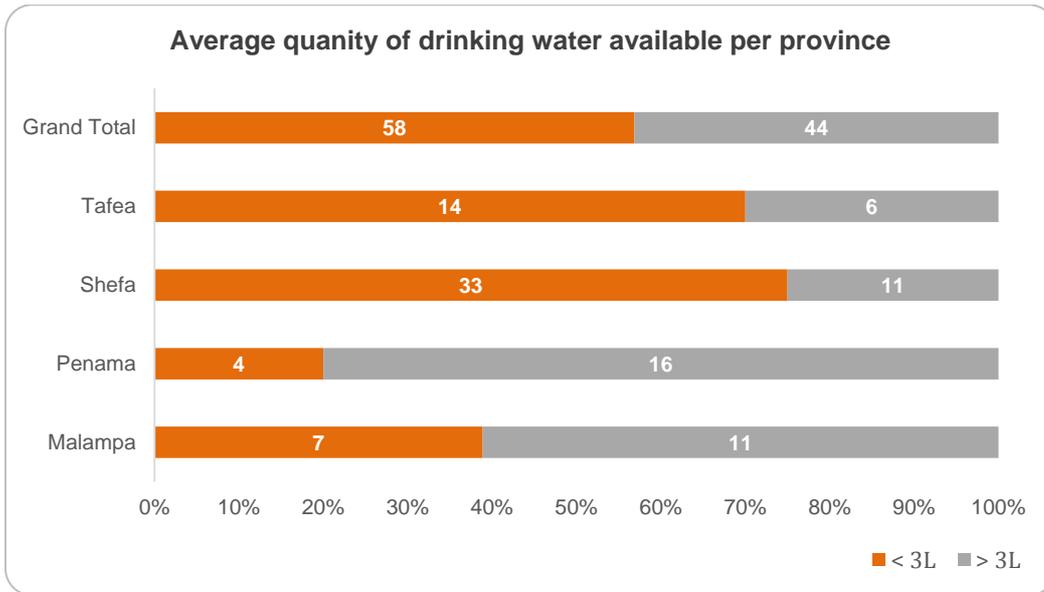
1. Provide immediate life-saving water supply to affected areas by water distributions, deployment of generators, water treatment units and tarpaulin distributions to restore rainwater harvesting.
2. Undertake immediate repairs and cleaning of affected drinking water systems and establish back-up sources of water to increase community resilience.
3. Minimize the risk of communicable diseases by providing household water treatment and storage items, complemented with key health messages.
4. Restore access to safe drinking water at schools and health care facilities.

OVERVIEW

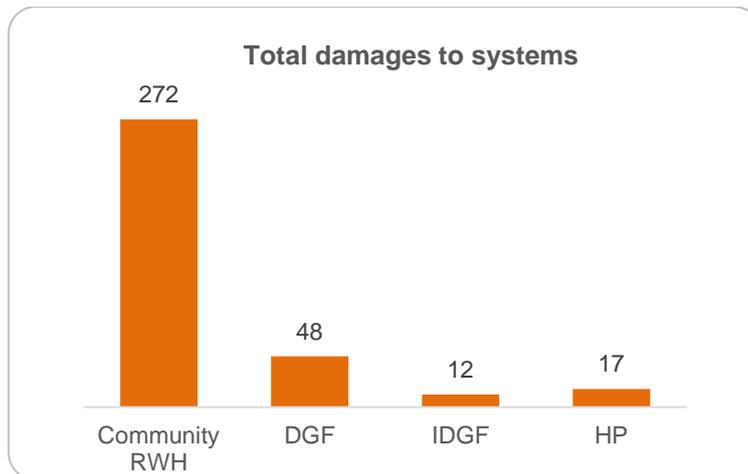
1. Water availability. More than 50% of the community have reported to have less than 3 litres of drinking water available.



The variation between provinces is significant. The provinces of Tafea and Shefa have much less access to water than the provinces of Penama and Malampa which confirms other data on losses on water infrastructure being much more extensive in Tafea and Shefa.



2. Damage for community systems. According to the Department of Geology, Mines and Water Resources (DGMWR), the following damages per systems have occurred:



Rainwater harvesting (RWH). Damages to roof collection, gutters, downpipes, and tanks have resulted in non-functional rainwater harvesting systems. The majority of damage is to roofs and gutters, though tanks were also damaged or broken. Based on assessment results, all RWH systems without covered tanks have been contaminated and need cleaning.

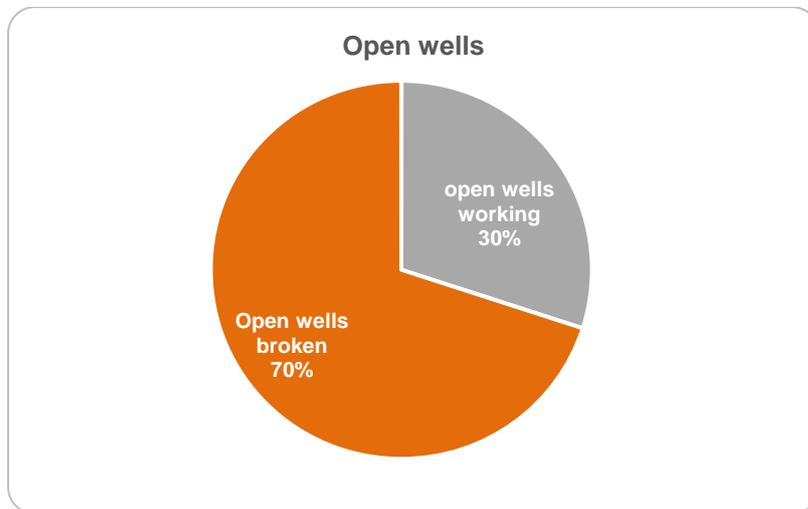
Direct Gravity Fed systems (DGF). Pipes were broken by fallen trees and landslides. Systems that did not have their pipe works fully covered sustained more damage. Intake structures were damaged due to landslides and blockage, especially where the intakes were not well-protected from runoff and sediment.

Indirect Gravity Systems (IDGF). Indirect gravity systems suffer from similar damage to pipes as the DGF, with additional damage or failure of pumps. Most electric operating systems need emergency power supply, which is not captured in this figure. Some systems have been damaged at the pump due to fallen trees and collapsing buildings.

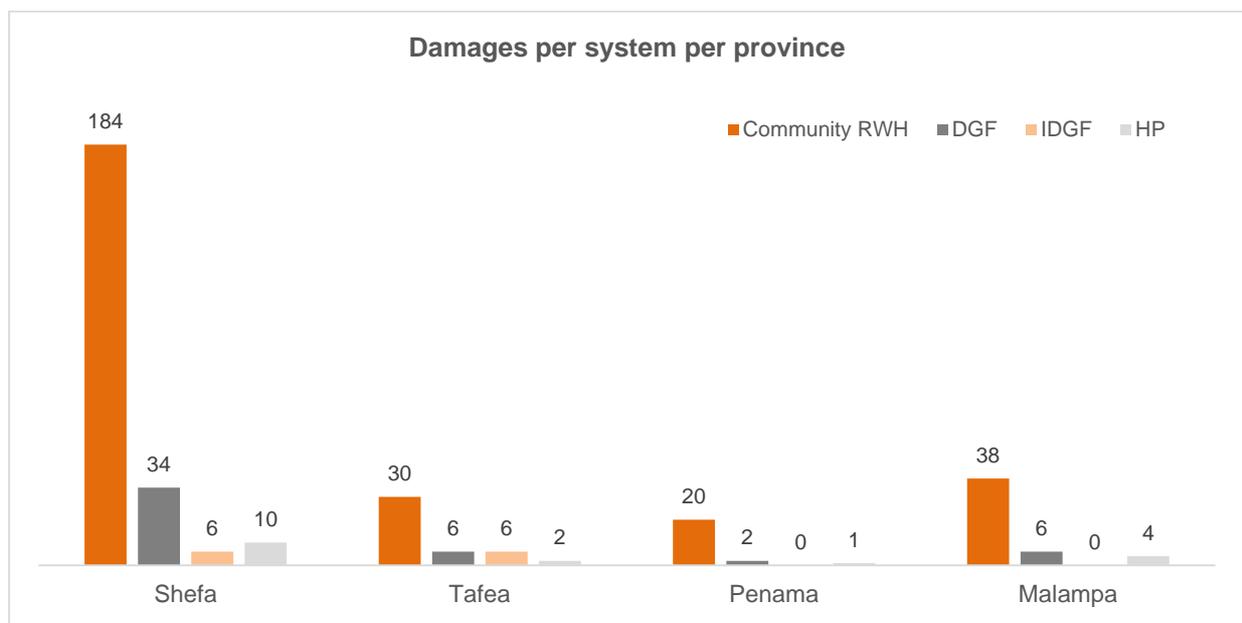
Hand pumps (HP). Hand pumps have sustained limited damage. Hand pumps are rather robust concerning cyclones and not widely found across Vanuatu, hence the limited of damage. The use of

hand pumps could be considered to be promoted as they are found to be more resilient than other sources.

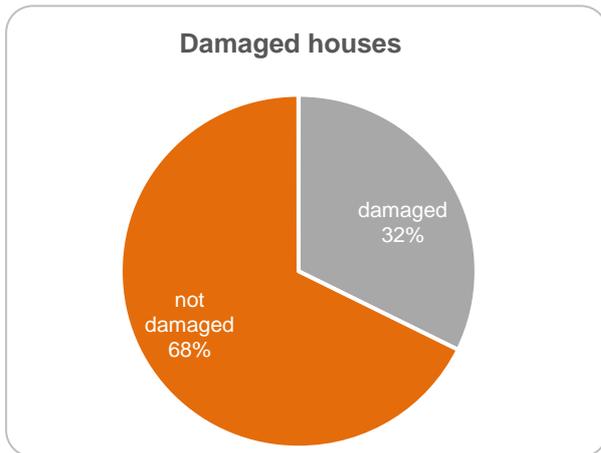
Wells. The well, a traditional water source typically constructed by communities and unprotected from runoff and flying objects sustained extensive damage. Many have been polluted with biological contamination, and in few instances with salt water, by the wind and the rain. Approximately two thirds of the wells are not working and are in immediate need of repairs and clean up.



Distribution per province. The data is further disaggregated per provinces below. Shefa Province has reported the most damages on community rainwater harvesting systems.

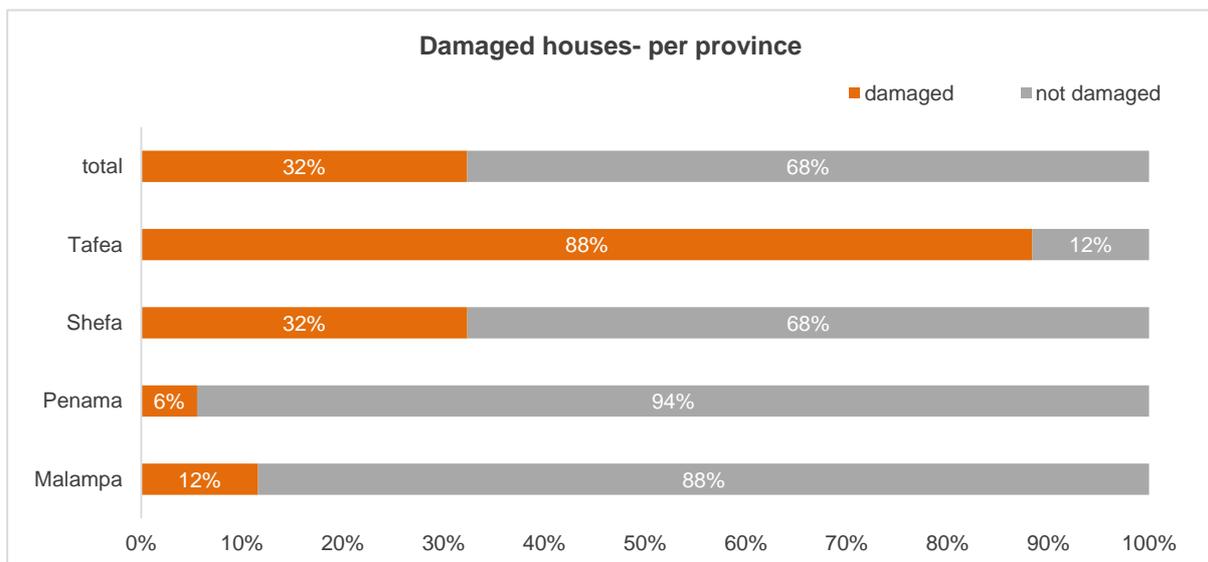


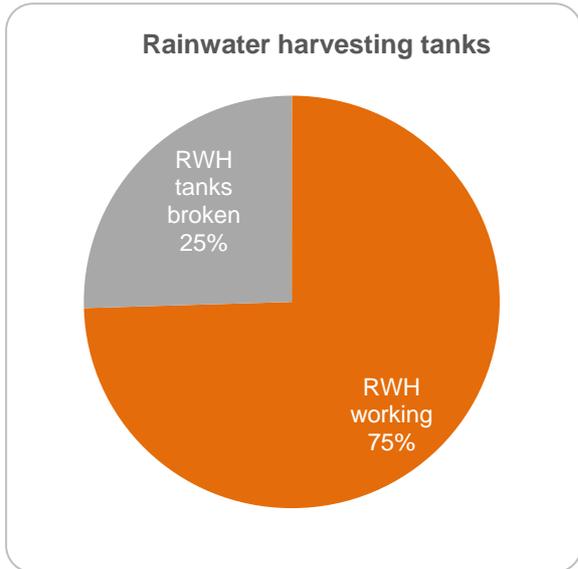
3. Damage to private rainwater harvesting systems. Based on pre-Pam national surveys, 37.1% of the rural households in Vanuatu depend on rainwater harvesting. A large extent of these households have privately owned rainwater harvesting systems. The scope of damages to these systems is believed to be extensive. Rainwater harvesting systems include rainwater catchment structures, rainwater guttering and rainwater harvesting tanks. The most vulnerable component of the system is the catchment structure (usually a roof), as it is more vulnerable to damage caused by winds. The data for the rainwater harvesting catchment areas and gutters has been sourced from the Shelter Cluster data using housing structures damages as a proxy indicator. Questions about rainwater harvesting tanks were asked during the WASH Cluster assessment.



Rainwater catchment and gutters. Rainwater harvesting catchment areas are usually based on roofing structures of individual houses and community buildings. The Shelter Cluster reports that approximately 32% of the houses have been damaged. As the roofing structure is most commonly damaged, the WASH Cluster estimates that in total 24% of the rainwater catchment structures have been damaged.

Wide variations between provinces can be observed. They are directly related to the intensity of the cyclonic winds received: in Tafea, which received the strongest winds, the damage to rainwater catchment areas is estimated to be 88%, while for Penama, the damage to the rainwater catchments is expected to be only 6%. The assessment team reported similar results; however, the guttering of rainwater harvesting systems were found to be damaged across the four provinces.



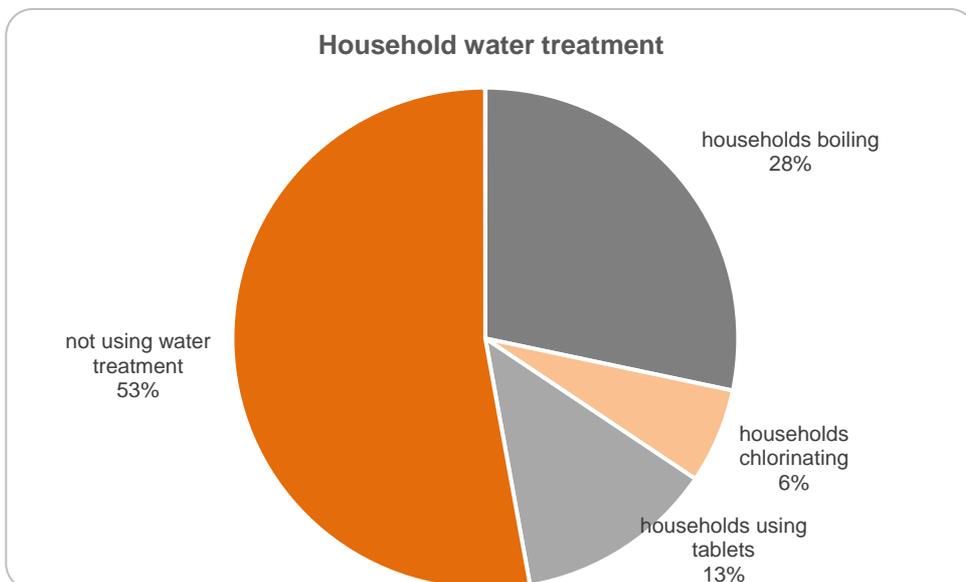


Rainwater harvesting tanks. More than 25% of the rainwater harvesting tanks are no longer functional. The damages in the tanks are mostly due to fallen trees and other items destroying tanks. Open rainwater harvesting tanks – without a lid - have been all polluted with leaves and branches and all now need cleaning.

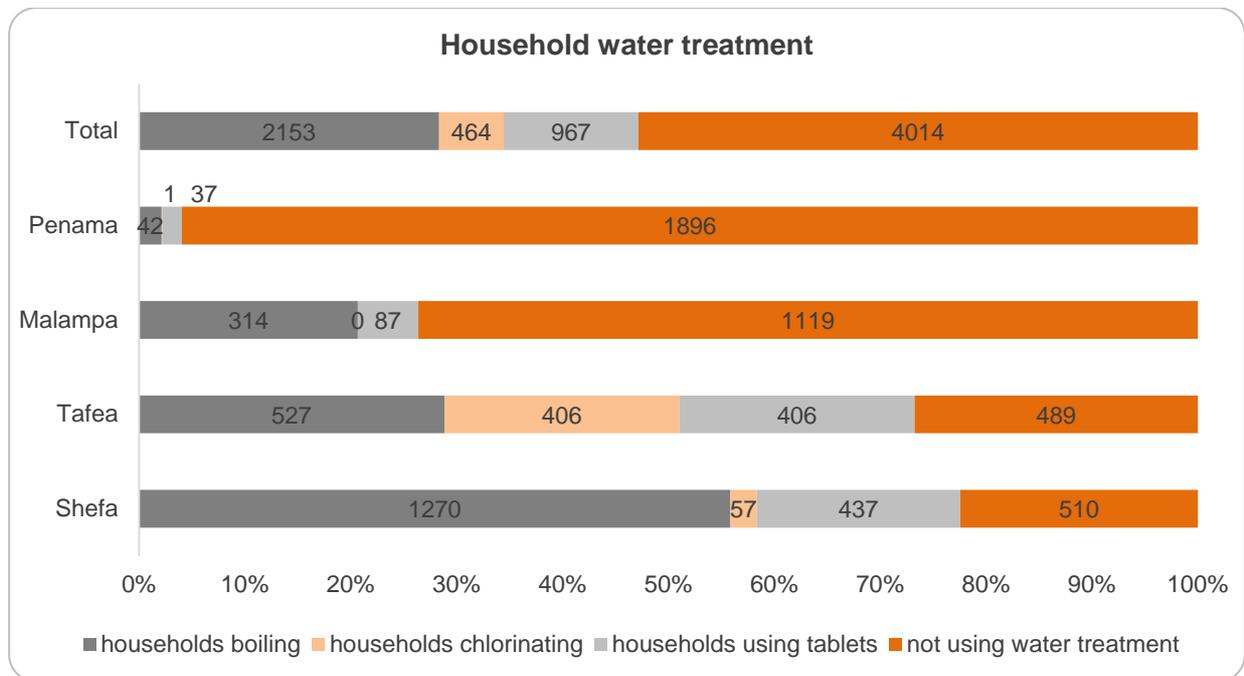
4. Water quality

Water quality testing. The overall majority of water resources are biologically contaminated as per water quality testing results from the Department of Geology, Mines and Water Resources (DGMWR). The DGMWR collected samples of 22 different systems around Efate, of which only one system was found to be safe - the UNELCO waters supply. The other samples, taken from various systems, piped water supply, wells and rainwater harvesting exceeded the World Health Organisation (WHO) standards for water quality and are thus not safe for human consumption. This is partially caused by the cyclone due to run off and pollution by leaves, and other biological objects that contaminated the sources. In the absence of a baseline, it can only be expected that this contamination is also a pre-Pam issue, due to sanitary risks around water sources. It is therefore advised to treat water before consumption, by boiling, water purification tablets or chlorination.

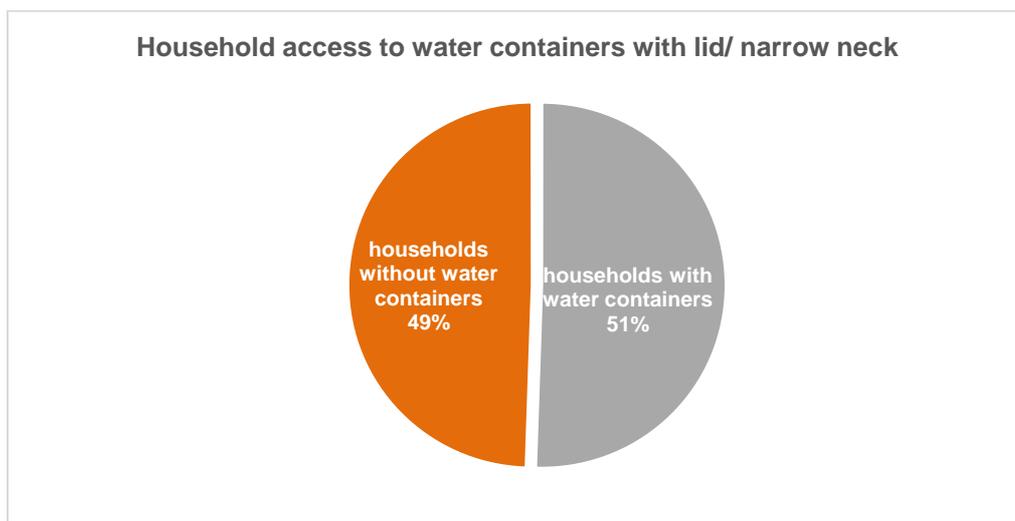
Household water treatment and safe storage. As per assessment results, the majority of people do not treat their water. From those who treat their water, the most preferred option is boiling of water followed by using disinfection tablets and chlorination. As this is self-reported data by communities, and the assessment team indicated a much lower proportion of household water treatment being observed, it could be expected that the actual numbers might be much lower.



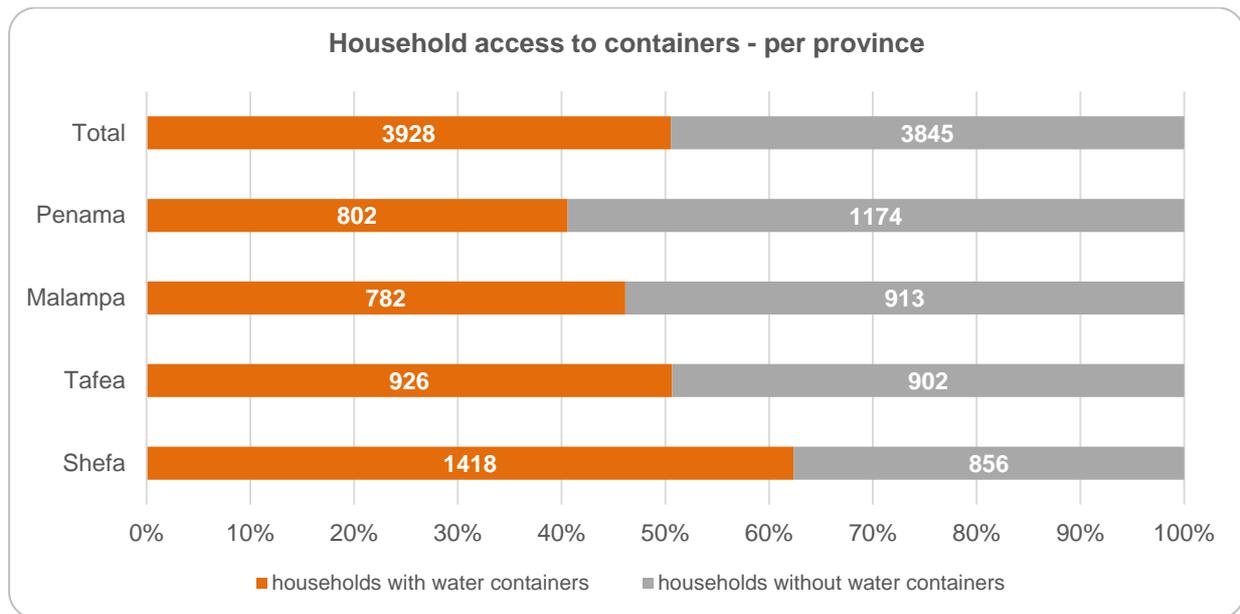
Variation between provinces is significant. The most affected districts have a much higher rate of water treatment than the lesser affected provinces. This could be attributed to the need and the joint efforts made by the WASH & Health cluster to promote household water treatment, by messaging and distributions, which has focussed on the worse effected areas. Penama, being less affected, shows a high need of hygiene messages as less the 10% of the households practise household water treatment.



Water storage. Water storage options, an important tool to mitigate the shortage of water and ensure the water quality during storage. Half the number of households have some means of water storage with a narrow neck or lid.

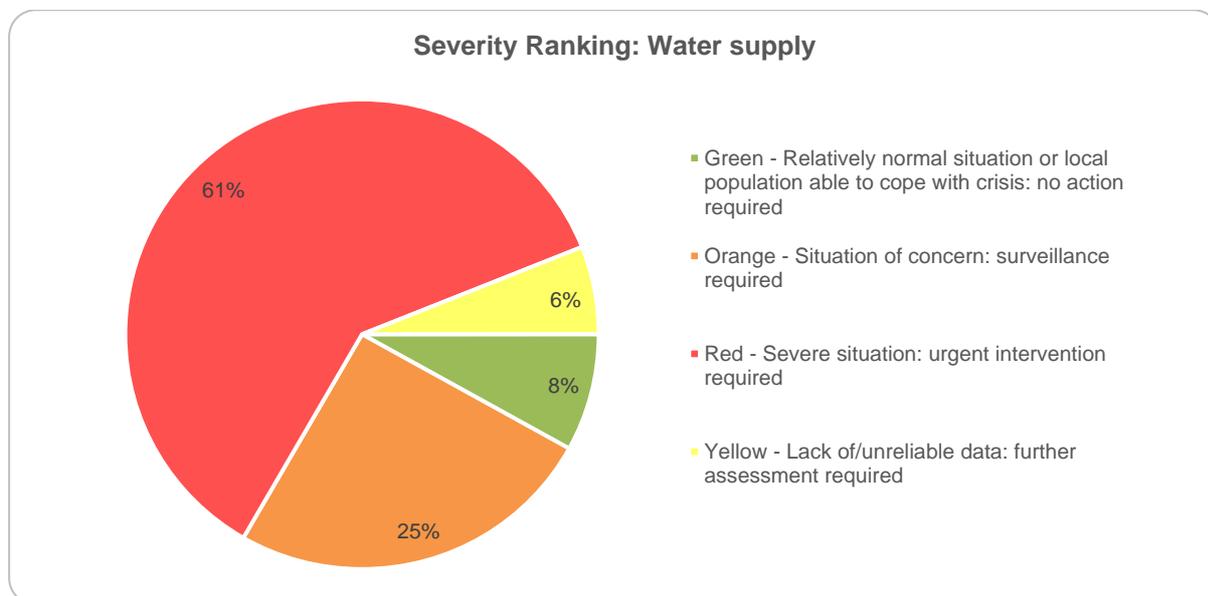


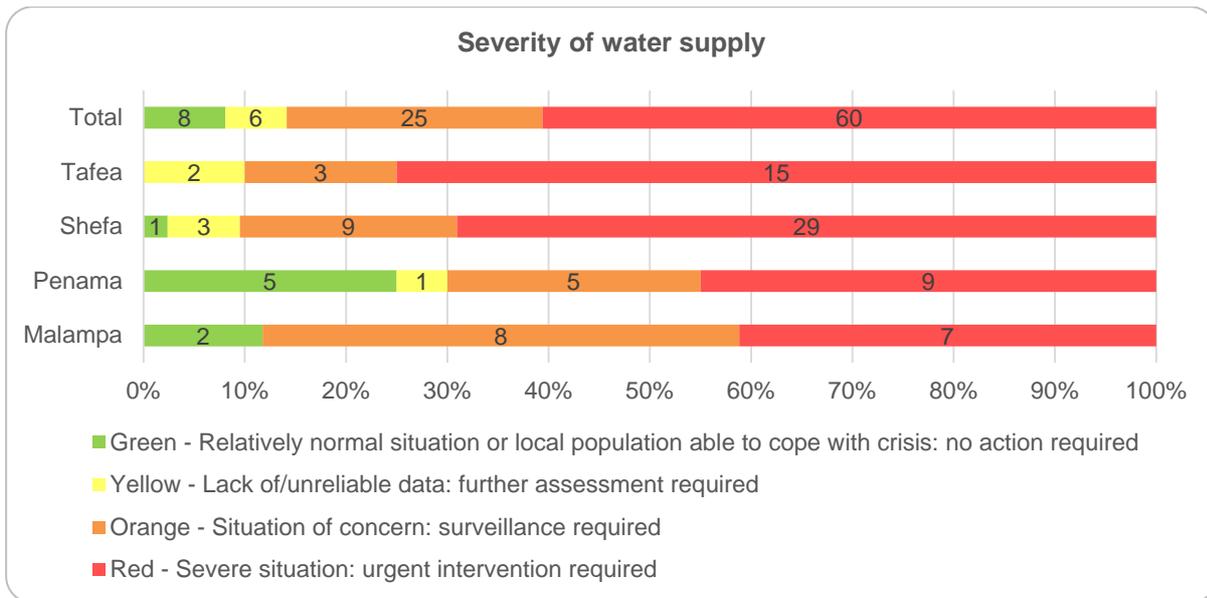
The variation between districts is limited, with a slightly higher share of households in the worse affected provinces.



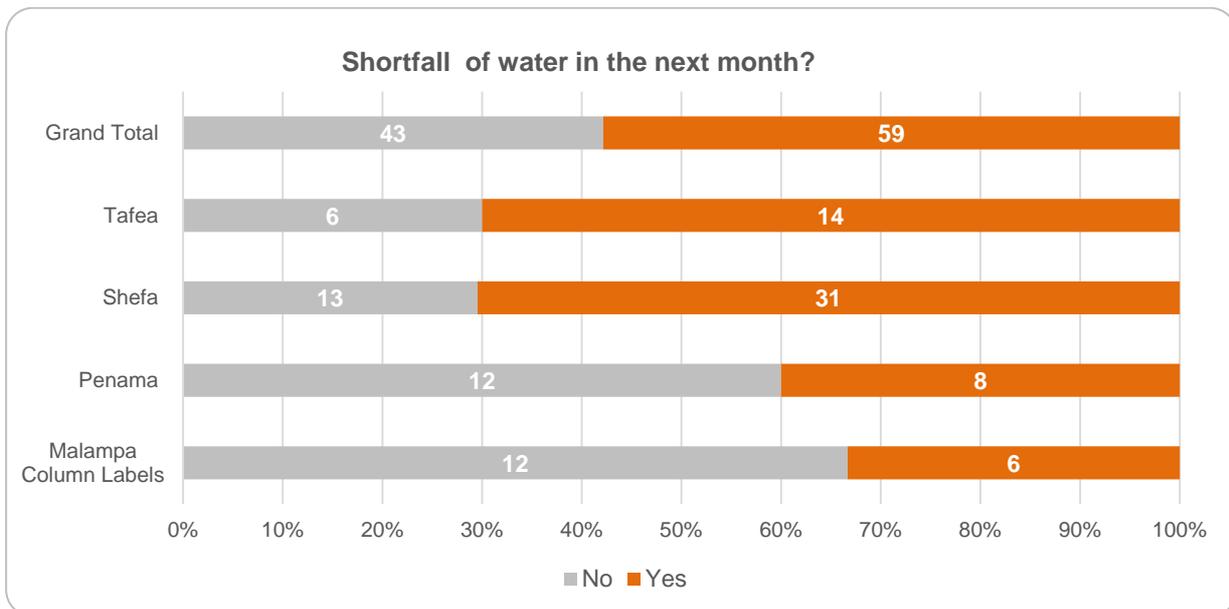
5. Severity ranking and outlook

Almost two-thirds of the WASH assessors believed that the severity of the situation need immediate attention. This situation was found to be most critical for Shefa and Tafea and in particular for communities without alternative water sources. The severity was substantially less severe in the provinces of Malampa and Penama.





A similar picture is seen in terms of the short term outlook. Tafea and Shefa have a much more negative outlook and around 70% of the respondents answer that there will be a critical shortfall in water quantity in the next month.



SANITATION

KEY FINDINGS

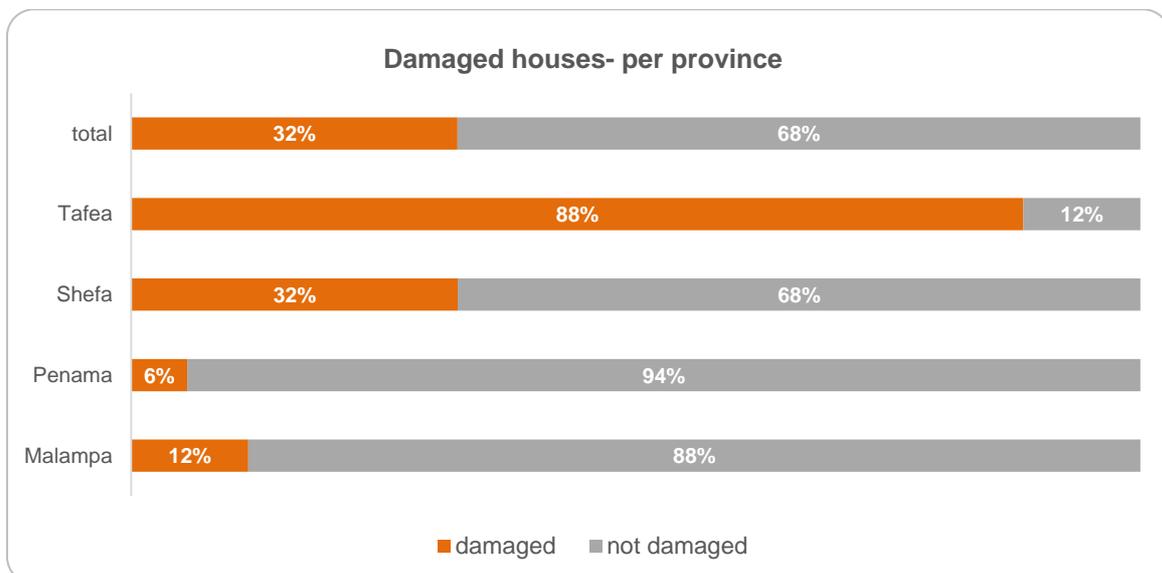
1. Nearly all sanitation superstructures have been destroyed, especially those made of bush materials, with little availability of materials for rebuilding. Women, children, and vulnerable people now lack privacy and, in some cases, safe, bathing facilities.
2. Substantial increase in open defecation and sharing of latrines by multiple people due to lack of private toilets. 30% of the communities reported that they have resorted to open defecation since the cyclone, compared to 2.5% rural open defecation baseline (2013 Demographic and Health Survey).
3. Nearly all sanitation substructures are intact, with less than 10% damage from flooding.

KEY PRIORITIES

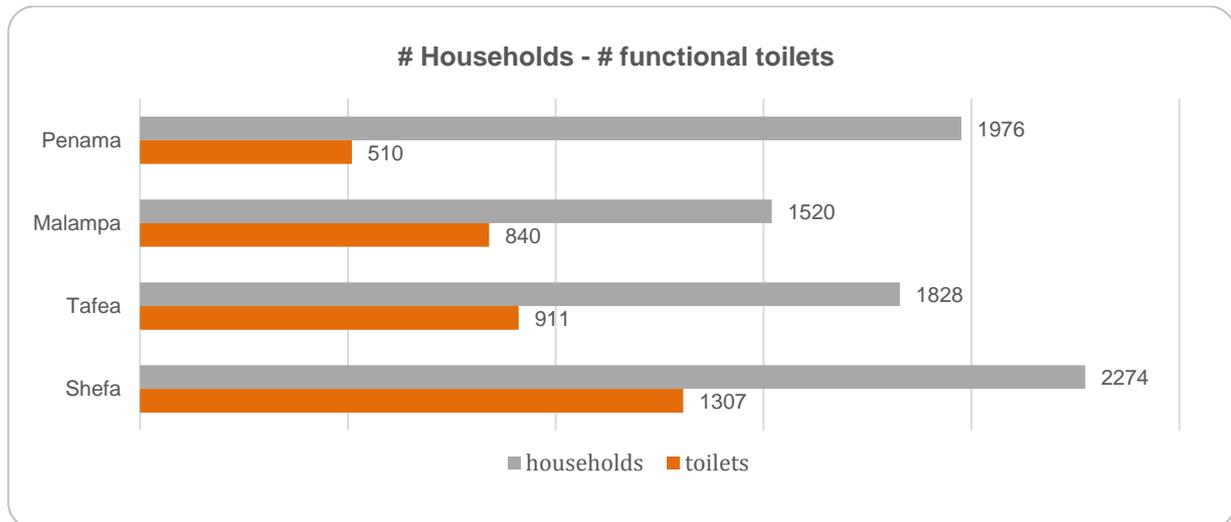
1. Eliminate health and protection risks from open defecation by restoring household sanitation structures.
2. Restore safe sanitation facilities at health care facilities and schools.
3. Increase knowledge and practice of safe hygiene and sanitation behaviours complemented with improved sanitation facilities.

OVERVIEW

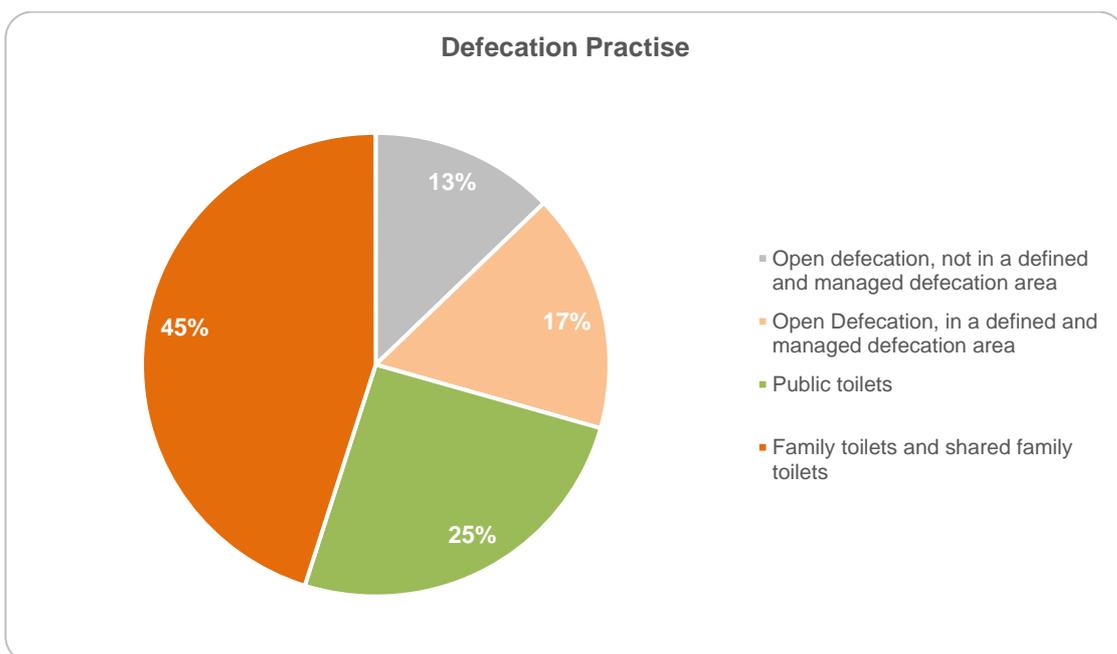
1. Damages to sanitation. Due to the winds and fall trees most of the sanitation superstructures have been destroyed, especially in rural areas where bush materials had been used. The data for housing damages used by the Shelter Cluster could be used as a proxy indicator for the number of sanitation superstructures damaged. As per reports from the assessment teams, this situation is worsened in the provinces of Tafea and Shefa Provinces where replacement materials are in limited availability after the strong winds blew them away. As a result, people have to share facilities or practise open defecation. Issues of protection have emerged as limited privacy is currently provided.



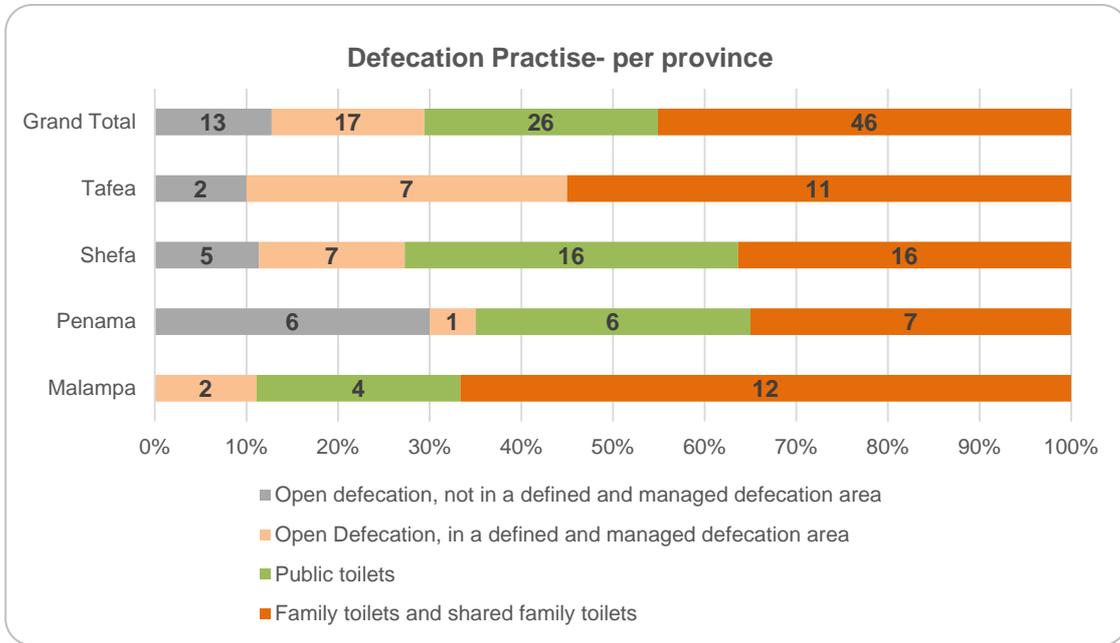
Pre-cyclone improved sanitation coverage was 52.7% for rural households, and 18.7% of households were sharing toilets with other families as per the 2013 Demographic Household Survey (DHS). Communities reported lower access to functional toilets following the cyclone. Though it is expected that a higher proportion of toilets has been destroyed in Tafea and Shefa Provinces, the ratio of toilets per household is actually the lowest in Penama. This could be attributed to higher levels of sharing toilets in these provinces before the cyclone.



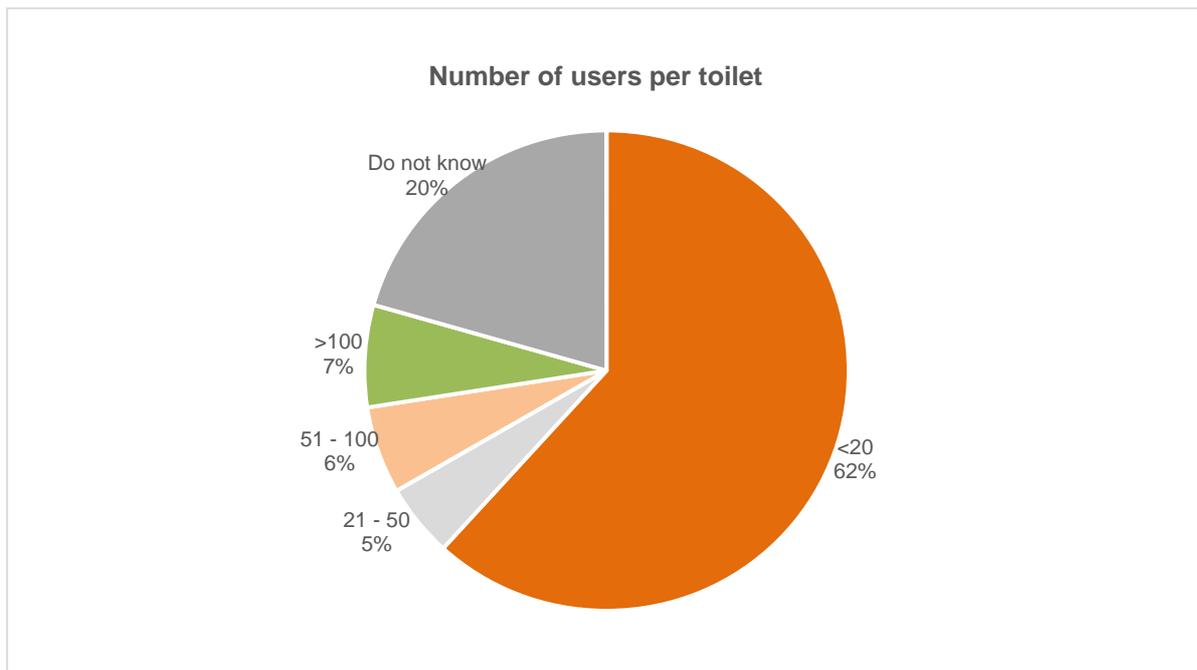
2. Defecation practise. The assessments show that 30% of the communities, people are going for open defecation, compared to 2.5% open defecation for rural households as per 2013 DHS. This significant increase is most likely a result due to the destroyed superstructures, and limited materials to restore the superstructure. 25% of the communities reported that people are using a community toilet, while only 45% of the communities reported that people are using family latrines. The increase in open defecation is a direct health risk. The change from family toilets to public toilets and open defecation accompanies also a protection risk for women.



The distribution per defecation practises is not linear to the expected damages to household latrines. As defecation practises is influenced by a multiple social, cultural and enviornmental factors, people will find their own mitigaion strategies as per context. Penama seems to have the highest level of open defecation, which could also reveal long standing practises of the communitiees interviewed.



3. Toilet user ratio. Only 80% of communities were able to estimate the average number of users per functioning toilet. Of these communities that were able to respond, 25% reported that toilets were being shared by more than 20 people, indicating that there were still multiple families sharing sanitation facilities. Protection aspects of these toilets needs to be addressed if sharing is to continue to avoid safety, security, and dignity risks.



HYGIENE

KEY FINDINGS

1. Nearly half of the households have access to soap, but less than 30% are using it.
2. Two-thirds of communities did not have access to sanitary protection materials for girls and women.

KEY PRIORITIES

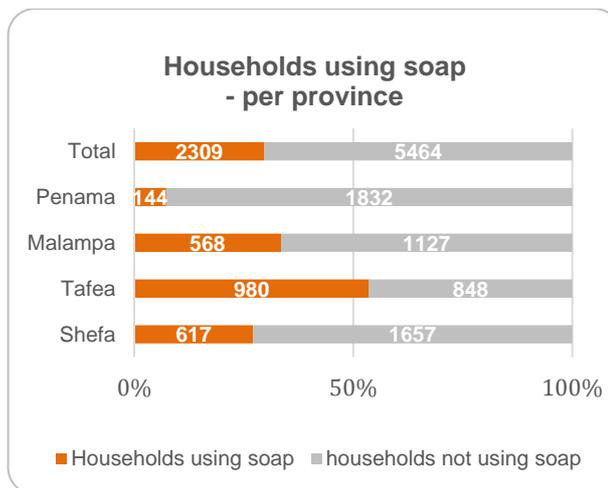
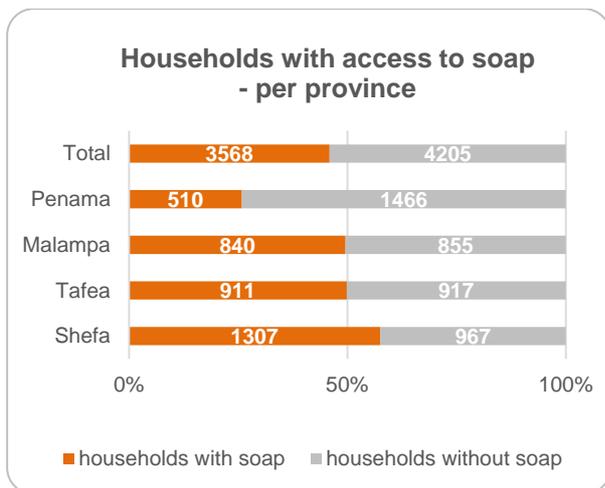
1. Promote safe hygiene behaviour using mass media, visits from health officers, health promotion teams and using traditional leadership and communication means.
2. Prevent the spread of communicable diseases by ensuring that households have access to soap and water for hand washing and bathing.
3. Restore dignity by ensuring the availability of menstrual hygiene materials for girls and women, and by providing safe and private bathing facilities.

OVERVIEW

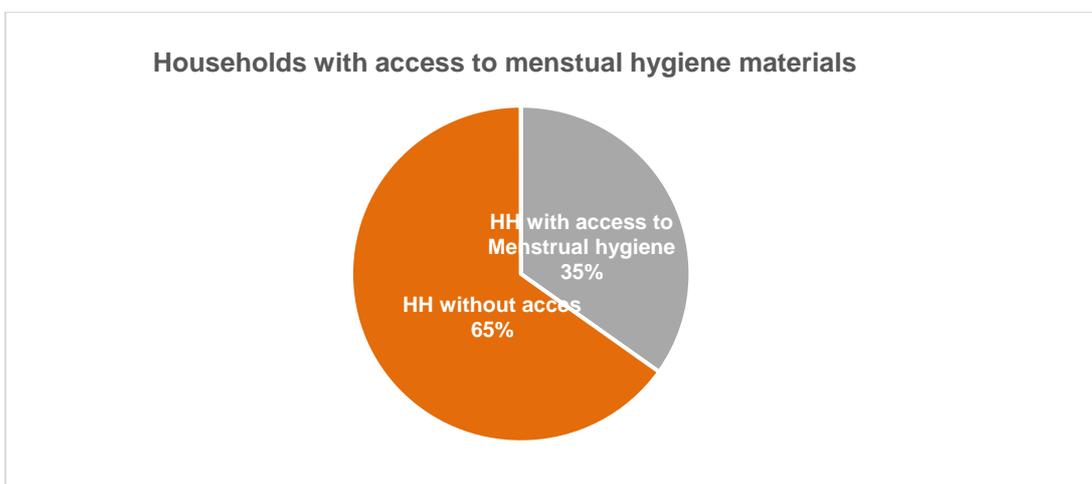
Hand washing with soap is one of the most critical behaviour patterns to prevent diarrhoea outbreaks. The data suggests that 47% of the households have access to soap, however less than 30% use soap. The reasons stated by respondents for not using soap were lack of water and limited awareness. A combination of providing water and hygiene promotion is required to increase the usage.



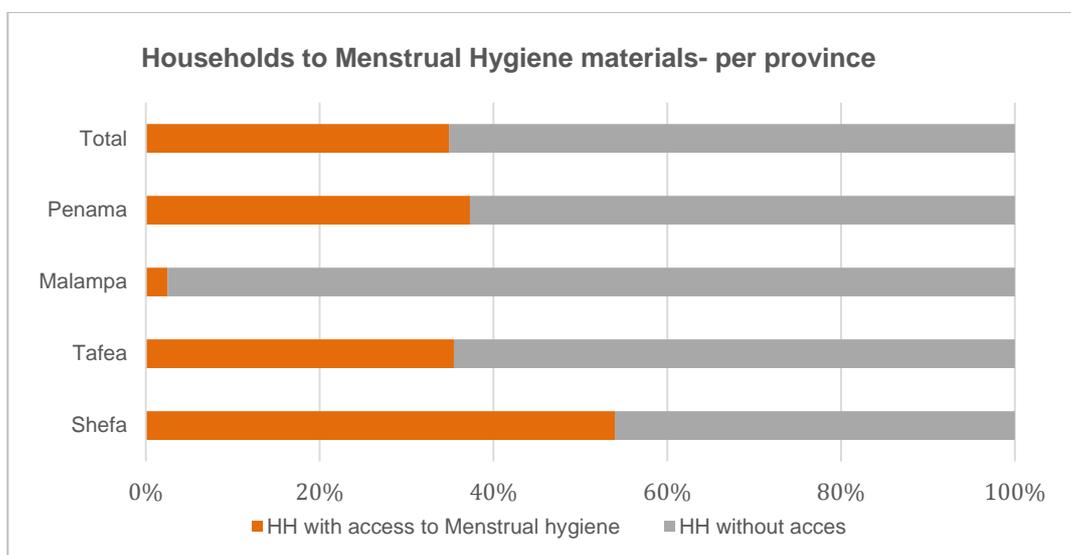
The variation between provinces in terms of access and usage varies. Tafea seems to have the highest usage figures, while Penama has the lowest. It could be that the worse-affected location has received more intensive messages. Hygiene promotion should be rolled out across the provinces.



Menstrual hygiene management. Nearly two-thirds of communities reported that they did not have access to sanitary protection materials for menstruating women. This poses a health and dignity problem for girls and women living in these communities and should be addressed by initial distributions of NFIs while private sector and traditional options return.



The analysis per province reveals that Malampa has the least access compared to the highest levels being in Shefa Province.



B. SHELTER

KEY FINDINGS

1. Many communities have received shelter assistance and are recovering fast.
2. Population and damage figures, especially in urban areas, are much higher than estimated.
3. Gaps in coverage remain, especially in Port Vila and Tanna Island.

KEY PRIORITIES

1. Tarpaulins remain a priority to meet outstanding needs and support WASH interventions.
2. Ongoing monitoring of gaps and targeting of vulnerable groups.
3. Communities are turning to recovery options and need more permanent roofing materials, including traditional thatching materials, nails, and construction materials.
4. Education, information and training on safe shelter construction.
5. Information management, including communication with affected communities and feedback mechanisms.

OVERVIEW

Shelter assessment teams representing Shelter Cluster agencies travelled to Areas Councils across the cyclone-affected areas and interview key informants, including village leaders, Area Council Secretaries, and Community Disaster Committee (CDC) representatives. As such, this provided the cluster with an overview of the response so far, which will also be used in conjunction with shelter-specific assessments at the household level to ascertain precise information about relief, recovery and residual humanitarian needs. This summary of findings also includes information about Efate, based on a separate shelter-specific vulnerability assessment.

There has been significant local recovery in many communities, although gaps remain. This is especially the case in Tanna Island, which was badly affected by the cyclone, and in urban Port Vila, which has a high number of people living on the urban periphery and in informal settlements. A Shefa Provincial Government enumeration is ongoing for peri-urban areas of Port Vila; population estimates appear higher than previously thought, especially in informal settlements with a high population density such as Blacksands. Tarpaulin remains a key need, as it can be used for shelter, water harvesting, kitchens and toilets. Further, key informants reported that shelter recovery tended to be lower for vulnerable groups, particularly people living with disabilities and female-headed households.

Significant quantities of relief have been distributed in the first four weeks of the response. Shelter cluster agencies estimate that nearly 13,000 households have received shelter items during the emergency phase and a further 8,000 households' worth of shelter items are currently in-country and being prepared for distribution. In some areas, such as southern Malekula, information captured by the assessment suggested that some communities were placing higher priority on agriculture and potable drinking water than on shelter needs, where houses had not been heavily damaged. Houses made of bush materials have tended to recover quickly, although in some areas, such as Tanna, destruction of traditional thatching materials like natangora has impeded recovery in rural areas.

There are also different experiences depending on whether the household was rural or urban. Initial feedback indicates that there has been migration to Port Vila from rural Efate following TC Pam and this has placed pressure on aid distributions based on earlier population estimates. Evacuation centre populations were initially high in Port Vila but have all closed as shelter relief items became available, allowing people to return home to rebuild on the site of their original houses. Evacuation Centres and host families remain an issue in Tanna, however, where shelter relief items have been slower to arrive. Gaps remain in urban slum and informal settlement rebuilding with aid only now reaching some urban and peri-urban pockets of Port Vila owing to an initial focus on more difficult to reach outer islands and a freeze on distribution in the capital as assessments were carried out during the initial phases of the response. In urban areas, the following obstacles to safe shelter were identified: lack of permanence, concern over the loss of cash livelihoods, and insecurity of tenure.

Based on interviewees' feedback, the following shelter priorities were identified. Although there has been a significant shelter distribution, some the affected communities had not received tarpaulins and there were concerns about continued leaks during heavy rain. Communities also expressed concerns about building skills to assist them to build back better. An absence of trained carpenters was identified as an obstacle to a 'build-back-better approach'. Some communities were found to still have families in evacuation centres or living with host families but were seeking shelter assistance to help them to return to their places of origin. A more general concern was expressed about fairness in the distribution of relief items with concerns that not everyone was eligible for the same levels of assistance.

Assessment teams reported several positive trends across the areas visited. Communities are helping each other to rebuild and self-recovery in some places has been rapid with communities reconstructing their homes. Assessment teams reported that they were effectively employing local, context-specific skills and materials for reconstruction, including recycling from destroyed buildings with strong links to Community Disaster Committees. There was a high degree of preparedness with people tying down roofs and early warning information widely disseminated. There were differing accounts of the appropriateness and safety of concrete structures during the cyclone with many communities preferring traditional buildings for temporary refuge. In Epi Island, much of the livestock had survived but damage to fences meant that the animals had been freed and caused further damage to crops.

Province	Island	Caseload (Destroyed or Damaged)	Total HH with Tarp Distribution Completed	Total HH with Tarp Distribution Ongoing	Total HH with Tarp Distribution Planned	TOTAL HH WITH TARP	Theoretical Final Gap
Malampa	Ambrym	518	0	0	554	554	0
	Malekula	0	0	0	0	0	0
	Paama	353	0	450	0	450	0
Penama	Ambae	28	0	0	0	0	28
	Maewo	4	0	0	0	0	4
	Merelava	0	0	0	0	0	0
	Pentecost	376	0	0	101	101	275
Shefa	Emau	155	129	0	0	129	26
	Makira	19	35	0	0	35	0
	Mataso - Matah Alam	12	20	0	0	20	0
	Tongariki	55	55	0	0	55	0
	Tongoa	454	110	500	0	610	0
	Port Vila	1892	1917	0	1401	3318	0
	Efate RURAL	2668	1557	2110	823	4490	0
	Buninga	23	30	0	0	30	0
	Emae	99	115	206	0	321	0
	Epi	858	0	700	0	700	158

	Lelepa	83	0	107	0	107	0
	Moso	48	16	29	0	45	3
	Nguna	285	0	300	0	300	0
	Pele	91	33	0	0	33	58
Tafea	Aneityum	0	247	0	0	247	0
	Aniwa	40	138	0	0	138	0
	Erromango	405	831	0	0	831	0
	Futuna	0	0	0	0	0	0
	Tanna	5108	2322	1039	5262	8623	0
	Ambrym	518	0	0	554	554	0
	Malekula	0	0	0	0	0	0
	Paama	353	0	450	0	450	0

NB: population figures, especially in urban areas are currently under review and will likely increase. This will affect statistical coverage estimates.

C. HEALTH AND NUTRITION

KEY FINDINGS

1. A high proportion of health facilities were damaged. However, all but 7 remain partially (19) or fully (45) functioning.
2. The provision of health services has decreased across all sectors, and in particular in the general clinical and in the child health services.
3. Overall, the impact on the capacity of the health services to deliver curative and preventive services has been significant, especially given the fragility of the pre-cyclone health system which had a low level of health staff, particularly with regard to medical doctors and midwives.

KEY PRIORITIES

1. Repair and re-open 6 destroyed and the 9 health facilities with major damage. Re-establish all health facilities to fully functioning status, including adequate water and sanitation services.
2. Ensure adequate human resources are available to address the increased health needs of the communities, and avoid a drop in service delivery coverage following the departure of foreign medical teams.
3. Ensure availability and distribution of essential medicines, including immunisation and cold chain capacity.
4. Finalize and start the implementation of a “building back better” strategic plan for the recovery of the health sector addressing pre cyclone health inequities.

OVERVIEW

Cyclone Pam hit Vanuatu on 13 March affecting 22 islands in four provinces. Within these islands, there are 71 health facilities: hospitals (2), health centres (19) and dispensaries (50). This report summarizes the findings of the rapid health needs assessments and the multi-cluster assessments conducted in the weeks following the cyclone.

DAMAGE TO HEALTH FACILITIES

Table 1. Damage to health facilities by health facility type on affected islands, Vanuatu, March 2015.

Facility	Destroyed	Major	Minor	None	Total
D	5	2	28	15	50
HC	1	6	7	5	19
Prov. H		1			1
Ref. H			1		1
Total	6	9	36	20	71

There are 71 health facilities on islands affected by cyclone Pam, excluding aid posts (8 non-government owned facilities are included in this report). Assessments of varying detail have been conducted in all facilities (table 1). Of the 71 facilities that have been assessed there were 6 facilities that were destroyed and 9 facilities with major damage (table 2). Minor damage was reported in 35 facilities and there was no damage reported from 19 facilities. All assessed health facilities remain operational except for 7; Imere (Efate), Naviso (Maewo), Ikiti and Kitow (Tanna), Amboh (Tongariki), Nimair and Tavalapa (Tongoa). Imere, which presents only minor damages, is closed due to a lack of staff after the cyclone.

Table 2. Health Facilities destroyed or sustaining major damage, by island and province, Vanuatu, March 2015

Province	Island	Facility name	Type of Facility	Status	Damage
Shefa	Tongariki	Amboh	D	NF	Destroyed
	Tongoa	Nimair (bongabonga)	D	NF	Destroyed
	Efate	Paunangisu	HC	PF	Major
	Epi	Port Quimmie	D	PF	Major
	Tongoa	Silimauri	HC	FF	Major
	Nguna	Silmoli	D	PF	Major
	Tongoa	Tavalapa (Leimatuk)	D	NF	Destroyed
	Epi	Vaemali	HC	PF	Major
	Emae	Vaemauri	HC	PF	Major
Tafea	Tanna	Green Hill	HC	PF	Major
	Tanna	Ikiti	D	NF	Destroyed
	Tanna	Kitow (Nagus Kasaru)	HC	NF	Destroyed
	Tanna	Lenakel	Prov. H	PF	Major
Penama	Maewo	Naviso	D	NF	Destroyed
Malampa	Ambrym	Utas	HC	PF	Major

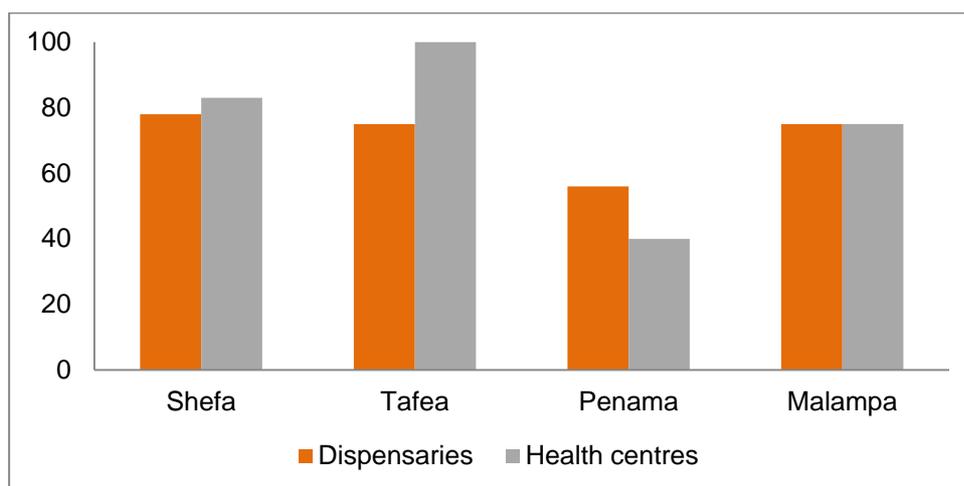
Shefa was the most affected province and 21 of 24 (87.5%) of health facilities have been damaged with 3 of 4 health facilities on Tongairiki and Tongoa destroyed (Table 2).

In Tafea province, 9 of 12 dispensaries and all 4 health centres were damaged. The Provincial hospital was severely damaged (82% of all facilities). Ikiti dispensary and Kitow health centre are not functioning.

In Penama (excluding Ambae), 11 of 31 (36%) of health facilities are damaged. All are still functioning.

In Malampa (excluding Malekula), 6 of 8 (75%) facilities were damaged.

Graph 1. Proportion of facilities damaged, by type and by province, March 2015



Graph 1 shows the imbalance of the impact of the cyclone on the health facilities, with a prominent impact on health centres, which cover the critical function in delivering primary care in the Vanuatu health system.

HUMAN RESOURCES

1. Current human resources in the affected islands. The Sphere Standards in Health Action, one of the most widely known and internationally recognized sets of common principles and universal minimum standards in life-saving areas of humanitarian response, require a minimum of 22 health workers/10,000 people in population. Health Workers in Vanuatu include the following categories: doctors, nurse practitioners, midwives, registered nurses and nurse aids.

Table 3. Human Resources in 22 Affected Islands, March 2015

Province	Island/Health Zone	Population	Medical Doctor	Nurse Practitioner	Midwife	Nurse	Nurse Aid	Total number of health workers	Health workers/ 10,000 population
Malampa	Ambrym	8481	1	1	2	4	3	11	13
	Paama	1708	0	0	0	2	2	4	23
Penama	Pentacost	17525	2	0	2	17	12	33	19
	Maewo	7275	0	0	0	4	5	9	12
	Health Zone 1								
	Islands included - Efate (excluding Paunangisu Health Centre), Erakor, Ifira	77386	13	4	11	116	17	161	21
Shefa	Health Zone 2	8311	0	0	1	4	4	9	10

	Islands included - Emau, Lelepa, Moso, Nguna and including Paunangisu Health Centre								
	Health Zone 3								
	Islands included - Emae, Tongariki, Tongoa	3512	0	0	2	5	4	11	31
	Health Zone 4								
	Islands included - Epi Island	8691	0	0	1	4	1	8	9
Tafea	Tanna	30894	1	0	5	26	8	40	13
	Other Islands - Aneityum, Aniwa, Erromango, Futuna	3864	0	0	0	6	1	7	18
Total numbers of health workers		167647	17	5	24	188	57	293	17

The numbers of health staff presented in the data include health workers at government and municipal operated health facilities. Privately owned hospitals and clinics were not included in the dataset. The numbers of health staff presented were assessed as before the cyclone. Of the data that was collected after the cyclone, a decrease of only four health staff noted. This included one midwife in Malampa Province and three nurses in Tafea Province. The staff at the destroyed health facilities have been repurposed to serve other areas or for the ongoing measles vaccination campaign.

The overall national ratio is far from the threshold of minimum 22 health workers per 10,000 prescribed in the Shpere standards and WHO. The breakdown by island or health zone presented in Table 3 indicates an unequal distribution of the health workers. The high concentration in the capital Port Vila brings the ratio up to 21 for almost a quarter of the population of the country. The ratio drops to 13 in other provinces, with the exception of small islands where the very small population of catchment areas of their health facilities increases the ratio. The table presents the total population by island and zone, to weigh which proportion has a high or low ratio of health workers per 10,000 people.

A second important observation relates to the composition of the overall workforce. Midwives and nurse practitioners require four years and 6 months of training, registered nurses need three years of training, and nurse aids only nine months. While nurse aids have limited official training time, they often replace registered nurses as the only health staff available for some dispensaries in remote areas. With nurse aids representing 36% of the workforce outside the referral hospital, the quality of care becomes a concern particularly in dispensaries operated only by a nurse aid.

Within the nationwide ratio of 17 health workers for 10,000 people, the proportion of medical doctors and midwives is very low. It raises concerns regarding the services provided, particularly to mothers and new-borns considering the high maternal and neonatal mortality.

2. Foreign Medical Teams. A total of 20 Foreign Medical Teams (FMTs) have provided support to Vanuatu during the first month after the disaster. 11 had left Vanuatu by 6 April after completing, on average, a two-week deployment. All FMTs deployed to Vanuatu are of Type 1 and provide outpatient care either through fixed clinics or mobile teams, with the exception of one FMT Type 2, which supported referrals at the Vila Central Hospital (VCH) with outpatient and inpatient care surgical capacities for trauma care and general surgery and intensive care from the day two after the cyclone. Two FMTs provide specialized services at the VCH.

During the first month of the operation, over 140 medical staff have been deployed with FMTs to support the Ministry of Health (MoH) and deliver, among other services, over 9,000 consultations. The majority of FMTs are working at MoH health facilities, supporting their staff either static or providing frequent support to health facilities from a fixed location. A small number of FMTs provide consultations in communities where there is no health infrastructure.

The number of FMTs will further decrease with only found still being operational at the end of April. Vanuatu has received support in health service provision through mobile clinics conducted by NGOs for many years and it can be expected that this form of support will pick up again in the coming months.

WATER AND SANITATION IN HEALTH FACILITIES

1. Water. The availability of an adequate water supply was assessed, including availability of water, uninterrupted supply of water and whether there was adequate storage of water (Table 3). The risk of contamination to the water supply was also assessed. Data was made available from 64 facilities. An inadequate supply of water was reported from 31 (48%) facilities. Water supply was unchlorinated in 50 facilities (78%). Water supply was considered to be at risk of environmental contamination in 18 facilities. Twenty-six facilities are functioning without an adequate supply of water.

Table 3. Health Facilities (31) with Inadequate Water Supply

Province	Island	Name of Health facility	Health facility type	Operational status	Damage	Sufficient water supply	No interruptions to water supply	Sufficient water storage
Shefa	Tongoa	Silimauri	HC	FF	Major	Yes	No	Yes
	Lelepa	Amauri	D	FF	Minor	No	Yes	Yes
	Tongariki	Amboh	D	NF	Destroyed	No	Yes	Yes
	Efate	Paunangisu	HC	PF	Major	No	Yes	Yes
	Epi	Port Quimmie	D	PF	Major	No	Yes	Yes
	Epi	Vaemali	HC	PF	Major	No	Yes	Yes
	Emae	Vaemauri	HC	PF	Major	No	Yes	Yes
	Tongoa	Nimair (bongabonga)	D	NF	Destroyed	Yes	Yes	No
	Nguna	Silmoli	D	PF	Major	No	Yes	No

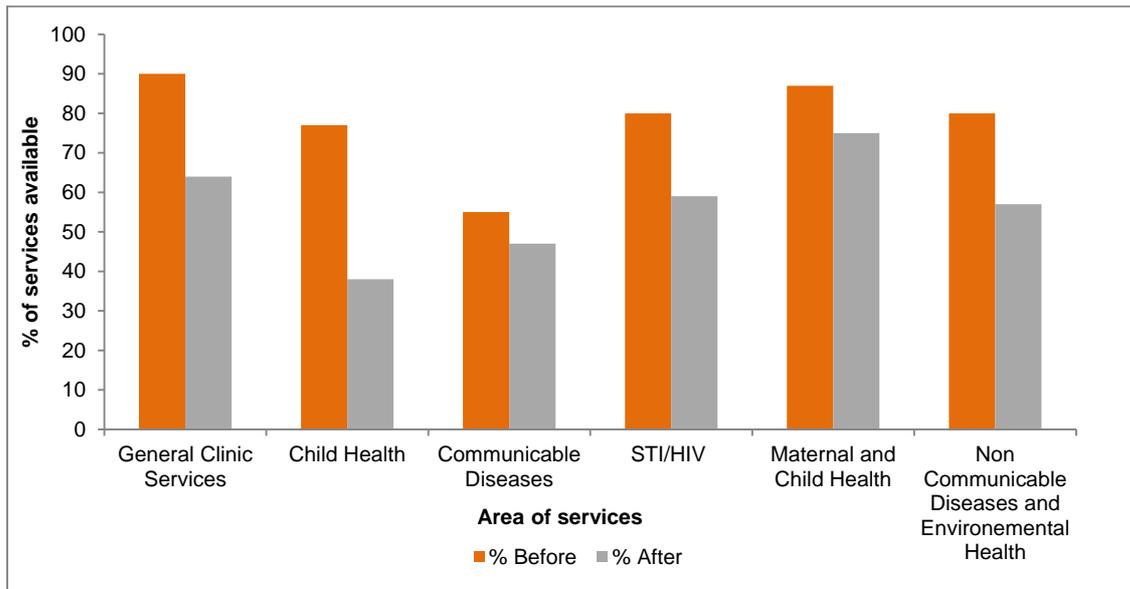
	Tongoa	Tavalapa (Leimatuk)	D	NF	Destroyed	No	Yes	No
Tafea	Erromango	Dillions Bay	D	FF	Minor	Yes	No	Yes
	Tanna	Imaki	HC	PF	Minor	Yes	No	Yes
	Tanna	Lenakel	Prov. H	PF	Major	Yes	No	Yes
	Tanna	Port Resolution	D	PF	Minor	Yes	No	Yes
	Tanna	Ikawaramanu	D	FF	None	No	Yes	Yes
	Tanna	Ikiti	D	NF	Destroyed	No	Yes	Yes
	Aniwa	Rotebeka	D	FF	Minor	Yes	No	No
	Erromango	Ipota	D	PF	Minor	Yes	Yes	No
	Erromango	Port Narvin	D	PF	None	Yes	Yes	No
	Tanna	Green Hill	HC	PF	Major	No	Yes	No
Penama	Maewo	Naviso	D	NF	Destroyed	Yes	No	Yes
	Pentecost	Bwatnapne	D	PF	Major	No	Yes	Yes
	Pentecost	Enkul	D	FF	None	No	Yes	Yes
	Pentecost	Ledunsivi	HC	FF	Minor	No	Yes	Yes
	Pentecost	Melsisi	HC	FF	None	No	Yes	Yes
	Pentecost	Tsingbwege	D	FF	None	No	Yes	Yes
Malampa	Ambrym	Baiap	HC	FF	None	No	Yes	Yes
	Ambrym	Endu	D	PF	Minor	No	Yes	Yes
	Ambrym	Port Vato	D	PF	None	No	Yes	Yes
	Ambrym	Utas	HC	PF	Major	No	Yes	Yes
	Paama	Liro	HC	PF	Minor	Yes	No	No

2. Sanitation. The availability of adequate sanitation was assessed through the availability of toilets. Data was made available from 38 facilities. 33 facilities (87%) reported there were toilets available, however two of these were not functioning. The five health facilities without toilets report they were destroyed in the cyclone.

AVAILABILITY OF HEALTH SERVICES

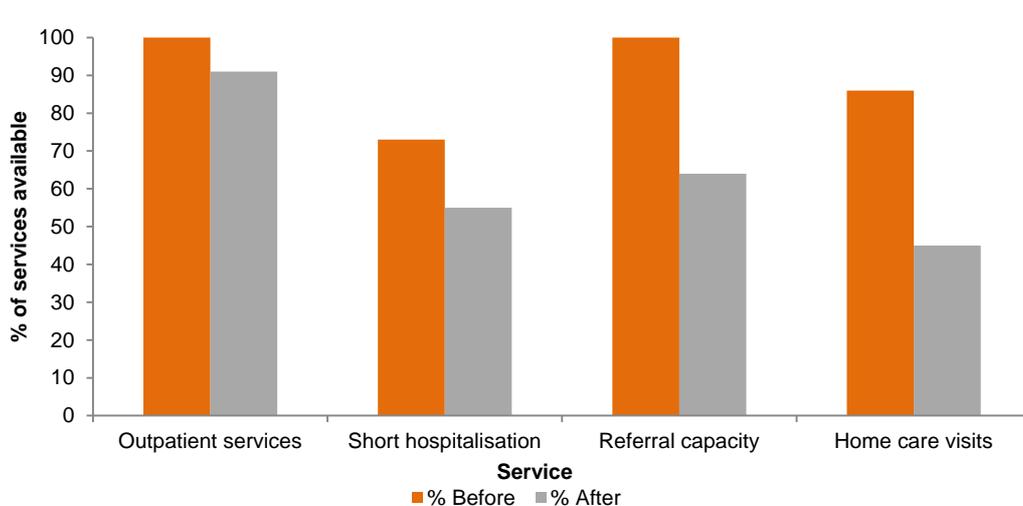
Multi-cluster assessments using the Health Resources Availability Mapping System (HeRAMS) tool were conducted on nine health centres and 13 dispensaries (22). The assessment was done across six areas of service: general clinical, child health, communicable diseases, STI, HIV/AIDS and sexual violence, maternal and newborn health, non-communicable disease and environmental health. There are between 3 and 7 services per each of these 6 areas, as detailed in the HeRAMS checklist adapted to the local health system. It is presented in the last part of the health sector multi-cluster form under Annex III.

Graph 2. Overall Health Services Availability at Health Centres and Dispensaries, pre and post-Cyclone



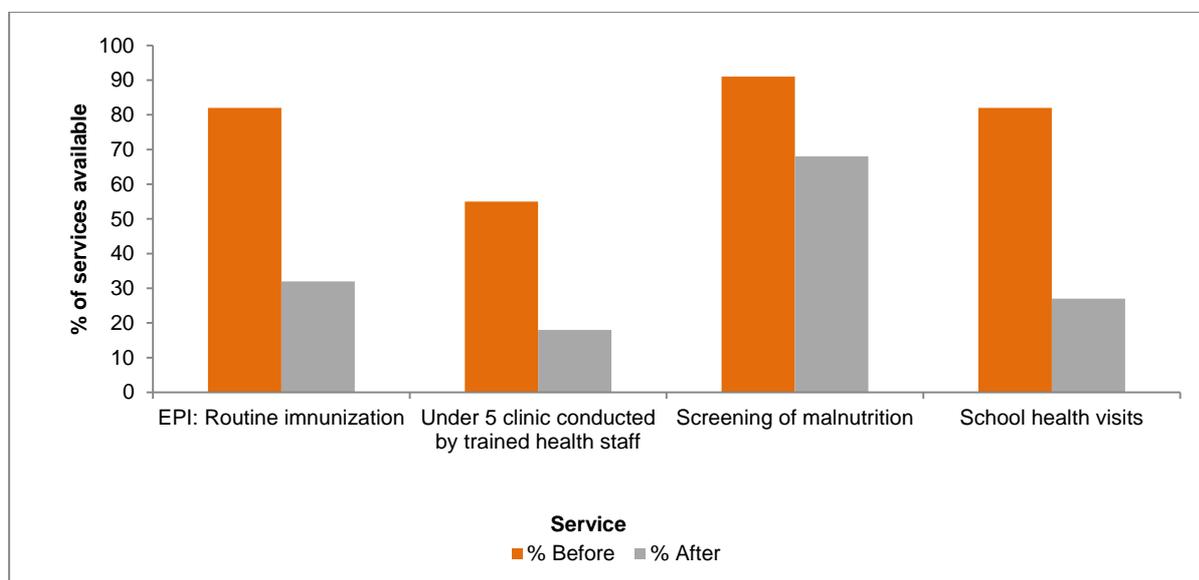
The **provision of services declined in all areas** following the cyclone. The greatest decline was in the provision of child health services, mainly due to the interruption of the immunization activities and school visits.

Graph 3. General Clinic Service Availability for Health Centres (9) and Dispensaries (13)



The largest decline in general service provision was in referral capacity where there was a 36% decline. This decline is a result of a lack of telecommunications, physical barriers to movement by road and interruptions in transport availability (Graph 3). Home care visits were impacted by the availability of health staff.

Graph 4. Child Health Services Availability for Health Centres (9) and Dispensaries (13)



The availability of routine immunization has been reduced due to damage to vaccine fridges and solar panels, lack of available vaccines, and a reduction in available staff (Graph 4).

Prior to the cyclone, 33 facilities had a functioning **cold chain**: hospitals (2), health centres (17), dispensaries (14) (Table 4). After the cyclone, 25 of these facilities have information on the availability of cold chain; eight facilities report that vaccine fridges are no longer working. Of the 17 facilities with functioning cold chain, one facility is totally destroyed despite the vaccine fridge still functioning and two facilities report that they have no vaccines in stock. Therefore of the 25 facilities where information is available, only 14 facilities in affected islands are able to provide routine immunization services.

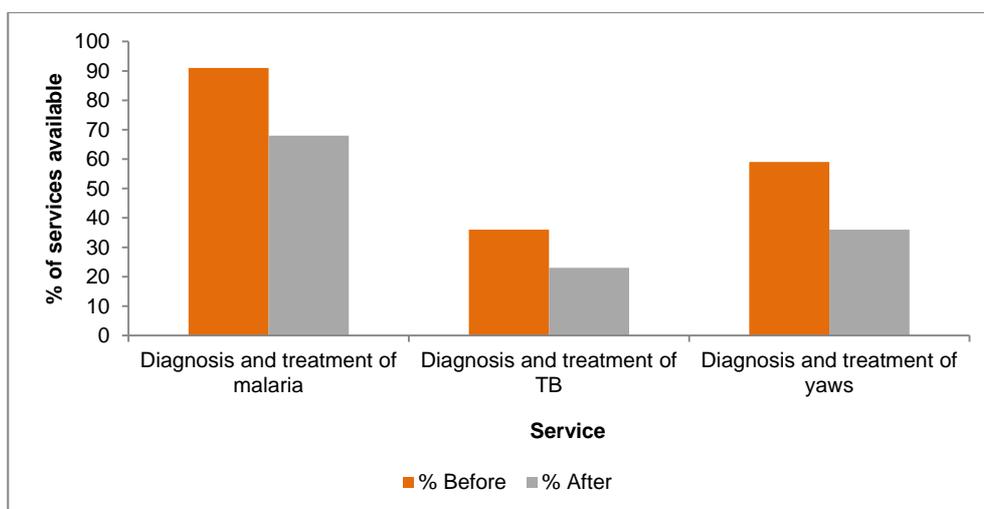
Table 4 Health Facilities (33) with Established Cold Chain Capacity

Province	Island	Name of Health facility	Health facility type	Operational status	Cold chain after	Vaccine stock
Shefa	Lelepa	Amauri	D	FF	ND	ND
	Epi	Burumba	D	FF	ND	ND
	Erakor	Erakor (Kalmer Takau)	D	FF	ND	ND
	Efate	Paunangisu	HC	PF	Yes	Yes
	Epi	Port Quimmie	D	PF	ND	ND
	Tongoa	Silimaui	HC	FF	Yes	Yes
	Nguna	Silmoli	D	PF	No	No
	Epi	Vaemali	HC	PF	ND	ND

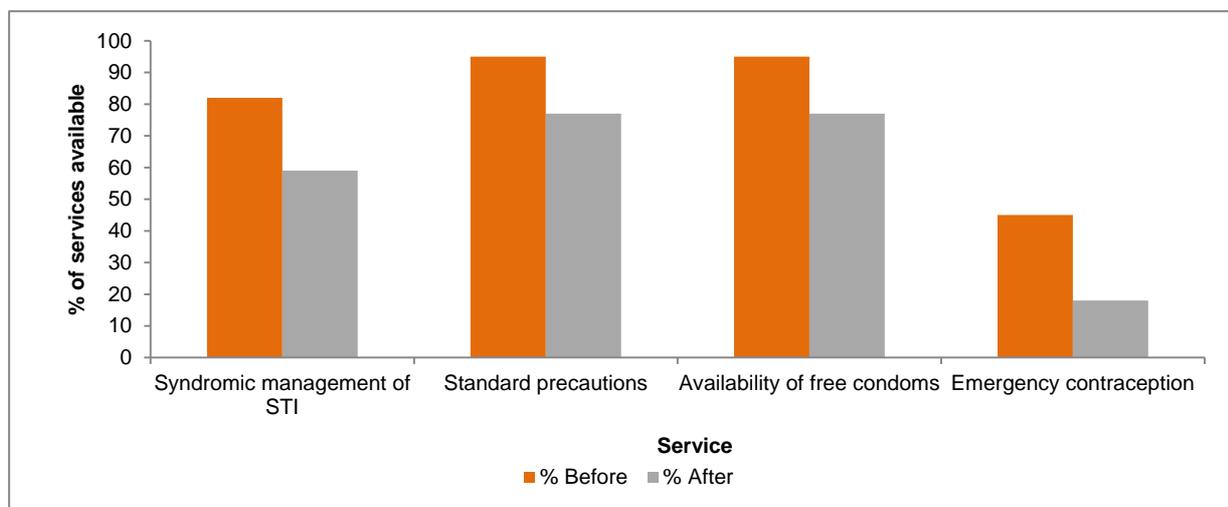
	Emae	Vaemauri	HC	PF	No	No
	Efate	Vila Central Hospital	Ref. H	FF	Yes	Yes
Tafea	Tanna	Green Hill	HC	PF	No	No
	Tanna	Ikiti	D	NF	Yes	Yes
	Tanna	Imaki	HC	PF	Yes	Yes
	Tanna	Kitow (Nagus Kasaru)	HC	NF	No	No
	Tanna	Lamlu (St Raphael)	D	FF	ND	ND
	Tanna	Lenakel	Prov. H	PF	Yes	Yes
	Tanna	Luonanen (louanhanen)	D	FF	ND	ND
	Tanna	Whitesands	HC	FF	Yes	Yes
	Aneityum	Yorien	D	PF	Yes	Yes
Penama	Pentecost	Abwantuntora (Mauna)	HC	FF	Yes	Yes
	Pentecost	Angoro	D	FF	No	No
	Pentecost	Aute	D	FF	Yes	Yes
	Pentecost	Bay Barrier	D	FF	Yes	No
	Maewo	Kerepei	HC	FF	No	No
	Pentecost	Ledunsivi	HC	FF	Yes	Yes
	Pentecost	Melsisi	HC	FF	Yes	No
	Pentecost	Namaram	D	FF	No	No
	Maewo	Nasawa	D	FF	Yes	Yes
	Pentecost	Pangi	HC	FF	Yes	Yes
Malampa	Ambrym	Baiap	HC	FF	Yes	Yes
	Paama	Liro	HC	PF	Yes	Yes
	Ambrym	Nebul	HC	FF	ND	ND
	Ambrym	Utas	HC	PF	No	No

*ND no data

Graph 5. Communicable Disease Services Availability for Health Centre (9) and Dispensaries (13)



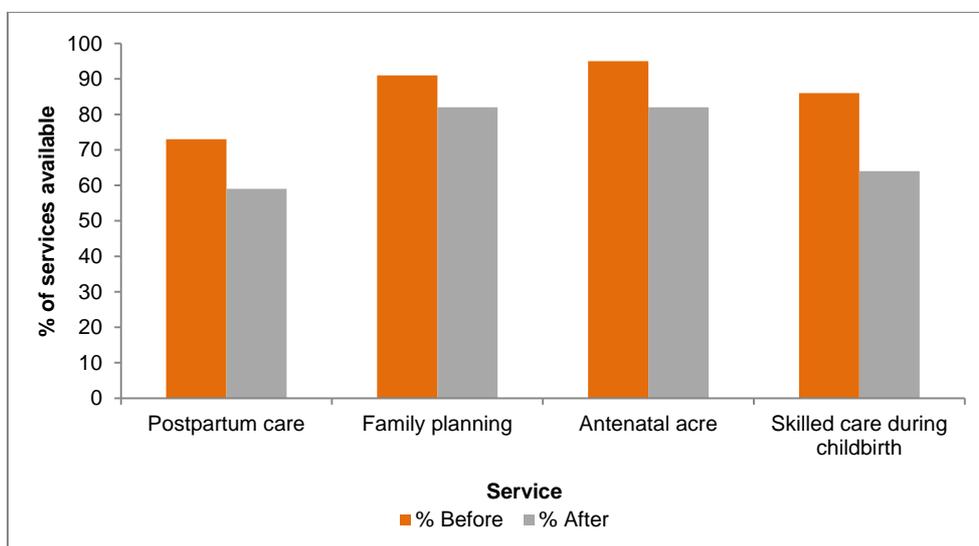
The treatment of selected **communicable diseases** has been reduced due to the unavailability of microscopy and rapid tests, and of essential medicines (Graph 5).



Graph 6. STI and sexual violence services availability for Health Centre (9) and Dispensaries (13)

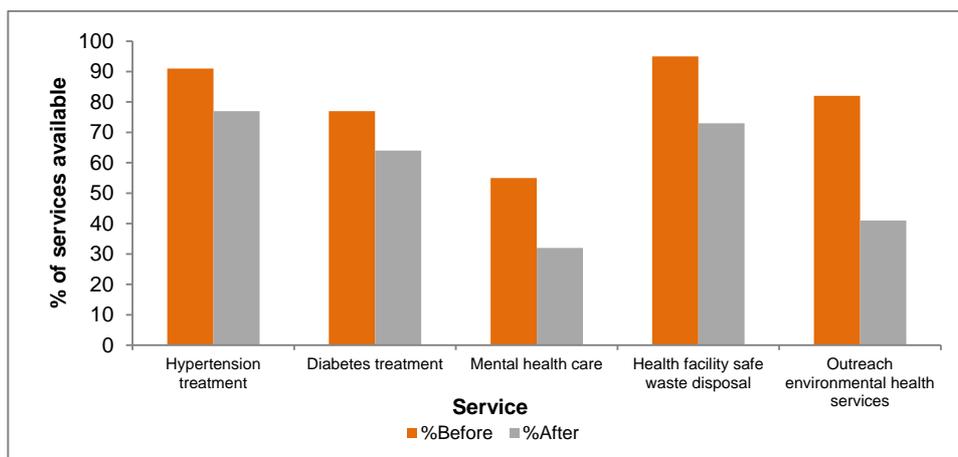
Sexual Transmissible Infections and sexual violence services have been disrupted due to damage to supplies, in particular stock out of essential drugs (Graph 6). The level of availability of services for sexual violence, such provision of emergency contraception, were extremely low well before the cyclone, highlighting an area that need special attention in the planning of the health sector recovery.

Graph 7. Newborn Child Health Services Availability for Health Centre (9) and Dispensaries (13)



Maternal and newborn care-related services had an overall moderate decrease after the cyclone, but the situation is still alarming in this area. Indeed, maternal and neonatal mortality has been high in Vanuatu compared to the other Pacific island countries. The attendance of deliveries by skilled birth attendants has to be improved particularly in the rural areas, as well the quality of care of these services. Priority attention will be needed in planning selected interventions in the health sector recovery phase.

Graph 8. Non Communicable Diseases and Environmental Health Services Availability for Health Centre (9) and Dispensaries (13)



While the availability of treatment of chronic conditions shows a moderate reduction, it shows a marked reduction for mental health, where the pre-cyclone level was already low. The need to provide care for mental disorders at primary care will need to be addressed possibly starting during the recovery phase.

The outreach of environmental health services is coherent with the other reduction of outreach services in the school health and home visits, as highlighted in the previous paragraph, and it is related to the increased workload for curative services at the health facilities. The resumption of community based public health intervention is a priority to be addressed in the next phase.

D. EDUCATION

KEY FINDINGS

1. 88 facilities, 32% of those assessed, were found to be completely destroyed.
2. The three most immediate priorities identified by key informants at the assessed schools are (1) repairing damaged facilities (64%), (2) ensuring the safety of students and teachers (46%), and (3) establishing Temporary Learning Spaces (45%).
3. Schools in Shefa and Tafea Provinces have the largest numbers of totally and partially damaged facilities. They also report the largest drop in access to toilets at education facilities - only 9% of schools toilets function in assessed schools in Shefa and 12% in Tafea.
4. Of the assessed schools, 17 reported the need for support in the provision of food to their students. responded to having feeding program in schools.
5. All assessed schools reported a need for basic WASH kits.

KEY PRIORITIES

1. Provide assistance in repairing damaged school facilities.
2. Provide teaching and learning resources to damaged schools.
3. Distribute basic WASH kits to affected schools.
4. Address the need for safe drinking water at affected schools.
5. Address the inability to pay school fees of some of the affected people.
6. Provide food for students at boarding schools.

OVERVIEW

Many School Heads, teachers, and Zone Curriculum Advisors (ZCAs) expressed their concern regarding school infrastructures. A total of 209 schools have been assessed in all selected assessment sites including Early Child Care Education (ECCE) facilities, Primary Schools, Secondary Schools and a few Rural Training Centres (RTCs). From the assessment data, 584 students enrolled in the assessed schools have been affected by TC Pam, however the real numbers are expected to exceed the above figure as, due to limited time spent on ground during the assessment, most of the enrolment figures were not completed.

SCHOOL FACILITIES

A total of 179 schools out of the 209 assessed schools have been asked on the level of damage on their school facilities and such information can be viewed below in chart 1. Chart 2 shows the Overall percentage, seeing 32% of the school facilities have been totally destroyed, 38% have been damaged but can be repaired such as re-roofing, and repairing rain water tanks etc. 16% suffered minor or limited damage that can be easily repaired and 14% with no damage at all.

Chart 1: School Facility Assessment by Level of Damage

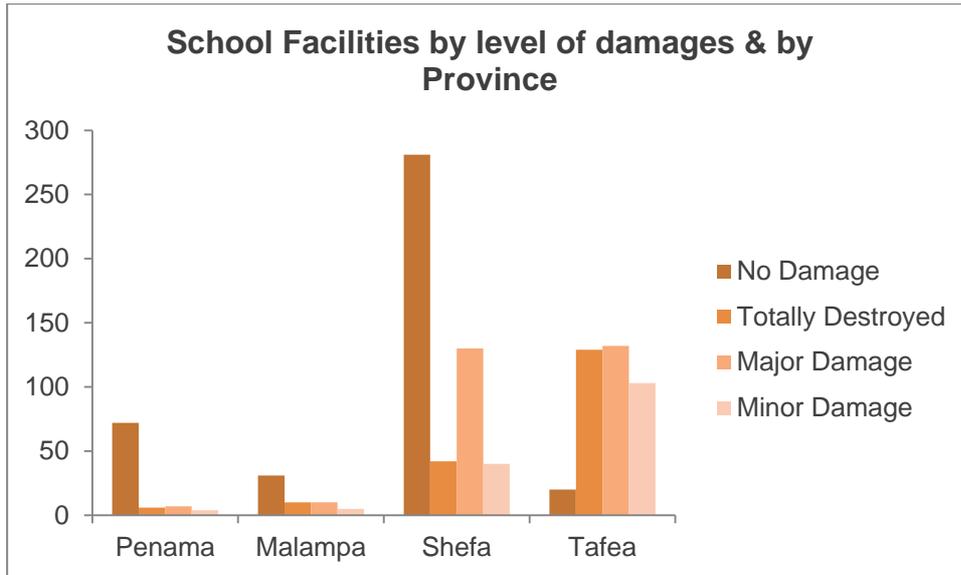
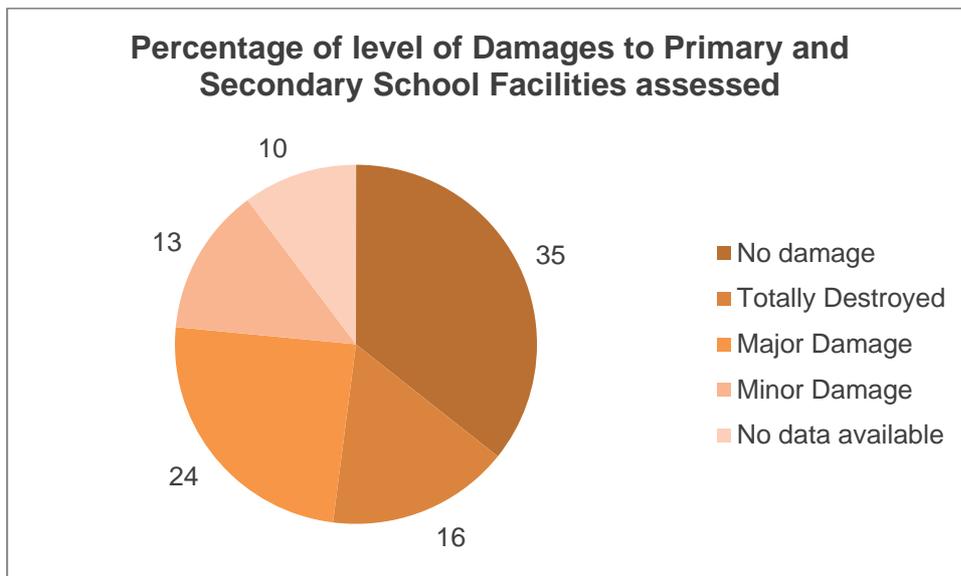


Chart 2: Percentage in total of all School Facilities by Level of Damages



Percentage of total destruction of primary/secondary schools and kindergartens:

primary/secondary schools	187	46%
kindergartens	218	54%

OTHER NEEDS AREAS IN EDUCATION

The Education in-depth assessment also evaluated WASH needs, access to safe drinking water, availability of learning and teaching resources and other essential needs in schools.

One of the questions asked during the assessment was the type of support that was most essential for schools or any learning centres after the cyclones. Schools were also asked to list their top three

priorities. The assessment data was sourced from 173 schools that provided a response to this part of the assessment form. 36 assessed schools did not provide or complete this part of the form.

Table 1 shows other essential needs are indicated such as providing school materials, teaching & learning materials, psychosocial support and school feeding programs for schools both including primary and secondary boarding schools.

Table 1: Most Essential Needs for Damaged Schools or Learning Centres

Province	Repairing damaged Facilities	Establishing TLS	Safety of Students and Teachers	Providing school materials	Providing teaching materials	Providing PSS	School Feeding (rations)	Recruiting teachers	Other	None
Torba	2	0	0	2	2	0	0	0	0	1
Penama	23	14	18	14	11	3	1	1	4	11
Malampa	25	12	15	16	16	6	6	1	0	2
Shefa	17	16	14	13	11	7	7	2	0	4
Tafea	21	19	16	15	17	2	3	2	2	3
Total	88	61	63	60	57	18	17	6	6	21

The most essential needs, as indicated by most damaged schools, were found to be the following: repairing the damaged facilities, ensuring safety of learners and teachers and establishing safe temporary learning spaces (TLS) for all children. (See Table 2)

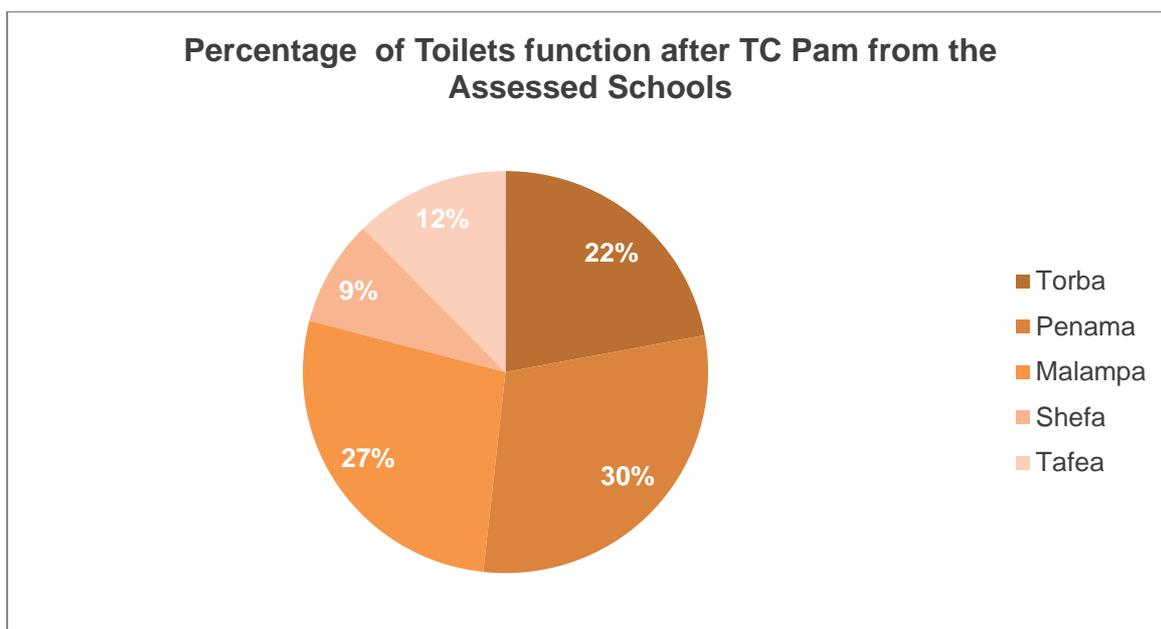
Table 2: Three Most Essential Needs for damaged schools.

Province	1. Repairing damaged Facilities	2. Safety of Students and Teachers	3. Establishing TLS
Torba	2	0	0
Penama	23	18	14
Malampa	25	15	12
Shefa	17	14	16
Tafea	21	16	19
Total	88	63	61

WATER, SANITATION AND HYGIENE

From the assessment data, there is a need for the Education to work with schools and partners in providing assistance in establishing proper and standardized toilets in schools. 173 schools have responded to this section of the form and before the cyclone there are a total of 165 toilets for boys and 155 for girls. After the TC Pam, the figure decreased to a total of 96 toilets functioning for boys and 90 toilets for girls. 19 schools especially ECCE have indicated provided shared toilets for both boys and girls.

Chart 3: Percentage of Toilets functioning after the TC Pam, data captured from the assessment form.



Out of the 173 schools that have responded to the WASH need section; however the data captured only indicated in summary and note form that the schools need basic hygiene kits. Most schools have suffered minor damages to their rain water tanks and few schools that have indicated water not safe to drink. However there are a lot of schools still are without connection to water supply and are depending on rain water catchment, water from streams.

E. GENDER AND PROTECTION

KEY FINDINGS

1. Displacement continues to be a concern.
2. Communication with affected communities has been a significant gap in the response so far.
3. Physical security for the affected population is inadequate.
4. Insufficient attention given to housing, land and property issues including the impact of the cyclone on landless tenants, as well as the challenges faced in replacement of vital civil documentation.
5. Reporting mechanisms and support services for survivors of gender based violence or child abuse are inadequate.
6. Targeted assistance is needed for persons living with disabilities, female headed households and older persons.

KEY PRIORITIES

1. Protection mainstreaming across all clusters to promote meaningful and impartial access, safety and dignity in the response.
2. Protection Monitoring and displacement tracking.
3. Communication with affected communities.
4. Improved services for survivors of gender-based violence (GBV) and child abuse.

VULNERABILITY

KEY FINDINGS

1. Detailed sex, age and vulnerability status disaggregated data is needed

KEY PRIORITIES

1. Collection of sex, age and vulnerability data across affected areas

OVERVIEW

In the 73 communities surveyed during the assessment, 3,202 individuals were found to fall within the identified vulnerable group categories, as outlined in the table below.

Vulnerable groups	# Individuals
Pregnant women	387
Pregnant women who are soon ready to give birth	191
Persons who have difficulty seeing	298
Persons who have difficulty hearing	187

Persons who have difficulty walking	114
Persons who have difficulty thinking or concentrating	72
Persons who have difficulty communicating or being understood	55
Persons with chronic diseases / serious medical conditions	104
Older persons	571
Breastfeeding mothers	604
Single-female headed HHs	411
Single-male headed HHs	208
Total	3,202

Table 1: Vulnerable groups as found by DTM in 73 communities covered

The percentage of vulnerable individuals out of the total number of individuals was found to be greatest in Maewo (18%), Epi (17%), and Tanna (14%) islands

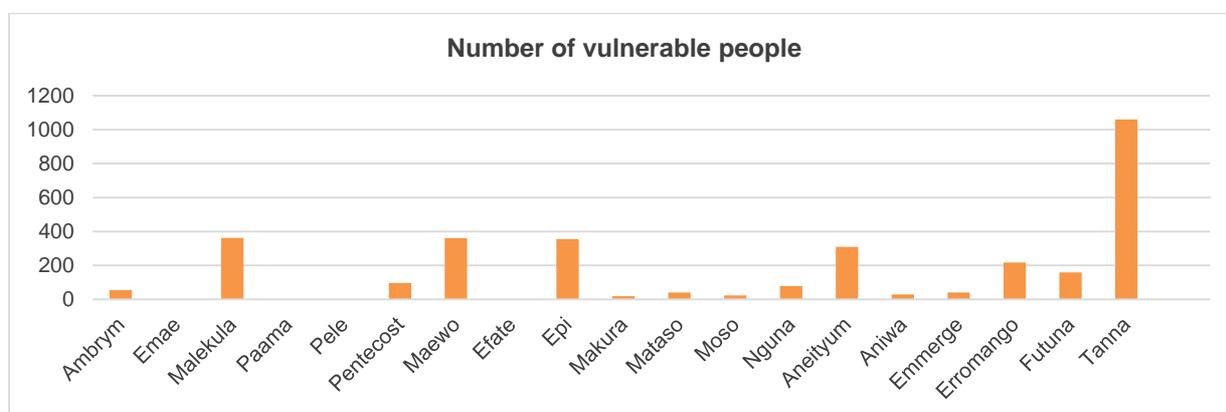


Figure 1: Number and percentage of vulnerable individuals by island and province

Province	Island	Total # HHs	Total # individuals	Total # vulnerable individuals	% Vulnerable Groups / Total individuals*
Malampa	Ambrym	1111	3504	54	1%
	Emae			0	0%
	Malekula	498	1784	362	6%
	Paama		665	0	0%
	Pele			0	0%
Penama	Pentecost	1637	6807	96	2%
	Maewo	409	1098	361	18%
Shefa	Efate	179		0	0%
	Epi	696	1917	355	17%
	Makura			19	1%
	Mataso	116		40	2%
	Moso	110	119	23	1%
	Nguna	110		78	4%

Tafea	Aneityum		1315	309	4%
	Aniwa	33	203	29	0%
	Emmerge	45	180	40	1%
	Erromango	284	1214	217	3%
	Futuna	57	893	159	2%
	Tanna	976	3735	1060	14%
Grand Total		6261	23434	3202	14%

Total number HHs and IDPs not captured for all communities assessed

DISPLACEMENT

KEY FINDINGS

1. Displacement remains a concern with persons temporarily residing in ad hoc evacuation centres, informal evacuation centres host family/community and informal settlements, thereby placing women, children and other vulnerable persons at heightened risk

KEY PRIORITIES

1. IOM to roll out Displacement Tracking Matrix (DTM) across Vanuatu
2. Protection Monitoring of safety and security of persons in evacuation centres (formal and informal)

OVERVIEW

Displacement is fluid with most IDPs engaged in return and reconstruction planning. Intentions towards relocation are not known. The number of people still displaced as a result of TC Pam is unconfirmed due to the limited access to affected areas and the challenged associated with tracking people who are temporarily residing with host families. People internally displaced by TC Pam (IDPs) are seeking temporary accommodation in a variety of contexts including:

- While formal **Evacuation Centres (ECs)** have mostly closed, a significant number of *ad hoc* or informal sites remain open. In Tanna Island, a large number (to be confirmed) of such centres are primarily located in schools. The downward trend of the numbers people in ECs continues as communities rebuild. However, protection concerns associated with displacement of this nature have been outlined throughout the protection assessment. In the ECs visited in Tanna, some were housing up to 19 households (HH) in one EC. Another EC reported 30 HH. Some of the persons staying in the ECs are the teachers from the destroyed schools.

Confirmed/unconfirmed	Status	Total
Confirmed	Open	13
Unconfirmed	Open	12
Total	Total	28

Table 2: Ad hoc Evacuation Centres open in Tanna

- In the majority of rural communities where persons were still displaced, and particularly in Shefa and Tafea Provinces, they were primarily staying with **extended family or community members** (“informal ECs”). These contexts often pose the greatest protection concerns, including the

projected increase in family violence, the reality that most perpetrators of GBV and child abuse are trusted members of family/community, the overcrowded living conditions and inadequate privacy within informal ECs, limited resources, discrimination, increased stress levels, and barriers to monitoring these private domains.

- In Port Vila, the IDP working group identified **temporary or informal settlements** where displaced people from other areas resided in poor conditions. In some cases, male community members had returned to the islands to rebuild therefore creating a temporary increase in female-headed households (FHH). The inherent risks for FHH are compounded by the low socio-economic status of these settlements, the increase in crime and the access to illegal substances documented in these communities. Overcrowded living conditions and limited WASH facilities raise additional red flags for the safety and wellbeing of these people.

COMMUNICATION WITH AFFECTED COMMUNITIES

KEY FINDINGS

1. Communication with affected communities is a significant gap in the humanitarian response to date. Affected communities are not informed of humanitarian assistance plans thereby preventing communities from making informed decisions related to self-recovery
2. Consultation with and participation of affected communities must be strengthened throughout response and recovery phases

KEY PRIORITIES

1. Accurate and timely information dissemination to affected populations on plans, processes and timelines that affect their lives (in formats accessible to all affected including the most vulnerable, illiterate, children) so that they can make informed choices
2. Support to avenues for meaningful participation of affected communities (including vulnerable persons) to ensure affected population play an active role in all stages of response and recovery

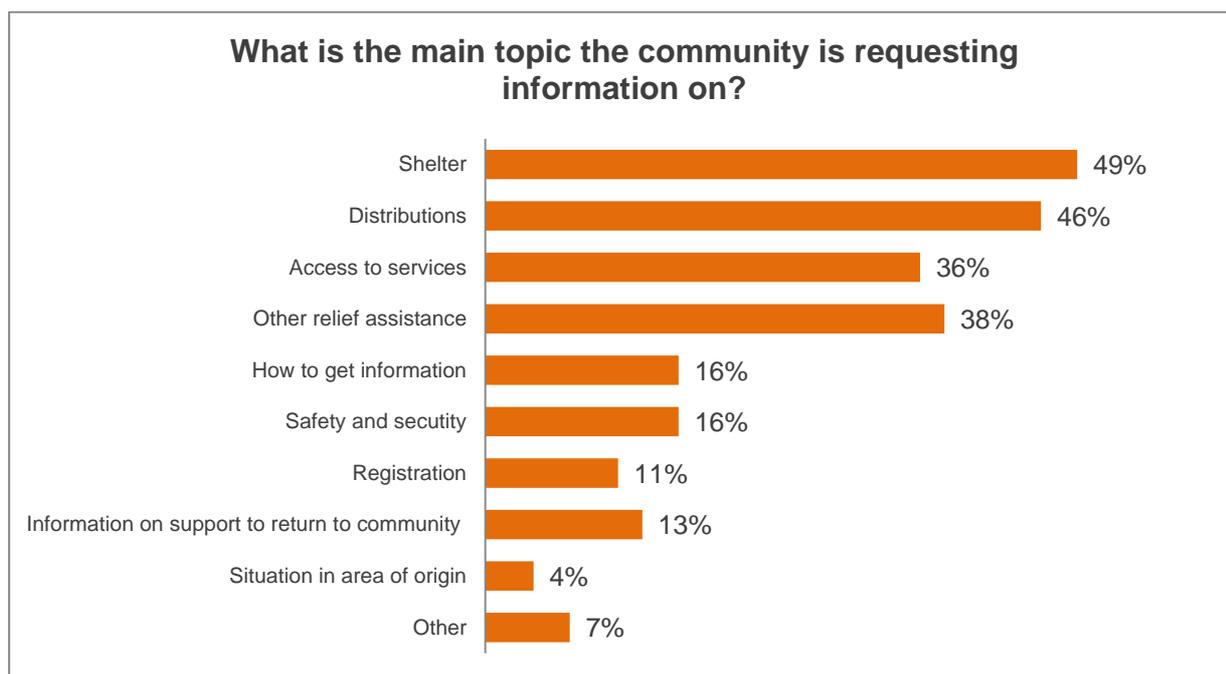
OVERVIEW

Lack of information was consistently reported as a grievance by all respondents in all assessment locations. Distributions often came a surprise to communities which were expected to mobilise at short notice, increasing the likelihood of certain community members – usually those most vulnerable - being left out of the process.

- In Tanna, Ambrym, Pentecost, Futuna, Erromango, Paama, Aneityum and Epi, all communities reported that there was little to no information on available humanitarian assistance, including timeframes or items to be included in distributions, the plans for shelter or other assistance, or any of the discussions or planning that was underway at national level.
- In Tanna, Pentecost, Futuna, Erromango and Epi, it was reported that distributions were being allocated unfairly and
- In Epi, Aneityum, Futuna and Tanna, respondents noted that there had been disputes over distributions already.

This was not specifically addressed in the assessment questionnaire but was raised by community members as a concern; therefore it does not exclude the possibility that similar concerns are felt by community members in other locations. Initial scoping missions across affected communities in and

around Port Vila corroborate these findings. The top three topics the communities are requesting information on include shelter (49%), distribution (46%) and other relief assistance (38%).



PHYSICAL SECURITY FOR AFFECTED PEOPLE

KEY FINDINGS

1. Increased crime (including family violence) was evident in a number of communities and women and children are at increased risk accessing water and food

KEY PRIORITIES

1. Protection Monitoring to gather regular and timely information on safety and security concerns for displaced persons and host families

OVERVIEW

There is **no dedicated police presence** in almost all of the affected communities and no female police officers. Crime, conflict and disputes are primarily dealt with by the Chief of the village. Sample scoping missions in the outer areas of Port Vila corroborated these findings. Additional surge support during the response and early recovery phases may be necessary in affected areas, as:

- Respondents in Tanna, Pentecost and Epi reported increase in conflicts (for example over existing resources) and in Erromango, Futuna and Ambyrm community tensions and responses by communities flagged the likelihood of conflicts in the near future.
- Increase in crime such as stealing/looting was reported in Epi, Aneityum, Erromango and an increase in child crime was noted in all assessment locations.

- At least two assessed locations reported people had been killed by violence since the cyclone, three reported violent injuries and two - physical abuse.

The assessment did not specifically identify instances of **abuse in the context of displacement** because enumerators were trained to discourage disclosure of such sensitive cases. However, the security risks for women and children in crowded conditions are well known and there is currently no monitoring for the safety and security of persons living in informal evacuation centres. Respondents in most rural communities in Tanna, Ambrym, Pentecost, Maewo, Futuna, Erromango, Paama, Malaluka, Merelava and Epi all highlighted that there was nowhere for women or children to report violence except to the chief and in a number of focus groups, women said that women and children did not feel safe.

Distance to travel to access basic needs such as water pose notable security and safety issues. Water sources were significant distances from the village in some locations. There is no lighting and no security presence in these locations therefore placing women and children at heightened risk. Half of respondents in initial assessments stated that children and women do not feel safe collecting food and water. In Tanna, Ambrym, Pentecost, Futuna, Erromango, Paama, Aneityum, Merelava and Epi, respondents noted that latrine and bathing facilities were increasingly unsafe for women, children and persons living with disabilities. Many of these facilities were destroyed during the cyclone, therefore, large numbers of people are forced to share. Five locations reported evacuations that separated families from vulnerable individuals such as women, children, and people living with disabilities (PLWD) or older persons. Five locations reported that vulnerable persons had been left unattended at medical centres.

HOUSING, LAND AND PROPERTY ISSUES

KEY FINDINGS

1. Land related issues such as encroachment, land disputes and impacts for landless persons were highlighted as current and emerging concerns
2. Replacement of civil documentation is urgently needed

KEY PRIORITIES

1. Undertake lands needs assessment and implement measures to address land related issues
2. Advocate for waiver of fees for the replacement of civil documentation together with information campaign on the processes for replacement, ensuring procedures are accessible to widows, female headed households, older persons, illiterate, landless persons and persons with disabilities

OVERVIEW

Whilst no specific Land assessment was undertaken, the Gender and Protection Cluster received a number of anecdotal indications that the potential for **land disputes** is high in some communities. Other issues which were noted as potentially contentious in the coming months include the likelihood that people will opt to return to community land from urban dwellings and reclaim previously “owned” land. As there are no titles to land in the communities, there are likely to be conflicts over land and resources. Salt water from the cyclone has made some of the land infertile and therefore encroachment is likely. A number of people will need to relocate because of landslides and the process for allocation is unclear. Respondents indicated that the chief was responsible for allocation of plots in the village, however, measures need to be in place to ensure that this is fairly distributed accounting for the needs of

vulnerable and marginalised groups. Notably, four (4) locations reported that people have been forced to leave their homes.

The **replacement of personal documentation** will be a prerequisite for effective response and recovery. Assessments revealed that most people have lost their civil documentation during the cyclone. Birth certificates, marriage certificates, school and work records, as well as other essential items to enable a return to normal life have been lost. Respondents expressed that they did not know how to have these replaced and, those that did, were unable to afford it. The concerns related to replacement of civil documentation was noted by respondents in Tanna, Ambrym, Pentecost, Maewo, Futuna, Erromango, Paama, Malakula, Aneityum, Merelava and Epi.

CHILD PROTECTION

KEY FINDINGS

1. There are no child-friendly reporting avenues for children experiencing abuse and inadequate support services to respond to cases of child abuse.

KEY PRIORITIES

1. Improved services for children experiencing abuse including child-friendly reporting mechanisms and support services

OVERVIEW

Although child protection was not identified as a priority concern within the assessment findings, it must be considered in all phases of the humanitarian response and recovery. Only one case of a separated child was identified. Communities demonstrated remarkable capacities to ensure the safety of children during evacuations. The following child protection issues were raised:

- 90% of the locations identified children exposed to hazards either in their recreational space or on route to school;
- Three (3) communities reported cases of child abuse. Existing systems are insufficient to protect against child abuse with no identified child-friendly reporting mechanisms and no known child-friendly procedures to respond to incidents of child abuse. In one location⁵ it was specifically observed that children/women show signs of abuse;
- Almost all communities noted an increase in petty crime by children since TC Pam, which is a common manifestation of psychological distress. In one location it was also noted that there was an increase in drug use by adolescents;
- Children will be required to miss school to assist with the replanting of crops, because in many communities crops are exchanged as a means of paying school fees.

⁵ As it is likely to have been present in more than one location, the assessment team has chosen not to identify the location in the present report

GENDER-BASED VIOLENCE

KEY FINDINGS

1. In the majority of surveyed communities, women who experience GBV have no avenues to report or to access necessary support services, including for healthcare, police, counselling and transitional shelter

KEY PRIORITIES

1. Strengthening of avenues for accessing comprehensive multi-sectoral service for GBV survivors in affected communities.

OVERVIEW

Vanuatu has extremely high pre-existing rates of violence against women. Around 60% of currently or previously married women had experienced physical and/or sexual violence, and around 69% had experienced emotional violence and/or coercive control. Women in Vanuatu also experience high rates of violence committed by people other than intimate partners – around 48% have experienced physical or sexual violence committed by someone other than a husband or partner. Non-partner physical abuse is reported by roughly 28% of women, and is largely committed by male family members. 33% of women have experienced non-partner sexual abuse, largely committed by boyfriends or male family members.

Assessment findings confirm that the majority of women in sites surveyed have minimal or no access to any formal services for the comprehensive treatment of physical and/or sexual violence. In all but one of the islands surveyed and in the clear majority of communities (not disaggregated to community level), it was noted that women and children have nowhere to report violence or abuse other than the chief of their community. Chiefs, when interviewed, displayed a strong inclination towards reconciling family units and maintaining community cohesiveness, as opposed to assisting women to find safe and secure avenues for support. Where previous cases had involved police, it was largely in cases of child rape, and then only as a last resort (with community cohesiveness frequently cited as a reason not to involve police in any cases of violence). Although chiefs and other authority figures clearly viewed response to violence as their responsibility, and there was widespread acknowledgement that intervention is necessary in cases of violence, the immediate and ongoing needs of the victim were not prioritised in situations where a response was initiated.

Where Committees Against Violence Against Women (KAVAWs) existed in communities, they were both trusted and viewed as a functional avenue for women to report violence or seek assistance. However they are not present in the majority of communities, were not generally understood to respond to child abuse, and were not in a position to refer to the necessary formal services in the majority of cases.

Surveyed communities also featured inadequate access to healthcare staff able to appropriately manage cases of physical and/or sexual violence. Health Cluster assessments identify a stark drop in access to emergency contraception, available in 45% of surveyed health facilities prior to the cyclone, but only 18% after the disaster. Additionally, Gender and Protection Cluster assessment identified that rape/PEP kits were not available in any of the surveyed communities. This is unsurprising given the previously acknowledged deficits in Vanuatu's healthcare systems, but is likely to have a heavier impact on women in cyclone affected communities, given the likely increase in GBV following the disaster. The majority of communities were reliant on aid posts or village health workers rather than formal healthcare services – these staff are not trained or appropriately resourced to recognise or respond to physical or

sexual violence, and have minimal understanding of multi-sectoral referral protocols. Where formal health clinics exist, nurses were noted as more likely to safely and confidentially refer to police and counselling services. However, many communities are not within accessible distance of by formal health services, and even where they are and the health workers are able and willing to refer to additional services, there is often then a prohibitively long (more than 5 hours walk in some cases) distance to access police and other services.

FEMALE-HEADED HOUSEHOLDS

KEY FINDINGS

1. Female Headed Households were consistently identified in surveyed communities as the most heavily impacted cohort, in terms of safety, security, and access to humanitarian assistance.

KEY PRIORITIES

2. Targeted action to identify female headed households and support their equitable access to humanitarian assistance.

OVERVIEW

In the 73 communities covered by the IOM DTM, 411 persons were identified as female heads of household, with the highest concentrations on Tanna (218 households), Epi (38 households). Findings consistently identified female-headed households (FHH) as the most vulnerable group in terms of safety, security, accessibility for distributions and general impacts of the cyclone. Cumulative vulnerability was also consistently noted in cases where FHH are elderly, PLWD, or experiencing displacement. Female heads of household are particularly noted as unable to access distributions of food, water and NFIs, and as experiencing additional hardship due to ad hoc shelter arrangements.

As with other vulnerable groups, communities at large reported that they were collectively looking after the needs of FHH, however once FHH themselves were interviewed, it became clear that these *ad hoc* systems were not fully functional. FHH were particularly reported as relying heavily on community and extended family assistance for shelter reconstruction – this assistance was not consistently available. In any case, even where ad hoc community mechanisms are currently functional, there is a risk they will break down as the community transitions into recovery.

PREGNANT AND LACTATING WOMEN

KEY FINDINGS

1. Pregnant and lactating women are at risk of negative health impacts as a result of dietary deficiencies

KEY PRIORITIES

1. Food security interventions targeted to the specific needs of pregnant and lactating women.

OVERVIEW

The majority of surveyed communities reported problems in accessing foods suitable for pregnant and lactating women, and predicted health problems into the future for these groups, given the destruction of food gardens. In particular, pregnant and lactating women were concerned about the potential health impacts of the lack of green vegetables in their diets, and the implications for foetal and child health. The highest concentrations of lactating women was located on Maewo (67 individuals) and Moso Island (8% of total respondents).

PERSONS LIVING WITH DISABILITIES

KEY FINDINGS

1. Assessments revealed Assessments revealed that in the majority of surveyed communities PLWD are not able to access water, toilet and bathing facilities and many reported unfair allocation of distributions of PLWD

KEY PRIORITIES

1. Prioritisation of PLWD in reconstruction efforts and specific measures for distributions including household drops where PLWD are identified in communities

OVERVIEW

In a number of observations, PLWD were not visible within the community, although they were acknowledged as part of the communities when discussed in relation to evacuations. The conspicuous absence of PLWD may be a result of cultural stigmas associated with PLWD, but also indicates that targeted assistance is needed including, for example, replacement of mobility devices, visual and hearing aids, and PSS support. All but one of the locations indicated that toilets were not accessible for persons living with disabilities. Similarly, bathing facilities were not accessible for PLWD in all but two locations visited. In Tanna and Pentecost, five focus groups specifically noted that WASH facilities are not safe/accessible for PLWD. Similarly, in Ambrym, Pentecost, Erromango, Futuna, Paama, Malakula, Aneityum, Epi and Merelava respondents noted that WASH facilities were not safe/accessible for PLWD.

Additionally, in many communities, PLWD reported unequal or unfairly allocated distributions, despite the reported existence of support measure via extended families and communities. In Tanna it was noted that material assistance is needed for PLWD including replacement of mobility devices, visual and hearing aids. In many communities, these devices were not common prior to TC Pam, however, given the increased burden on caregivers, the barriers to accessing essential services and the overcrowded living conditions, provision of targeted assistance for these items is increasingly important.

Disabilities in assessment locations	Number
Persons who have difficulty seeing	211
Persons who have difficulty hearing	125
Persons who have difficulty walking	87

Persons who have difficulty thinking or concentrating	44
Persons who have difficulty communicating or being understood	34

OLDER PERSONS

KEY FINDINGS

1. Community mechanisms are in place for older persons, however, there is an increased reliance on family members. This reliance has psychological impacts for older persons and is a burden on caregivers

KEY PRIORITIES

1. Targeted assistance and outreach for older persons in affected communities

OVERVIEW

Older persons represented the highest percentage of vulnerable groups in Maewo (56), Epi (90), Tanna (134) and Moso (5%) islands. Assessment results did not reveal specific findings on the effects of the cyclone on older persons; however, concerns for this group were raised in a number of FGDs. Some included the psychosocial impact for many older persons who are temporarily living with their children. It was noted that it was considered culturally inappropriate for them to live with children for extended periods of time, and that this was having negative impacts on the dignity and psychosocial well-being of older persons in this position.

The distance to medical/health facilities was raised consistently as a challenge for rural communities, this will disproportionately affect older persons and persons with chronic illness. More information is needed to understand the full effect of the disaster on older persons in this context, suffice to say that anecdotal evidence suggests that they should be prioritised in efforts to restore independence.

MAINSTREAMING

KEY FINDINGS

1. Protection mainstreaming is a critical need as vulnerable groups are not receiving equal access to humanitarian assistance and risks to the safety and dignity of vulnerable groups

KEY PRIORITIES

1. Protection to be mainstreamed in all humanitarian response interventions

OVERVIEW

Assessment findings consistently highlighted that protection mainstreaming is a significant gap in the humanitarian response to date. Some examples of mainstreaming priorities emerging from assessments include:

- **Distributions:** Assessments found that distributions are not consistently and equitably reaching affected populations. Depending on the community structures and the distance to the Area Secretary, some vulnerable members of the community were either not receiving their rations or were receiving unequal portions. This is particularly the case where PLWD, older persons and female headed households who rely on family members to collect their distributions for them. Distributions so far have not been targeted to communities/individuals with greatest need
- **WASH:** In many communities the water sources is a significant distance from the community, therefore making access difficult for PLWD and older persons. Women and children reported that they did not feel safe collecting water.
- The number of persons sharing bathing and latrine facilities poses safety risks for women and children, particularly as there are few latrines with locks and no lighting. Facilities were also reported to be inaccessible for PLWD
- **Shelter:** Most locations highlighted the need to prioritise shelter assistance for Female Headed Households. Other priorities were older persons and PLWD who will rely on families to support their reconstruction
- **Education:** Many households are unable to afford school fees in the coming months which not only jeopardises the return to normalcy for children (critical for psychosocial well-being) but has indirect impacts on increased child labour and other negative coping strategies (such as crime and drug use).
- **Health:** The distance to health facilities was reported as a problem in a number of communities on both rounds of assessments, particularly for pregnant and lactating women (in one community it was 5 hours walk). Also see abovementioned findings related to pregnant and lactating women and GBV

Assessments revealed an urgent need to mainstream protection in the response and recovery phases including: distribution monitoring, development of vulnerability criteria for targeted assistance and establishment feedback mechanisms in communities.

F. EARLY RECOVERY, AGRICULTURE AND LIVELIHOODS

In coordination with government, UNDP sent a team of 17 assessors to the 4 provinces, mainly from UNDP and other UN agencies, and in total 59% females and 41% males. A total of 1273 people were consulted in the field, of these 55% were women and 45% men. Respondents comprised a mix of professions, including chiefs, provincial officials, health workers, teachers, and many households.

From the field visits, it is clear that the Cyclone Pam has very negatively and heavily affected the livelihoods of people, thus severely limiting their capacities to generate income for their household for the next few months. Community infrastructure was also extensively damaged and destroyed, disrupting daily life and requiring extra expenditures to repair or replace, at a time when incomes have been lost. Damages and losses are comparatively more apparent and extensive in Tafea and Shefa provinces. In Tafea and Shefa, field observations showed an estimated 95% of income sources interrupted by the cyclone, while in Penama and Malampa an estimated 75% of income sources had ceased.

A different set of detailed assessments currently under analysis by the Food Security and Agriculture Cluster (FSAC) shows that food availability, accessibility and sources of livelihood remains significantly affected, particularly for the priority one areas including the islands of Tanna, Erromango, North Efate, Shepherd, Pentecost and Epi.

Data from FSAC assessments shows that damage to agriculture has been extensive. As much as 75% of coconut, 80% of coffee, 80% of leaf vegetables, 70% of taro and 65% of was assessed as damaged will not recover in the priority one areas. Agricultural equipment and assets worth over VT 34,500,00 were damaged or destroyed. Pigs (69%), poultry (26%), fishing equipment (and bee hives (5%) were all significantly affected and this has a negative impact on the availability of protein for households.

Women are somewhat more affected than men, given their higher poverty levels and their disproportionate share of family care work in Vanuatu, Both of these pre-existing factors were aggravated by the cyclone impacts on income, and also increase in unpaid work and family care requirements.

LIVELIHOODS

KEY FINDINGS

1. Men and women showed significant differences in usual livelihoods, and men's usual livelihoods were more profitable in general
2. Usual livelihoods for men in these locations include: fishing (tuna, marlin, reef fish), lobster, coconut crabs, sandalwood, and in some islands cash crops such as kava, copra and cacao, shops
3. Usual livelihoods for women in these locations include: weaving mats and baskets, sales of prepared foods at the markets, sewing clothes for sale, vegetable gardens
4. Overlap in gardens and farming, in which both men and women tend to work for subsistence and also at the markets; also to some extent services and accommodation for tourists, in a few places surveyed
5. While fishing is dominated by men, women engage in some fishing from the shore and on the reef

KEY PRIORITIES

1. Improve availability of, and access to, food.
2. Rehabilitation, maintenance, and diversification of agricultural livelihood systems, strategies and assets.
3. Coordinate emergency assistance activities, such as clearing paths to gardens, provision of seeds and replanting material.

OVERVIEW

Detailed assessments currently under analysis show that food availability, accessibility and sources of livelihood remain significantly affected, particularly for the islands of Tanna, Erromango, Rural Efate and Efate offshore islands, Shepherd Islands and Epi.

Assessment data shows that damage to agriculture has been extensive. As much as 75% of coconut, 80% of coffee, 80% of leaf vegetables, 70% of taro and 65% of kumala was irretrievably damaged. Agricultural equipment and assets worth over VT 34,500,000 were damaged or destroyed. Pigs (69%), poultry (26%), fishing equipment and bee hives (5%) were all significantly affected, with a devastating impact on the availability of protein for households.

While immediate emergency food security needs are being met for the majority of those affected, the devastating impact of the cyclone on agricultural lands and livelihoods requires significant investment and planning for early recovery activities and is an important part of assisting affected populations to return to their pre-cyclone standard.

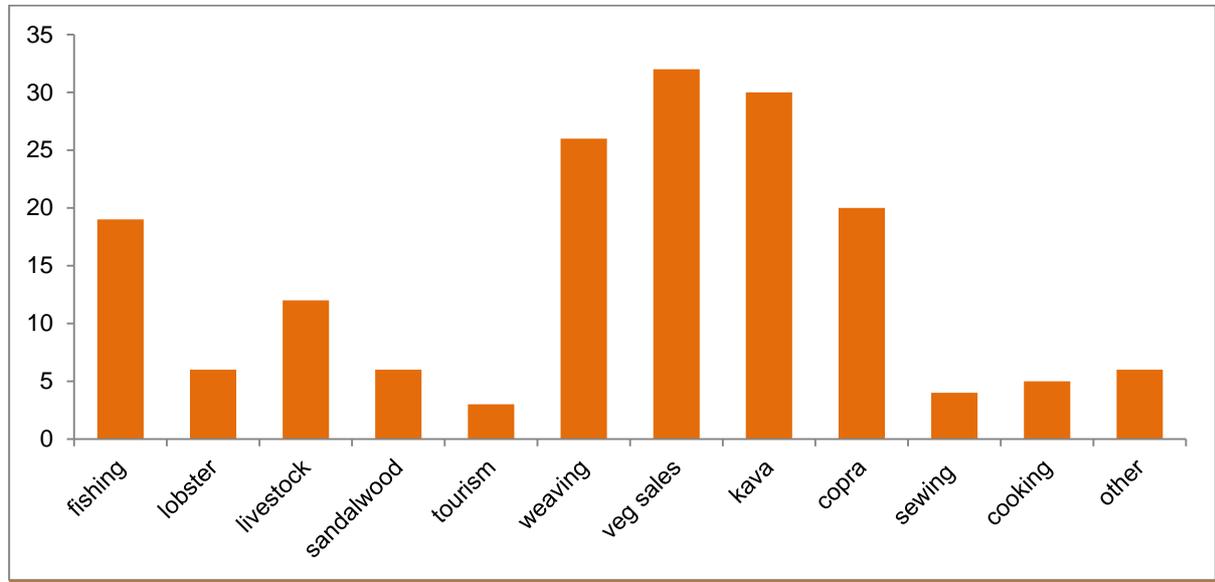
The following table summarizes the status of various key livelihoods activities in the locations surveyed, and estimated timelines to restore full productivity:

Livelihood	Profitability – low/ med/ high	Post-cyclone status and issues	Time to full restoration (estimate)
Fishing – tuna, marlin, reef fish	high	Cannot be easily located	4 months
Lobster and coconut crabs	high	Cannot be located, may be gone	4 months
Sandalwood	high	Some seedlings destroyed, but trees manly intact	3 months
Weaving handicrafts	medium	Pandanus all destroyed	12 months
Veg and fruit sales- local	low	Largely wiped out	3-6 months
Veg and fruit sales – to Vila and Tanna	medium	Mainly destroyed	3-6 months
Kava	high	Largely wiped out	4 years
Copra	high	Largely wiped out	12 months
Cocoa	medium	Largely wiped out	12 months
Other crops	medium	Only root crops left in most locations	3-6 months
Sewing- for local sale	low	Sewing machines damaged and lost	variable
Prepared foods – local sale	low	Not possible in current conditions	6 months
Tourist services	medium	Interrupted due to damage and lack of transport	variable

Guesthouses and restaurants	medium	Many damaged and closed	variable
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A summary of findings from people surveyed on the islands, showing the relative proportion of each livelihood source, is as follows:

Livelihoods – all 4 provinces



**Numbers refer to the number of communities that reported these livelihoods, during the field assessment.*

COMMUNITY INFRASTRUCTURE

KEY FINDINGS

1. While bigger buildings, such as schools, are already being repaired in some locations, there was widespread destruction of community infrastructure, which people rely on for their daily lives and work

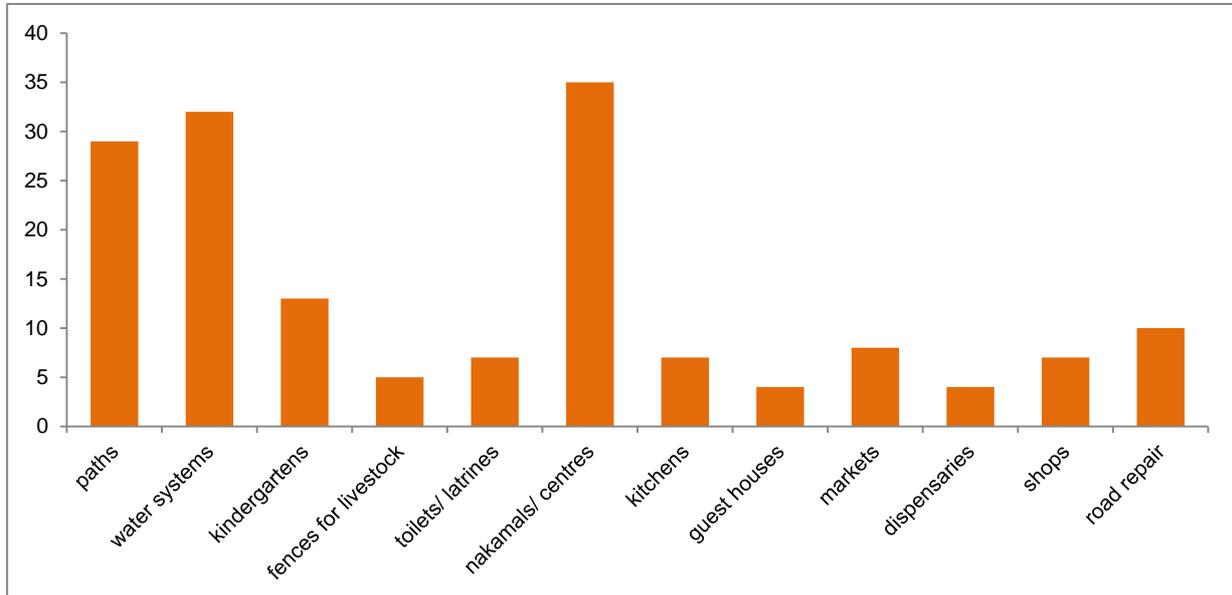
KEY PRIORITIES

1. The community infrastructure reported most often as damaged and in need of repair includes: water tanks, taps, rainwater harvesting systems and wells; fences and enclosures for small livestock, such as pigs and chickens; kindergartens, for children aged 3 to 6 years old; toilets and latrines; nakamals, community halls and women's centres; community kitchens; paths blocked by debris; local shops.

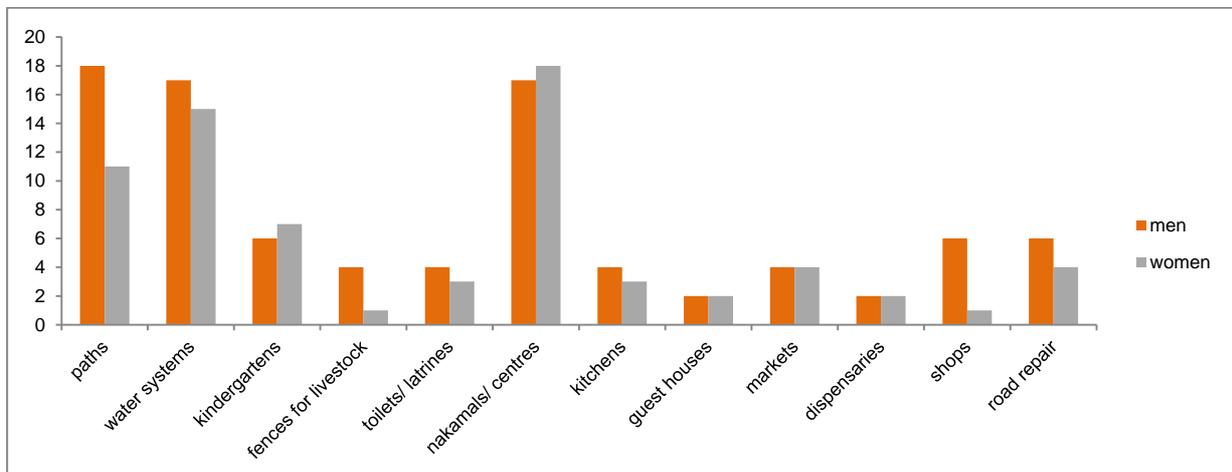
OVERVIEW

An overall summary of types of community infrastructure most often reported as damaged in the 4 provinces surveyed, and a gender-differentiated analysis is as follows:

Community infrastructure needing repair – overall



Community infrastructure – gender differences



Women and men showed substantial similarities in their prioritization of community infrastructure requiring repair after the cyclone. Men had a moderate preference for clearing paths, road repair and rebuilding shops – the latter are mainly owned by the men. Damages to any of these community infrastructure items creates hardships for people and prevents returning to normalcy. For example, destruction of kindergartens means that local women must spend more time attending to small children. In most locations surveyed, approximately 30 children ages 3 to 6 years old attend each kindergarten. As reported under the PDNA, Tafea province had 120 kindergartens, only 8 of which are now functioning, as the rest have been destroyed by the cyclone.

PRIORITY RECOVERY NEEDS

Short-term - up to 12 months

Program of Activity	Responsible Agency
Improve immediate household availability of and access to food	NDMO,FSAC
Repair and re-open marketplaces in Port Vila and other key locations – for handicrafts, food and vegetable sales	Municipalities, DLA
Waive school fees for 2015 and 2016	Ministry of Education and Training (MET)
Open sandalwood season early, so that people can sell to earn income	Ministry of Agriculture, Livestock , Forestry, Fisheries and Biosecurity
Initiate gender-balanced temporary employment or cash-for-work programmes in Efate, Tafea and Shefa	UNDP, other partners
Facilitate purchase of pandanus from unaffected islands, so that women in the affected locations can resume weaving	DLA, partners
Implement debris management programs in affected locations to clear paths and repair community infrastructure	DLA, UNDP
Establish local carpentry workshops, to recycle useable wood debris for housing repair and making furniture	DLA, UNDP
Provide more seeds and seedlings for short-cycle crops for affected communities	Ministry of Agriculture, Livestock , Forestry, Fisheries and Biosecurity
Provide fisheries experts to help locate fish and crustaceans in each affected location	Dept Fisheries - Ministry of Agriculture, Livestock , Forestry, Fisheries and Biosecurity
Provide forestry experts to assess damages to sandalwood trees	Dept Forestry - Ministry of Agriculture, Livestock , Forestry, Fisheries and Biosecurity

Medium to long-term – 1 to 4 years

Program of Activity	Responsible Agency
Promote tourism to Vanuatu through special packages and offers, and strategically targeted marketing	Ministry of Trade, Industry, Commerce and Tourism
Seek increased quota of ni-Vanuatu seasonal workers for fruit picking in New Zealand	Labour Dept – Ministry of Internal Affairs
Rehabilitation, maintenance and diversification of agriculture livelihood systems, strategies and assets.	Ministry of Agriculture, FSAC
Support rural women with micro-grants to re-establish small local businesses	Dept Women at Ministry of Justice and Community Services DLA, UNWomen, UNDP
Implement and expand “Markets for Change” programme to improve income and working conditions for women market vendors in rural and urban areas	Min Women, DLA, UNWomen, UNDP
Provide solar-powered freezers for storage of fish for sale	Ministry of Climate Change DLA, donors
Train men and women in the maintenance and repair of solar batteries and equipment, as an alternative livelihood	Ministry of Climate Change, UNDP GEF
Provide solar-powered systems for copra drying	Ministry of Climate Change, UNDP GEF

ANNEXES

ANNEX I: COMPOSITION OF ASSESSMENT TEAMS

ANNEX II: AREA OF COVERAGE AND LOGISTICS PLANS

**ANNEX III: ASSESSMENT QUESTIONNAIRES BY CLUSTER
OR THEMATIC AREA**

ANNEX IV: ASSESSMENT DEBRIEF CHECKLIST

ANNEX I: COMPOSITION OF ASSESSMENT TEAMS

Tranche One: Shefa and Tafea Provinces, 1-2 April 2015

NAME	CLUSTER	ORGANISATION
Team 1 (Epi Island)		
James Melteres	Education	MOET
Rebecca Callendar	Shelter	VM
Hilary Dragicovic	Food Security and Livelihood	OXFAM
Reidrian (Yany) Aru	WASH	ADRA
Damien Farrell	Gender & Protection	MJCS
Karina Coates	Early recovery	OCHA
Jimmy Nippo	Early recovery	MFAT
Team 2 (Epi Island)		
Cobin Ngwero	Education	MOET
Wesly Donald	Health	MOH
Petersen Michel	Shelter	VCC
Stuart Kent	Food Security and Livelihood	OXFAM
Joe Lani	WASH	DGMWR
Andrew Moses	Gender & Protection	DWA
Pip Ross	Early recovery	UN WOMEN
Sean Torbit	Early recovery	MFAT
Team 3 (Tongoa, Tongariki and Buninga Islands)		
Jean Marie Virelala	Education	MOET
Willy Bong	Shelter	MOJCS
Morris Stephens	WASH	DGMWR
	Gender & Protection	MOJCS
Tim Walsh	Early recovery	UNDP
Team 4 (Emae, Makira and Mataso Islands)		
Geoffrey Tari	Education	MOET
Jenifer Manua	Shelter	DWA
Abed Daniel	WASH	DGMWR
Angela David	Gender & Protection	MOJCS
Marc- Antoine Morel	Early recovery	UNDP
Caleb Garae	Health	MOH
Arnaud Malases	Education	MOET
Mansen Roy	Shelter	VCC
Gaston Theophile	WASH	DGMWR
Keith Ronu	Gender & Protection	CARE International
Team 6 (Tanna Island)		
Saimon Saika	Health	MOH

Emmanuel Arugaraesivi	Education	MOET
Roy lauma	Shelter	
Vano Eson	Gender & Protection	DWA
Morris Cliff	WASH	DGWR
Janet Jack	Early recovery	UNDP
Krissie Hayes	Gender & Protection	UNDP
Sam Kaiapam	Gender & Protection	MOJCS
Graham Tabi	Health	MOH
Team 7 (Tanna Island)		
Sergio Thomas	Education	MOET
Esau Nakat	Shelter	VRCS
Mathias Bule	Agriculture	DARD
Joseph Joel	WASH	DGMWR
Leah Nimoho	Early recovery	UNDP
Knox Morris	Gender & Protection	MOJCS
Team 8 (Tanna Island)		
Leipakoa Matariki	Health	MOH
Roy Ben	Education	MOET
Lee Tabi	Shelter	VCC
Thomas Rex	WASH	WHO
Sam Kaiapam	Gender & Protection	ADRA
Dorah Wilson	Early recovery	UNDP
Team 9 (Erromango Island)		
Vanua Sikon	Health	MOH
Felicity Nilwo	Education	MOET
Leinsel Simon	Shelter	MOJCS
Graham Rovea	WASH	DGMWR
Silke Von Brockhausen	Early recovery	UNDP
Karen Bernard	Early recovery	UNDP
Leias Kaltovei	Gender & Protection	MOJCS
Arnold Steve	Gender & Protection	VCC
Team 10 (Erromango Island)		
Oscar Matesen	Health	
Jeffry Tari	Education	MOET
Chris Philip	Shelter	VMF
Niel Kalo	WASH	DGMWR
David Maleke	Early recovery	UNDP
Graylene Lapi	Gender & Protection	CARE International
Team 11 (Aniwa, Futuna and Aneityum Islands)		
Thimothy Quai	Health	MOH
Liku Jimmy	Education	MOET
Morris Kerry	Shelter	MOJCS
Kylie Paul	WASH	ADRA
Jeral Tamao	Gender & Protection	MOJCS
Warwick Kidd	Early recovery	UNDAC
Matthew Hardwick	Early recovery	UNDAC
Team 12 (Pele and Emao Islands)		
Wendy Griffin	Education	MOET
Seman Dalesa	Shelter	DWA
Angela David	Gender & Protection	MOJCS

Team A (Nguna Island)		
Caleb Garae	Health	MOH
Melvin Boesel	Education	MOET
Erick Emele	Shelter	DWA
Kalmar Albert	WASH	DGMWR
Asmaa Shalabi	Early recovery	UNDP
Shirly Laban	Gender & Protection	OXFAM
Team B (Moso and Ifira Islands)		
Wendy Griffin	Education	MOET
Seman Dalesa	Shelter	DWA
Roslyne Nase	WASH	ADRA
John Brian	Gender & Protection	ADRA

Tranche Two: Malampa, Penama and Torba Provinces, 7-8 April 2015

NAME	CLUSTER	ORGANISATION
Team 1 (Mere Lava Island)		
Caleb Garae	Health	MOH
Virana Lini	Education	MOET
Niel Kalo	WASH	DGMWR
Andrew Parker	WASH and Education	UNICEF
Jennifer Manua	Gender & Protection	MOJCS
Team 2 (Maewo Island)		
Melvin Boesel	Education	MOET
Chris Kelep	Shelter	ADRA
Knox Morris	Gender & Protection	MOJCS
Asmaa Shalabi	Early recovery	UNDP
Abed David	WASH	DGMWR
Olive Taurakoto	Early recovery	DFAT
Team 3 (Maewo and Pentecost Islands)		
Cobin Ngwero	Education	MOET
Jeff Ngwele	Shelter	VRCS
Rosalie Paul	WASH	ADRA
Marck Antoine Morel	Early recovery	UNDP
Keith Rovo	Gender & Protection	VCC
Susan Kaltovei	Early recovery	DFAT
Team 4 (Pentecost Island)		
Sergio Thomas	Education	MOET
Raymond Misack	Shelter	VRDTCA
Justin Peter	WASH	DGMWR
Osnat Lubrani	Early recovery	UNDP
Lee Tabi	Gender & Protection	VCC
Team 5 (Pentecost Island)		
Paolo Malatu	Health	OXFAM/ VHT
Oztomea Bule	Education	MOET
Mason	Shelter	VCC
Reidrian (Yany) Aru	WASH	ADRA
Mathew Hardwick	Early recovery	UNDP

Team 6 (Pentecost and Ambrym Islands)

Wesley Donald	Health	MOH
Liku Jimmy	Education	NDMO
Tobby Mael	Shelter	VRCS
Thomas Rex	WASH	WHO
Peter Ioko	Gender & Protection	ADRA
Silke Brockhausen	Early recovery	UNDP

Team 7 (Malakula Island)

Esau Nakea	Health	MOH
James Melteres	Education	MOET
George Tor	Shelter	VRCS
Roslyne Nase	WASH	ADRA
Yarom Swisa	Early recovery	UNDP
Rebecca Callendar	Gender & Protection	

Team 8 (Malakula Island)

Saen Faunau	Health	MOH
Jeffrey Tari	Education	MOET
Jerry Anga	Shelter	VRCS
John Brian	Gender & Protection	ADRA
Kylie Paul	WASH	ADRA
Donald Wouloseje	Early recovery	UNDP

Team 9 (Malakula and Ambrym Islands)

Vanua Sikon	Health	WHO
Arnaud Malases	Education	MOET
Junior Fred	Shelter	VRCS
Rex Bule	WASH	VRCS
Tissianna Ambi	Gender & Protection	ADRA

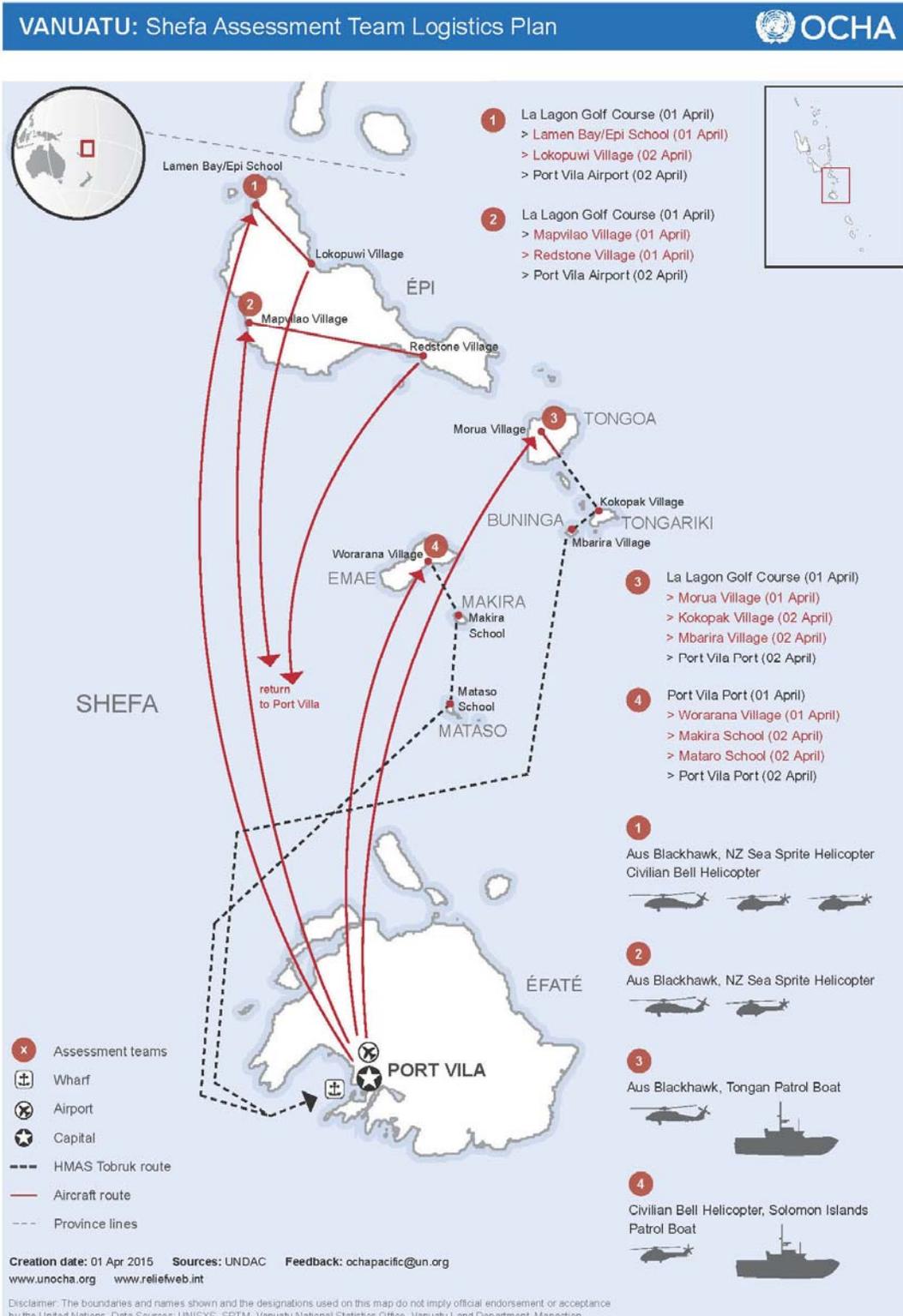
Team 10 (Ambrym Island)

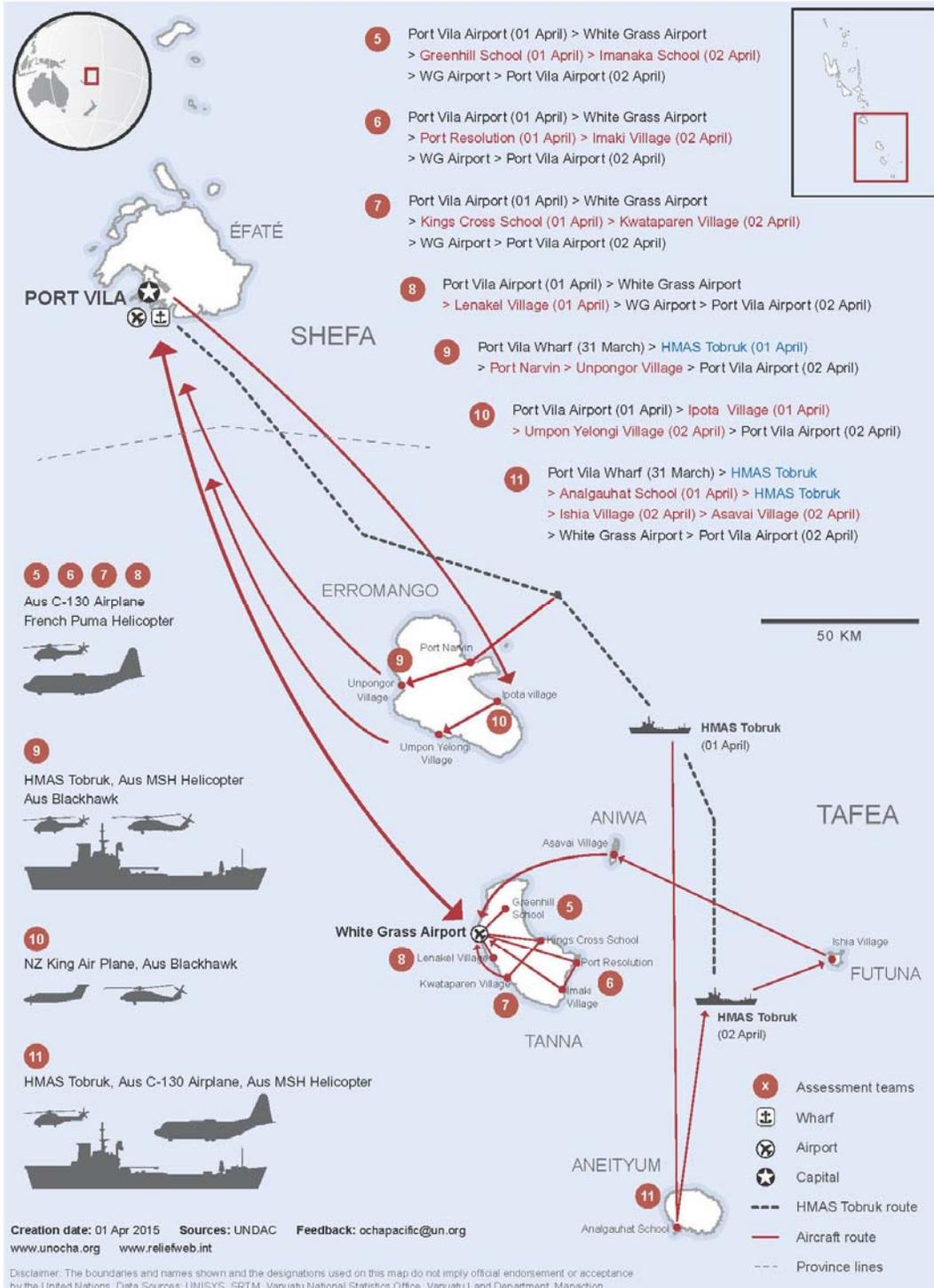
Markleen Takaro	Health	MOH
Emmanuel Arugaraesivi	Education	MOET
Kara Jenkinson	Shelter	VRCS
Joe Lani	WASH	DGMWR
David Malakai	Early recovery	UNDP
Ellis Lee	Health	VRCS
Shirly Laban	Gender & Protection	OXFAM

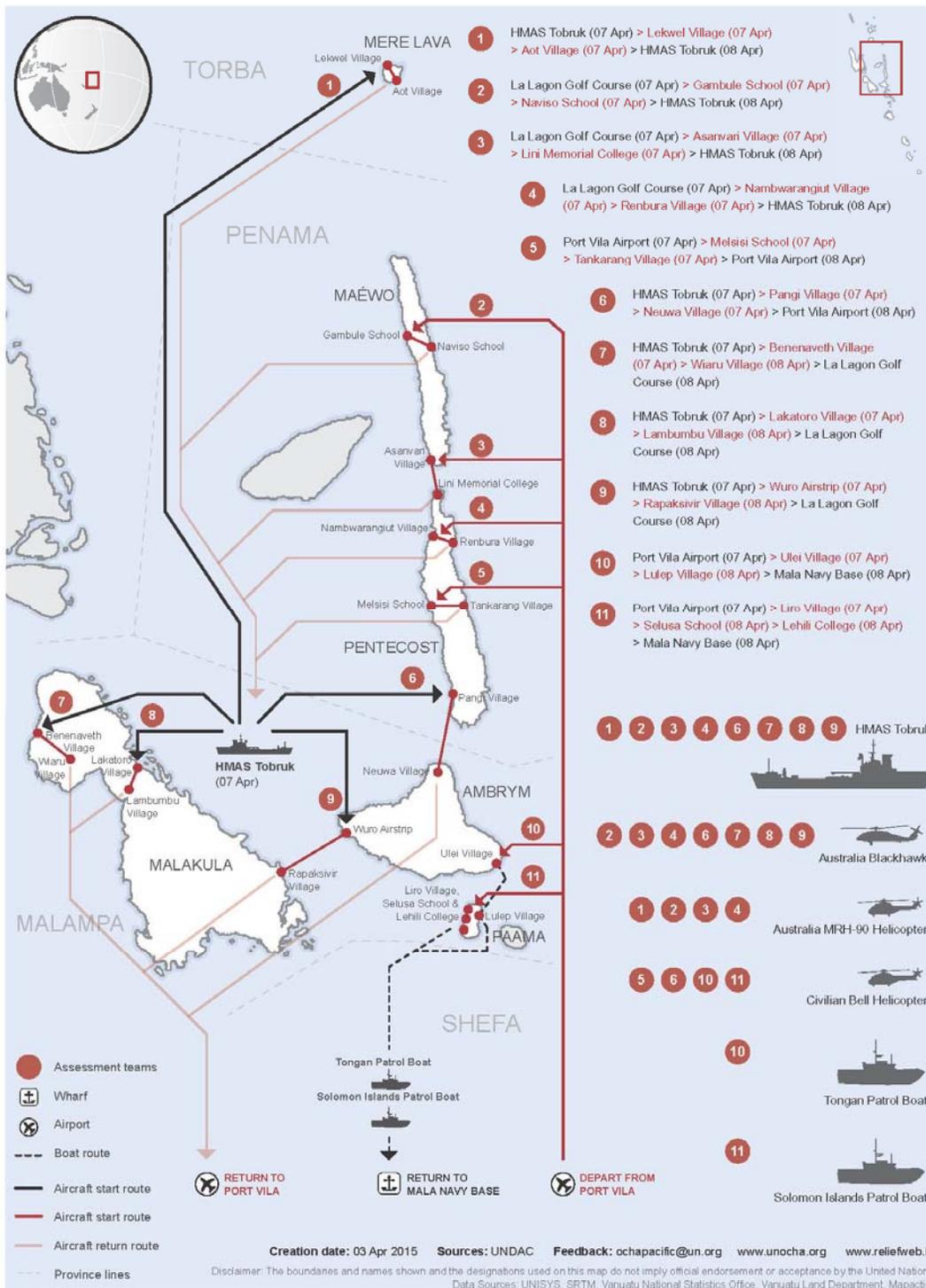
Team 11 (Ambrym and Paama Islands)

Timothy Quai	Health	MOH
Samuel Katiapa	Education	MOET
Willy Bong	Shelter	MOJCS
Kalmar Albert	WASH	DGMWR
Scott Feke	Shelter	VRCS
Mark Esrom	Gender & Protection	MOJ

ANNEX II: Area of Coverage and Logistics Plans







ANNEX III: Assessment Questionnaires by Cluster or Thematic Area

INITIAL RAPID ASSESSMENT (IRA) WASH FIELD ASSESSMENT FORM

Section 1: Summary

1.1 ASSESSMENT TEAM

Name	Organization	Title/position	Contact Number
<i>Team Leader:</i>			

1.2 IRA SUMMARY

Dates of Field Assessment: ___ / ___ / ___ - ___ / ___ / ___ Province: _____
 Principal Contact(s) at this site where you are doing assessment: Area Council: _____
 Name: _____ Island: _____
 Position in Community: _____ Site Name or Village Name: _____
 Telephone: _____
 GPS Coordinates: P-Code (if applicable): _____
 Easting: _____ Southing: _____ (*P-code provided by NDMO / UNOCHA*)
 Elevation: _____

Source of information *Key to be used throughout the questionnaire*

KI: Key Informant Interview GD: Group Discussion O: Observation

1.3 WASH SUMMARY OF THE SITUATION AT THIS SITE *Source: O*

Write or list out a summary of WASH situation according to the following factors:

- Overall judgment of the severity of needs identified:

- Short-term outlook (whether the crisis is worsening or becoming less serious)

- Problems and risks (natural hazards, population movements, bad weather, etc)

- Population groups that are inaccessible (and if so, why)

1.4 Problems and priorities identified by the affected population *Source: KI or GD (circle)*

Write / List below the overall WASH priorities

1.5 WASH Key issues identified, by section, by severity ranking						Source: O
Key for severity ranking	Red	Severe situation: urgent intervention required				
	Orange	Situation of concern: surveillance required				
	Yellow	Lack of/unreliable data: further assessment required				
	Green	Relatively normal situation or local population able to cope with crisis; no action required				
Section	R	O	Y	G	Key issues identified (maximum of 3)	Recommendations
Population	Red	Orange	Yellow	Green		
	Red	Orange	Yellow	Green		
	Red	Orange	Yellow	Green		
Water supply	Red	Orange	Yellow	Green		
	Red	Orange	Yellow	Green		
	Red	Orange	Yellow	Green		
Sanitation	Red	Orange	Yellow	Green		
	Red	Orange	Yellow	Green		
	Red	Orange	Yellow	Green		
Hygiene	Red	Orange	Yellow	Green		
	Red	Orange	Yellow	Green		
	Red	Orange	Yellow	Green		
Health risks and services. Eg. Water borne disease, diarrhoea	Red	Orange	Yellow	Green		
	Red	Orange	Yellow	Green		
	Red	Orange	Yellow	Green		
Essential non-food items.eg. Jerry Cans, soap, etc	Red	Orange	Yellow	Green		
	Red	Orange	Yellow	Green		
	Red	Orange	Yellow	Green		
Other (specify)	Red	Orange	Yellow	Green		
	Red	Orange	Yellow	Green		
	Red	Orange	Yellow	Green		

Section 2: Population	
Write down the names of your resource persons. Remember to talk to men and women and children.	
Name:	Position:
Contact:	
2.1 Registration Source: KI or GD (circle)	
2.1.1 Have the affected people been registered (Check one)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not necessary <input type="checkbox"/> DNK
2.1.2 If yes, which by which organization(s)?	

2.2 Size of disaster-affected population		<i>Source: KI or GD (circle)</i>
2.2.1	Total estimated current population of site:	#HH _____ # People _____
2.2.2	Source of these population data (check all that apply)	
	<input type="checkbox"/> Estimate by local authorities	<input type="checkbox"/> Estimated from # households and # people per household
	<input type="checkbox"/> Estimate by affected population	<input type="checkbox"/> Census/name list (specify date of census)
	<input type="checkbox"/> Registration	<input type="checkbox"/> Other. Eg. Aid/Health post/Church (specify)

2.3 Vulnerable Groups		<i>Source: KI or GD or O (circle)</i>
2.3.1	If there is information suggesting that some groups are under- or over-represented (e.g. women or girls, people with disabilities, ethnic or religious minorities), explain here:	
2.3.2	Estimated number of infants without mothers or other long-term primary care-givers:	# _____

2.4 Movement to and from this site		<i>Source: KI or GD or O (circle)</i>
2.4.1	Is the population at this site increasing, decreasing, or staying about the same?	2.4.2 If changing, by how much (note time period, e.g. number per day)
<input type="checkbox"/> Increasing <input type="checkbox"/> Decreasing <input type="checkbox"/> About the same		_____ per _____

2.5 Displaced population		<i>Source: KI or GD (circle)</i>
<i>Only complete this section if part or all of the affected population is made up of internally displaced people</i>		
2.5.1	Location (or name) for place of origin of displaced people <i>If different displaced groups are in this site, Indicate the origins separately for each.</i>	
2.5.2	Organisation of the settlement <i>Check all that apply. If different displaced groups are in this site, answer separately for each.</i>	
<input type="checkbox"/> Camp in rural area <input type="checkbox"/> Camp in urban area <input type="checkbox"/> Do not know (DNK) <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Staying with host families in a rural area <input type="checkbox"/> Staying with host families in an urban area <input type="checkbox"/> Collective settlement in large buildings
2.5.3	Relations between the displaced and the host community? (Check all that apply.)	
<input type="checkbox"/> Host community willing to assist <input type="checkbox"/> Tensions <input type="checkbox"/> Other (specify) <input type="checkbox"/> Do not know (DNK)		

Section 3: Water, Sanitation, and Hygiene	
Write down the names of your resource persons. Remember to talk to men and women and children.	
Name:	Position:
Contact:	

3.1 Existing capacities and activities				Source: KI or O (circle)
	Organization or person(s) responsible such as WASH Committee or NGO	Since when?	Normal / current activities	Limitations to capacity or performance (e.g., lack of staff, materials and equipment, funds, access)
3.1.1 Water supply				
3.1.2 Sanitation				
3.1.3 Hygiene				

3.2 Water Supply								Source: KI or O (circle)
Water Source <i>Record the sources of water available for the population at the site</i>	3.2.1 Number of water sources of each type			3.2.2 Are people using this water source right now? (Check if YES)	3.2.3 Are animals using this water source right now? (Check if YES)	3.2.4 Water source producing dirty-looking water? (Check if YES)	3.2.5 What is the problem or will there be a problem (e.g., decrease, dirty, saltwater) in the future? WHEN?	
	TOTAL #	# WORKING	# BROKEN because of disaster					
Direct Gravity Flow with piped water				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
In-Direct Gravity Flow (pumping) with piped water				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Rainwater Tank				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Borehole or well with motor pump				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Borehole / well with hand pump				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Protected spring				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Protected open well				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Unprotected spring				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Unprotected open well				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Surface water (specify if a lake, a river or other)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other: Specify, e.g. Traditional water sellers				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
No sources at all								

3.3 Water Quantity		Source: KI or GD or O (circle)	
3.3.1 TOTAL amount of water storage available for the community			
Total capacity estimate in Litres: _____ Total number of tanks if applicable: _____			
Total DAMAGED capacity estimate in Litres: _____ Total # of DAMANGED tanks: _____			
Total FUNCTIONING capacity estimate in Litres: _____ Total # of FUNCTIONING tanks: _____			
3.3.2 Average quantity of water used per person per day for all uses (in litres)			
Drinking	<input type="checkbox"/> <3 liters	<input type="checkbox"/> >3 liters	Cooking <input type="checkbox"/> <3 liters <input type="checkbox"/> >3 liters
Hygiene	<input type="checkbox"/> <5 liters	<input type="checkbox"/> >5 liters	Animals <input type="checkbox"/> <5 liters <input type="checkbox"/> >5 liters
Washing clothes	<input type="checkbox"/> <5 liters	<input type="checkbox"/> >5 liters	Other _____
3.3.3 Number of minutes on average it takes to collect total water supply for a household (incl. travel, waiting and filling the containers)			
<input type="checkbox"/> 0 - 15 mins <input type="checkbox"/> 15 - 30 mins <input type="checkbox"/> 30 – 60 mins <input type="checkbox"/> > 60 mins			
3.3.4 What is the number of households treating their water before drinking it by the following methods:		<input type="checkbox"/> Boiling: ___ # HH <input type="checkbox"/> Chlorine: ___ #HH <input type="checkbox"/> Purification tablets: ___ # HH <input type="checkbox"/> Other: ___ #HH	
3.3.5 What is the number of households where only safe water is used for drinking and cooking ?		# _____	
3.3.6 Is there a likelihood of a critical shortfall in the quantity of water available per day within the next month?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNK	
3.3.7 What is the number of households with access to secure and private bathing facilities?		<input type="checkbox"/> Yes ___ # HH <input type="checkbox"/> No ___ #HH <input type="checkbox"/> DNK	
3.3.8 What is the number of households with access to safe and protected laundry facilities?		<input type="checkbox"/> Yes ___ # HH <input type="checkbox"/> No ___ #HH <input type="checkbox"/> DNK	

3.4 Sanitation		Source: KI or GD or O (circle)	
<i>Number of people currently using each of the places listed below to go to defecate:</i>	# Households	Adults	Children
3.4.1 In the open, bush, sol wota (open defecation, not in a defined and managed defecation area)	#HH _____	# Men _____ #Women _____	#Boys _____ #Girls _____
3.4.2 In a defined and managed defecation area	#HH _____	# Men _____ #Women _____	#Boys _____ #Girls _____
3.4.3 In public toilets (pit latrines, pour-flush latrines, flushing toilets etc.)	#HH _____	# Men _____ #Women _____	#Boys _____ #Girls _____
3.4.4 In family toilets and shared family toilets (pit latrines, pour-flush latrines, flushing toilets etc.)	#HH _____	# Men _____ #Women _____	#Boys _____ #Girls _____
3.4.5 Number of men and women washing hands with water and soap or a substitute after contact with faeces and before	#HH _____	# Men _____	#Boys _____

contact with food and water	OR % of village	#Women _____	#Girls _____
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3.4.6 Average number of users per functioning toilet	<input type="checkbox"/> < 20 <input type="checkbox"/> 21-50 <input type="checkbox"/> 51-100 <input type="checkbox"/> >100 <input type="checkbox"/> DNK		
3.4.7 Total # of functioning toilets	# _____ of functioning toilets		
3.4.8 If there are toilets or latrines, are there separate facilities for girls and women? (<i>in camp or evacuation center setting</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know or not applicable		
3.4.9 Is there adequate lighting at night time? (<i>in camp or evacuation center setting</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNK / NA		
3.4.10 If there are toilets/latrines, are the openings small enough to prevent children falling in? (<i>in camp or evacuation center setting</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNK / NA		
3.4.11 Is there any evidence of faecal-oral diseases? (e.g., diarrhea or cholera symptoms)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNK / NA		
3.4.12 Is there any solid waste on and around the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNK / NA		
3.4.13 Is there an effective solid-waste management system after the disaster?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNK / NA		
3.4.14 Is there any stagnant water on / around the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNK / NA		
3.4.15 Is there a risk of water-induced damage at the site?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNK / NA		
3.4.16 Presence of <input type="checkbox"/> human or <input type="checkbox"/> animal faeces on the ground on and around the site (observation)			
<input type="checkbox"/> substantial presence close to shelters (<20m)	<input type="checkbox"/> no substantial presence	<input type="checkbox"/> DNK	
<input type="checkbox"/> substantial presence close to water sources (<20m)	<input type="checkbox"/> no substantial presence	<input type="checkbox"/> DNK	

3.5 Hygiene and Non-Food Items (NFIs)		<i>Source: KI or GD or O (circle)</i>
Number of Households Possessing:		
3.5.1 Soap		# HH:
3.5.2 At least one clean narrow-necked or covered water container for drinking-water such as a jerry can or bucket with a lid		# HH:
3.5.3 Appropriate sanitary protection materials for menstruation, and underwear, for women and girls (<i>remember to ask this question to women and/or girls</i>)		# HH:
3.5.4 Water-treatment supplies and equipment		# HH:
3.5.5 What is the average total capacity of water collection and storage containers at the household level?		_____ Litres
3.5.6 What is the risk of fly-borne disease	<i>Source: O</i>	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High

3.6 Access and Equity		<i>Source: KI or GD or O (circle)</i>
3.6.1 Do all groups within the affected population have equitable access to WASH facilities and services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNK	

<p>3.6.2 Does the affected population take responsibility for the management and maintenance of facilities as appropriate, and all groups contribute equitably?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNK</p>
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<p>3.7 Expressed WASH Priorities</p>	<p><i>Source: KI or GD (circle)</i></p>
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3.7.1 What are the priorities expressed by the population concerning water supply, sanitation and hygiene?

<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p>

VANUATU CYCLONE PAM -2015
 POST DISASTER NEEDS ASSESSMENT- INITIAL RAPID ASSESSMENT
 SHELTER

Key Informant Interview (KII)-DRAFT

Date: [MM/DD/YYYY] Reviewed

Completed by:

Key Informants/ Respondent (Name and contacts):

A.0 PRELIMINARY INFORMATION

A.0.1	1.1.1 Province		1.1.2 Island			
	1.1.3 Area Council		1.1.4 Town / Village			
A.0.2	Type of setting	Rural	Urban	Peri-Urban	Costal	Other (Specify)

A.1 DEMOGRAPHICS (Vulnerable group profiling)

A.1.1	Total number of Houses in your area council		
A.1.2	Total number of damaged houses		
A.1.3	Total number of single-headed households in your area council ?	Male	Female
A.1.4	Total number of pregnant / lactating women in your area council ?		
A.1.5	Total number of people with physical disabilities in your area council?		
A.1.6	Total number of separated/orphaned/unaccompanied children in your area council?		
A.1.7	Are there any disadvantaged minority groups in your area council?	Yes	No
A.1.8	Any other vulnerable group in your area council? If yes, can you please specify ?		
A.1.9	If yes, can you please specify ?		

A.2 HOUSING, LAND & PROPERTY

A.2.1	Are the people now living in original site from before Cyclone Pam?	Yes	No	
A.2.2	Is there any land tenure issues /problems in your area council	Yes	No	
A.2.3	If yes, what are the key challenges /issues:	Informal settlement	Legal challenges (disputed land)	
	People do not have ownership of land	Land is allocated for other purpose		
	After cyclone the land became inhabitable (eroded, covered by debris and hazardous materials etc.)			
A.2.4	How these challenges be addressed?	Community consensus	Lease	Relocation
	Upgrading / removal of debris	Advocacy for formalizing the settlements		
	If other possible solutions (Specify)			

A.3 SHELTER DAMAGE

A.3.1	Can you tell us the an estimated number of damaged houses in your area council?	Non Repraible	Repairs	No damage
A.3.2	Where other ways the shelters (houses) been affected in your area council (secondary impacts) ?			
A.3.3	For people with non-repairable shelters, where are they living? (numbers)	Evacuation center	Damaged house	Partially repaired house
		Completely repaired house	Host Family	Other (Specify)

A.4 SELF-RECOVERY

A.4.1	What are the affected people doing for shelter solutions?	Repair	Rebuild	Going to a new location
A.4.2	What could be effective shelter solutions in your area Council?			
	Materials	Financial - (Cash/Voucher for work)	Training on construction (safer house building)	
	Labor	Other (specify)		

B.1 WASH										
B.1.1	What is primary source of drinking water in your Area Council?					Piped water		Tube well with hand pump		
	Open well	Spring	River	Other (specify)						
B.1.2	Do the community people treat the water before drinking (e.g. boiling, disinfectant)?					Yes		No		
B.1.3	Do the people currently have access to toilet?					Communal		Private		None
C.1 INCOME PROFILE (Coping mechanism)										
C.1.2	How are the people currently covering their family's basic needs?									
	Sale of household assets			Seek employment in a new location			Seeking work in same location			
	Borrow from friends / family			Borrow from informal source			Borrow from formal source (i.e. Bank, etc.)			
	Normal regular works (Agriculture, fishing , shops , pity business etc.)					Other (specify)				
D.1 ASSISTANCE RECEIVED & PRIORITIES										
D.1.1	Have the affected people in your Area Council received any shelter assistance?					Yes		No		
D.1.2	If yes, what kind of assistance received?			Emergency shelter kits		Tarpaulins		Non Food Item		
	Host family support			Repair Tools		Other (Specify)				
D.1.5	What are your shelter related priorities in your Area Council? Please specify:									
D.1.6	Who should be the priority group (s) for shelter assistance in your Area Council?									
	Children - separated/orphaned/unaccompanied			Pregnant / lactating women			People with disabilities			
	Homeless- disadvantaged minority group,			Single headed (females),			Single headed males),			
	People who have completely lost their livelihood			Other (Specify)						
D.1.7	Does the community have certain capacity & resources (Skilled/ semi-skilled labour, local materials etc.) for shelter programing ? Please specify:									
D.1.8	How can your Area Council best participate in designing and implementing shelter program ?					Organize planning meetings				
	Set up or activate Community Disaster Committee			Labour contribution		Financial contribution				
	Mobilize local resources			participate in training and transfer skills			Conduct community reviews /monitoring			
	Other (specify)									
E.0 OTHER FACTORS										
E.0.1	Is there any environmental (natural) concern in the neighborhoods					Yes		No		Don't know
E.0.2	Is the community exposed to other hazards/disasters?					Yes		No		Don't know
E.0.3	If yes , which hazard is the most prominent ?					Floods		Land slides and mudflow		
E.0.4	Fire	Earthquake	Tsunami	Volcano Eruption		Tidal surge		Others		
E.0.5	How community can participate in mitigating and reducing these hazards and risk ?									
E.0.6	Overall general observation and recommendations :									

Health Cluster Rapid Health Needs Assessment Form

Vanuatu Cyclone Pam 2015

ASSESSMENT TEAM				
Name (Team Leader first)	Institution	Title/position	Role	Contact number

Section 1 – Health Facility Assessment	TAKE PHOTOS OF ALL DAMAGE	
Name: _____ Latitude _____ Longitude _____		
Location: Province/area/village _____		
Contact Person and Phone Number: _____		
Catchment Population/ Islands: _____		
Point of delivery type	Management	
<input type="checkbox"/> Hospital <input type="checkbox"/> Dispensary <input type="checkbox"/> Health Centre <input type="checkbox"/> Aid Post	<input type="checkbox"/> Ministry of Health <input type="checkbox"/> Other <input type="checkbox"/> NGOs (incl. faith based) <input type="checkbox"/> Private	
Has facility/material been damaged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Building	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Medical supply	<input type="checkbox"/>	<input type="checkbox"/>
Provide details of damage to building (use extra pages as needed)		
Physical access to facility (check one):		
<input type="checkbox"/> Easy <input type="checkbox"/> With obstacles (Explain) _____ <input type="checkbox"/> Very difficult (Explain) _____		
Average time to health facility on foot: <10 min < 30 min < 1 hour > 1 hour		
Name, type and distance to closest referral facility?	Is the referral system functioning? If not please identify the bottleneck (e.g. communication down/lack of transport)	
Name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DNK	
Type: _____	specify bottleneck: _____	
Distance to (by standard mean of referral transport): _____		

Are community-based health services delivered in the catchment area of the health facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes pls provide details:	
<input type="checkbox"/> # ___ village midwives <input type="checkbox"/> # ___ average people reached Frequency <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> other <input type="checkbox"/> # ___ community health worker(s) <input type="checkbox"/> # ___ average people reached Frequency <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> other <input type="checkbox"/> # ___ others (specify) ___ <input type="checkbox"/> # ___ average people reached Frequency <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> other	

Human Resources

Staff availability (Check all that apply)							
	# staff before	# staff after	#consultations/day		# staff before	# staff after	#consultations/day
<input type="checkbox"/> Nurse				<input type="checkbox"/> Midwife			
<input type="checkbox"/> Medical doctor				<input type="checkbox"/> Lab technician			
<input type="checkbox"/> Nurse Aid				<input type="checkbox"/> Public health officer			
<input type="checkbox"/> Other _____				Average number of patients per day			

Essential drugs, vaccines and supplies					
	Available	Unavailable		Available	Unavailable
Antibiotics			Tetanus toxoid		
ORS			Measles		
Anti-malarials			PENTA		
Antipyretic			Polio		
Contraception			BCG		
Dressing materials			Functioning vaccine fridge		
HIV			Vaccine carriers		
TB					

Water supply to health facilities
<input type="checkbox"/> No water or not enough water for all the daily needs in the facility (chronic water shortage). <input type="checkbox"/> Interruptions in water supply at the facility (occasional shortages). <input type="checkbox"/> Insufficient water storage (less than 24 hours of water is stored)
<input type="checkbox"/> Sources of contamination (latrines, waste) <10m of water source, or water not from a guaranteed safe supply. <input type="checkbox"/> Water is unchlorinated or insufficiently chlorinated (no chlorine smell or taste in water at the tap) or is turbid (cloudy). <input type="checkbox"/> Broken water pipes or uncovered or unsanitary water reservoirs observed.
Number of toilets functioning:

Power supply to health facilities		
	Before	After (comments)
Solar power - intact		
Solar power - damaged		
Generator - working		
Generator – not working		
Town supply – working		
Town supply – not working		

Have there been any reports of any unusual increases in illness or rumours of OUTBREAKS? If so, describe					
<input type="checkbox"/> No <input type="checkbox"/> Yes (Specify)					
Patients suffering from CHRONIC DISEASES for which sudden interruption of therapy could be fatal and are NOT able to receive treatment					
	# Patients not able	Total # in need		# Patients not able	Total # in need
<input type="checkbox"/> Hypertension <input type="checkbox"/> Insulin-dependent diabetes <input type="checkbox"/> Kidney disease (in need of dialysis)			<input type="checkbox"/> Epilepsy <input type="checkbox"/> Others (Specify)		

		Health Services		Before	After	
Area/Sub-sectors		Health Centers (full set of questions), Dispensaries (shaded set of questions only)		Y / N	Y / N	
P1	General Clinical Services	P1.1	Outpatient services			
		P1.2	Short hospitalization capacity (5-10 beds)			
		P1.3	Referral capacity: means of communication, transportation			
		P1.4	Home care visits			
P2	Child Health	P2.1	EPI : routine immunization against all national target diseases and functioning cold chain in place			
		P2.2	Under 5 clinic conducted by IMCI-trained health staff			
		P2.3	Screening of malnutrition (W /H and H/A)			
		P2.4	School Health Visits			
P3	Communicable Diseases	P3.1	Sentinel site of early warning system of epidemic prone diseases, outbreak response (EWARS)			
		P3.2	Diagnosis and treatment of malaria			
		P3.3	Diagnosis and treatment of TB			
		P3.4	Diagnosis and treatment of yaws			
SEXUAL & REPRODUCTIVE HEALTH AREA	P4 STI & HIV/AIDS	P4.1	Syndromic management of sexually transmitted infections			
		P4.2	Standard precautions: disposable needles & syringes, safety sharp disposal containers, Personal Protective Equipment (PPE), sterilizer, P 91			
		P4.3	Availability of free condoms			
	P5 Maternal & Newborn Health	P5.1	Essential newborn care: basic newborn resuscitation + warmth (recommended method: Kangaroo Mother Care - KMC) + eye prophylaxis +			
		P5.2	Basic essential obstetric care (BEOC): parenteral antibiotics + oxytocic/anticonvulsivant drugs + manual removal of placenta + removal of retained products with manual vacuum aspiration (MVA) + assisted vaginal delivery 24/24 & 7/7			
		P5.3	Postpartum care: examination of mother and newborn (up to 6 weeks), respond to observed signs, support breast feeding, promote family planning			
		P5.4	Family planning			
		P5.5	Antenatal care: assess pregnancy, birth and emergency plan, respond to problems (observed and/or reported), advise/counsel on nutrition &			
		P5.6	Skilled care during childbirth for clean and safe normal delivery			
	P6 Sexual Violence	P6.1	Emergency Contraception			
	P7	Non Communicable Diseases and Mental Health	P7.1	Injury care and mass casualty management		
			P7.2	Hypertension treatment		
			P7.3	Diabetes treatment		
P7.4			<u>Mental Health care: psychological first aid by trained nurses</u>			
P8	Environmental Health	P8.1	Health facility safe waste disposal and management			
		P8.2	Outreach environmental health activities			

		Health Services		Before	After
Area/Sub-sectors		AID POSTS		Y	N
			Death and Birth		
		C22	Home-based treatment of: fever/malaria,		
			Home-based treatment of: ARI/pneumonia		
			Home-based treatment of: Dehydration due to acute diarrhoea		
		C23	Community mobilization for and support to mass vaccination campaigns and/or mass drug administration/treatments		
		C32	Follow up of children enrolled in supplementary/therapeutic feeding (trace defaulters)		
C 4	Communicable Diseases	C41	Vector control (IEC + impregnated bed nets + in/out door insecticide spraying)		
		C42	Community mobilization for and support to mass vaccinations and/or drug administration/treatments		
		C43	IEC on locally priority diseases (e.g. TB self referral, malaria self referral, others)		
C 5	STI & HIV/AIDS	C51	Community leaders advocacy on STI/ HIV		
		C52	IEC on prevention of STI/HIV infections and behavioural change communication		
		C53	Ensure access to free condoms		
C 8	Non-Communicable Diseases and Mental	C81	Promote self-care, provide basic health care and psychosocial support, identify and refer severe cases for treatment, provide needed follow-up to people discharged by facility-based health and social services for people with chronic health conditions, disabilities and mental health problems		
C 9	Environmental Health	C91	IEC on hygiene promotion and water and sanitation, community mobilization for clean up campaigns and/or other sanitation activities		

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Indepth Education Sector Technical Assessment Tool

Instructions:

This form contains critical information to be gathered by education personnel during a rapid education needs assessment. The information in this form should be collected through key informant interviews. This involves identifying and discussing with community leaders, local education officials, principals, teachers, or representatives from active organisations in the area. Each interview with a key informant requires a separate form.

As the interviewer, introduce yourself and the purpose before conducting the interview.

Circle the appropriate response(s) to the questions.

Assessment Identification	
Date of Assessment: ____/____/____ (dd/mm/yy)	Name of person being interviewed: _____ M <input type="checkbox"/> F <input type="checkbox"/>
Position / Title: _____	
Location Assessment	
Province: _____	Island / Village: _____ Name of School: _____
Language of Instruction: _____	Contact details of School: Email: _____ (phone) _____
Observation/Comments: _____ _____	

Learning Centre: Type of learning centre: Check/Tick one that applies.

School Type	Medium of Instruction	Location	Boarding facility	Means of Transport
ECCE	English/French/Vernacular	Rural / Urban / Semi/Peri-urban	Yes /No	Canoe / Boat/ Truck/ Bicycle /walk/Other (specify) _____
Primary	English/French/Vernacular	Rural / Urban / Semi/Peri-urban	Yes /No	Canoe / Boat/ Truck/ Bicycle /walk/Other (specify) _____
Secondary	English/French/Vernacular	Rural / Urban / Semi/Peri-urban	Yes /No	Canoe / Boat/ Truck/ Bicycle /walk/Other (specify) _____
Other: Specify____ _____	English/French/Vernacular	Rural / Urban / Semi/Peri-urban	Yes /No	Canoe / Boat/ Truck/ Bicycle /walk/Other (specify) _____

1. Access and learning environment

1. Please provide enrolment information about this school **before and after** the disaster

A). Table showing students Information before the Disaster.

ECE/Pre-Primary					Primary			Secondary			Other (specify)		
F			M		class	F	M	year	F	M	Level	F	M
					1			7					
					2			8					
					3			9					
					4			10					
					5			11					
					6			12					

						7				13					
						8				14					
Total						Total				Total			Total		

B). Table showing students Information After the Disaster.

ECE/Pre-Primary					Primary			Secondary			Other (specify)		
F			M		class	F	M	year	F	M	Level	F	M
					1			7					
					2			8					
					3			9					
					4			10					
					5			11					
					6			12					
					7			13					
					8			14					
Total					Total			Total			Total		

B). Reasons Why children are not attending school since the emergency/crisis: -

2. Please provide the number of students coming from other schools due to the disasters

<u>Name of previous school</u>	<u>Class/Year</u>	<u>Number of boys</u>	<u>Number of girls</u>	<u>Total</u>
--------------------------------	-------------------	-----------------------	------------------------	--------------

D	Limited damage, can easily be repaired (broken windows, etc)	
E	No damage	

Comments: _____

5. Are any temporary structures needed?

	Type of structure	yes	no	quantity
A	Tents			
B	Tarpaulins			
C	Local material			
D	Others: (specify)			

6. What type of support for education is most essential right now in this school or learning centre?

(List the top 3 first, in order of priority).

A	Repairing damaged school buildings or facilities	
B	Establishing temporary spaces for learning	
C	Ensuring safety of learners and teachers	
D	Providing school materials	
E	Providing teaching and learning resources	
F	Providing psychosocial support to teachers and students	
G	School feeding	
H	Recruiting teaching staff	
I	Other (specify) _____	
J	None of the above	

7. What are the main WASH needs at this school?

		Before the disaster		After the disaster		Teaching Staff Before Disaster	Teaching Staff After Disaster
		Boys	Girls	Boys	Girls		
A	Toilets (Types of Toilet)						
B	Showers						
C	Safe drinking water (Water Source)						
D	Water (eg. for bathing/washing)						
E	Cleaning materials (soap, bucket, toothbrush/toothpaste, etc.)						
F	Hygiene education						

3. Teaching and learning

2. What urgent messages or information are needed by children and youth in this site to protect them during this period?

		Information needed	Information provided
A	Peace education and conflict mitigation		
B	Natural disaster preparedness and risk reduction		
C	Increased awareness of health, nutrition and hygiene issues		
D	Protection against safety and security risks		
E	Psychosocial activities and support		
F	Other (specify)		

3. Did learners miss normal school days as a result of the emergency?

YES		NO	
------------	--	-----------	--

If yes, how many days (on average)? _____

4. A. How many teachers did you have before the emergency??

Total Number of teachers: _____

B. Status of teachers: Permanent: _____. **Temporary:** _____

C. Are there enough?

Yes: ____ No: ____

5. A. Since the emergency, around how many teachers (both from community and from outside) are still able to work?

Total number of teachers still able to work: _____

B. Status of teachers: Permanent: _____. **Temporary:** _____

C. Are there enough?

Yes: ____ No: _____

6. Are there currently any functioning groups present in this community that are supporting education?

(Select all that apply.)

A	Government education authorities	
B	Community education committees (such as PTAs, SMCs)	
C	Local NGOs or religious groups	
D	International NGOs or UN agencies	
E	Other (specify)	

If yes, what type of support?

7. What actions has the school or local community already undertaken to address the crisis?

A	Repairing damaged school buildings or facilities	
	Repairing Access road to school.	
B	Establishing temporary spaces for learning	
C	Ensuring safety of children and teachers	
D	Providing school materials	
E	Psychosocial support for teachers and students	
F	School feeding	
G	Other (specify)	

Assessment completed by: _____

Date of Assessment: _____

Organization: _____

Contact details: _____

Signature: _____

Guidance Sheet for Assessors – please read before you start

Gender defines what it means to be a man or woman, boy or girl in a given society. It carries specific roles, status and expectations within households, communities and cultures.

Gender determines what is expected, allowed and valued in a woman or a man in a given context. In most societies there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities.

Protection is the activities we do to keep vulnerable people such as women, girls, boys, people living with a disability, the elderly and the sick safe. In emergencies we focus on preventing and responding to protection issues as (1) an emergency situation can damage the usual social constructs which give people protection and (2) emergencies can increase tension and create situations causing an increase in protection issues.

Not all of these may be relevant to Vanuatu at the moment, but we need to think about them because they may happen in the future and particularly at times of disaster:

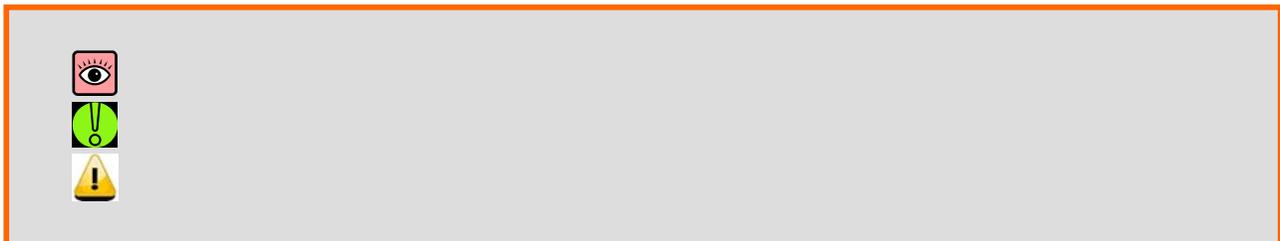
1. **Family separation**
2. **Exploitation of women, girls and people living with a disability – such as child labour and trafficking**
3. **Psychosocial distress (the emotional and mental effects of an emergency)**
4. **Recruitment of children into armed groups or gangs**
5. **Physical harm to women, girls, boys and people living with a disability and other vulnerable groups**
6. **Denial of children's access to quality education**
7. **Abuses related to forced displacement**
8. **Gender-based violence against women and girls**
9. **Sexual exploitation and abuse**
10. **Protection of people living with disabilities (PLWD)**
11. **Protection of people displaced by disaster**

Key gender and protection considerations for assessment teams

- ☉ **Ensure gender balance on the assessment team:** As a minimum there should be at least one female on the team who can speak to female members of the community
- ☉ **Observe community values and be culturally sensitive:** Assessors must be culturally sensitive and aware. Remember that talking about issues like child abuse and gender based violence is difficult for many people. Other people may not understand what is meant by abuse and you will need to explain this carefully in a way that doesn't offend or upset them
- ☉ **Introduce yourself:** Introduce yourself and your organization to respondents, and explain that the purpose of the assessment is to help organizations make good decision about how best to work with and support affected communities
- ☉ **Obtain Consent:** make sure people know why you are asking questions and what the information will be used for. Tell them that participation is optional and that all information shared will be kept confidential and secure. If they would rather not answer specific questions, they can miss them. Their names or contact details will not be recorded unless urgent action is required. If urgent action is required use the Referral Form, keep names confidential and notify your Assessment Team Leader
- ☉ **Explain that needs of the whole of community will be considered:** this includes, men women, girls, boys, PLWD, injured, sick and the elderly
- ☉ **Don't make promises of assistance:** Make certain that interviewees know that how, when and where protection assistance is provided will depend on many factors
- ☉ **Consult with women, boys and girls as well as men:** Vanuatu is a male dominant society and as such it is easy to only consult with men and male leaders. Ensure that female members of the community, boys and

girls are also consulted. Emergencies affect men, women, boys and girls differently and assistance should be designed to meet all community member needs

- 👁️ **Use female assessors to speak to female community members, boys and girls:** To create an environment in which women and children feel comfortable to express their needs and issues, female (not male) assessors should consult them. The team should ensure that men are not present during these consultations as they may influence what is expressed
- 👁️ **When interviewing people with disability:**
 - where possible talk to the person with disability rather than their carer or family member
 - *When interviewing someone who uses a wheelchair or cannot stand, sit down at their level so you are looking at them eye to eye whilst speaking.*
 - When interviewing someone who is deaf, you may need to ask if someone from the persons family can help translate
 - When interviewing someone who is blind, introduce yourself and explain what you are doing first
- 👁️ **Identify vulnerable individuals and groups:** these could be unaccompanied children/youth, pregnant women, mothers with infants and babies, PLWD, elderly – they may require special attention
- 👁️ **Take note of the needs of girls and women:** Their specific needs of privacy, hygiene, safety and dignity must be brought to the attention of those providing assistance and services
- 👁️ **Take note of any protection issues that you think could be occurring. This includes all the issues listed on the front page**
- 👁️ **Write clearly**
- 👁️ **Do no Harm:** When gathering information on sensitive issues, there may be difficult choices to make about whom to approach; the potential risks to respondents of providing sensitive information; as well as whether, where and how to approach them. Careful decision must be made to minimize any potential risk to interviewees. In general, only seek information that respondents feel comfortable and safe providing, but also consider the risks to children of not obtaining information on immediate threats to their safety. Be aware that information that may be socially or politically sensitive.
- 👁️ **You do not need to complete every question** but rather focus on the questions that are most relevant to the situation.
- 👁️ **When you have finished the assessment give the completed forms to your Assessment Team Leader**



Protection and Gender Interagency Rapid Assessment Form
(for use with adults)

1. GENERAL INFORMATION

1.1. Assessor's name and organisation's name		1.2. Date of assessment	
---	--	--------------------------------	--

1.3. Name or type of emergency (earthquake, cyclone etc)

Country:

Province:

Island:

Village or Community :

School – if relevant:

1.4. List community leaders who can support Protection/Gender work (e.g. those who can assist with protection of children, people with disabilities and vulnerable men and women i.e. NGO Staff, DWA staff, Chiefs, Pastors, Village Health Workers, Nurses, Teachers, Police. DPO focal points, CAVAWs)

<i>Name</i>	<i>Role (if applicable)</i>	<i>Other contact details (address, phone, landmark)</i>	<i>Do they know how to identify serious abuse (sexual and physical) and what action to take?</i>
			<input type="checkbox"/> Yes <input type="checkbox"/> No What action will they take? (eg contacting Health workers, the Police, Women's Centre counselor)
			<input type="checkbox"/> Yes <input type="checkbox"/> No What action will they take?
			<input type="checkbox"/> Yes <input type="checkbox"/> No What action will they take?
			<input type="checkbox"/> Yes <input type="checkbox"/> No What action will they take?
			<input type="checkbox"/> Yes <input type="checkbox"/> No What action will they take?

			<input type="checkbox"/> Yes <input type="checkbox"/> No What action will they take?

2. PHYSICAL SAFETY AND WELL BEING OF CHILDREN, YOUTH, WOMEN, PREGNANT WOMEN, PERSONS WITH DISABILITIES AND THE ELDERLY

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

		No.	Male/Female breakdown (if available)	Age breakdown (If available)
a. Killed by violence	<input type="checkbox"/> YES <input type="checkbox"/> NO			
b. Killed by accident	<input type="checkbox"/> YES <input type="checkbox"/> NO			
c. Injured by violence	<input type="checkbox"/> YES <input type="checkbox"/> NO			
d. Injured by accident	<input type="checkbox"/> YES <input type="checkbox"/> NO			
e. Seriously Injured by violence	<input type="checkbox"/> YES <input type="checkbox"/> NO			
f. Seriously injured by accident				
g. Missing	<input type="checkbox"/> YES <input type="checkbox"/> NO			
h. Being forced to leave their homes.				
i. Physically abused	<input type="checkbox"/> YES <input type="checkbox"/> NO			
j. Sexually abused	<input type="checkbox"/> YES <input type="checkbox"/> NO			
k. Without parents or unsupervised	<input type="checkbox"/> YES <input type="checkbox"/> NO			

 If any of the above are reported PLEASE REFER TO REFERRAL GUIDE ISSUED AT PRE DEPARTURE BRIEFING AND PROVIDED ON THE LAST PAGE OF THIS ASSESSMENT FORM

2.2. Are any of the following happening? (Tick all that apply)

- Evacuations that separate children, youth, women, pregnant women, persons with disabilities or the elderly from their families
- Children, youth, women, pregnant women, persons with disabilities or the elderly left unattended at medical or feeding centres
- Issues for persons with disabilities accessing evacuation centres
- Children falling into water sources
- Children, youth, women, pregnant women, persons with disabilities or the elderly attacked or abused when fetching water or food
- Other
- Don't know or no reports of any of the above

3. SEPARATED PERSONS

3.1. Have there been any reported cases of:

	Total # (if available)	Age group (tick one)	Sex (tick one)
a. Children separated from their families		<input type="checkbox"/> Mostly under 5s <input type="checkbox"/> Mostly between 5-13 y.o. <input type="checkbox"/> Mostly 14-18 y.o. <input type="checkbox"/> Don't know	<input type="checkbox"/> Mostly girls <input type="checkbox"/> Mostly boys <input type="checkbox"/> About equal <input type="checkbox"/> Don't know
b. Persons with disability separated from their carers		<input type="checkbox"/> Mostly under 10s <input type="checkbox"/> Mostly between 10-18 y.o. <input type="checkbox"/> Mostly 18-35 y.o. <input type="checkbox"/> Don't know	<input type="checkbox"/> Mostly girls <input type="checkbox"/> Mostly boys <input type="checkbox"/> About equal <input type="checkbox"/> Don't know
c. Elderly persons separated from their carers		<input type="checkbox"/> Mostly under 50s <input type="checkbox"/> Mostly between 50-70 y.o. <input type="checkbox"/> Mostly 70-80 y.o. <input type="checkbox"/> Don't know	<input type="checkbox"/> Mostly girls <input type="checkbox"/> Mostly boys <input type="checkbox"/> About equal <input type="checkbox"/> Don't know
d. Missing children		<input type="checkbox"/> Mostly under 5s <input type="checkbox"/> Mostly between 5-14 y.o. <input type="checkbox"/> Mostly 14-18 y.o. <input type="checkbox"/> Don't know	<input type="checkbox"/> Mostly girls <input type="checkbox"/> Mostly boys <input type="checkbox"/> About equal <input type="checkbox"/> Don't know
e. Women who have become head of households due to emergency		<input type="checkbox"/> Mostly under 18 <input type="checkbox"/> Mostly between 18-25 y.o. <input type="checkbox"/> Mostly 25-40 y.o. <input type="checkbox"/> Don't know	<input type="checkbox"/> Mostly girls <input type="checkbox"/> Mostly boys <input type="checkbox"/> About equal <input type="checkbox"/> Don't know
f. Boys or girls who have become head of households due to emergency.		<input type="checkbox"/> Mostly under 10s <input type="checkbox"/> Mostly between 10a and 18s <input type="checkbox"/> Don't know	

3.2. Are there reports of persons/organisations approaching families to offering to care for children away from the site of the Emergency?

YES 
 NO

If yes, then who are they? – list names/organisations

4. EMOTIONAL WELL-BEING OF COMMUNITY

4.1. Is there counseling support being provided in the community? YES NO

Is there support and/ or advocacy available for PLWD? YES NO

Who can offer counseling services and psychosocial support – eg Pastor, School Chaplain, Counselor at a Women's Centre:

5. CHILD LABOUR

5.1. Are any children engaged in:

	Age group Children who work are: (tick one)	Gender Children who work are: (tick one)
(Tick all that apply)		

<input type="checkbox"/> Work stopping them from school <input type="checkbox"/> Illegal Activities (Stealing etc) <input type="checkbox"/> Sexual Exploitation (eg prostitution)  <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Younger than 12 y.o. <input type="checkbox"/> Between 13-18 y.o. <input type="checkbox"/> Don't know	<input type="checkbox"/> Mostly boys <input type="checkbox"/> Mostly girls <input type="checkbox"/> About equal <input type="checkbox"/> Don't know
 If any of the above are reported PLEASE REFER TO REFERRAL GUIDE ISSUED AT PRE DEPARTURE BRIEFING AND PROVIDED ON THE LAST PAGE OF THIS ASSESSMENT FORM		

6. HEALTH											
6.1. Do the health workers know the procedures for dealing with sexual abuse (eg medical examination within 72 hours)		<input type="checkbox"/> YES <input type="checkbox"/> NO		6.2. Are locks provided for toilet/washing facility doors? 		<input type="checkbox"/> YES <input type="checkbox"/> NO					
6.3. Is there lighting at toilets? 		<input type="checkbox"/> YES <input type="checkbox"/> NO		6.4. Are there separate bush toilets for girls and women? 		<input type="checkbox"/> YES <input type="checkbox"/> NO					
6.6. Are the toilets accessible for persons with disabilities? 				6.7. Are there bathing facilities accessible for persons with disabilities? 		<input type="checkbox"/> YES <input type="checkbox"/> NO					
6.9. Do women/children feel safe collecting water and food ?		<input type="checkbox"/> YES <input type="checkbox"/> NO		6.10. How far is the water collection point? 10 mins walk? 11-30 mins? 30-1hr? 1hr+?		6.11. If water containers are being distributed, are they the right size of suitable for children?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
6.12. Is sanitary protection available for menstruating girls and women?		<input type="checkbox"/> YES <input type="checkbox"/> NO		6.13. Is there an adequate supply of food and water for pregnant women, nursing mothers and mothers of children under 5?		<input type="checkbox"/> YES <input type="checkbox"/> NO		6.14. Are there any women in their third trimester, and if so, is there a VHW available to assist with the birth?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
6.15. Are there any reports or rumours of children/women/people with disabilities exchanging sex to access Non Food Items and/or Food ? <input type="checkbox"/> YES  <input type="checkbox"/> NO											
 If any of the above are reported PLEASE REFER TO REFERRAL GUIDE ISSUED AT PRE DEPARTURE BRIEFING AND PROVIDED ON THE LAST PAGE OF THIS ASSESSMENT FORM											

Any questions? Ask your team leader, or call the Protection Cluster on 558 1100 or 710 2623

REFERRAL GUIDE

Ol ripot blong abius oli mas ripotem i ko long Famli Proteksen Unit ofisa klosap long yu.

PROVINS	AELAN	ERIA	NEM	TELEFON NAMBA
Torba	Vanua Lava	Sola	Inspector Judas Silas	555 3046
Sanma	Santo	Luganville	Nancy Tamata	596 6630
Penama	Ambae	Saratamata	John Joe	591 6932
Penama	Ambae	West	Ben Tagaro	547 3290
Malampa	Malekula	Lamap	Alfred Tilla	562 0241
Malampa	Malekula	Lakatoro	Grenly Kenda	566 6283
Shefa	Efate	Port Vila	Sabrina Bila	777 4749
Tafea	Tanna	Isangel	Nos Wilfred	776 7373

Long keis blong sam pipol we oli nidim kanseling mo help, Vanuatu Women's Centre hemi kat ol kaonsela we oli save ofarem wan eaet sapot long victim. Pasta i save givhan long spirijuel kanseling mo yumi enkarejem.

PROVINS	AELAN	ERIA	NEM	TELEFON NAMBA
Torba	Vanua Lava	Sola	Grace Lav	592 0880
Sanma	Santo	Luganville	Shanna Ligo	36 157
Penama	Ambae	Saratamata	Meriam Garae	591 1145
Penama	Ambae	Nduidui	Andrea Vira	773 4662
Malampa	Malekula	Lakatoro	Sheena Timorthy	549 7220
Shefa	Efate	Port Vila	Beta Misef	25 764
Tafea	Tanna	Isangel	Lisa Thomas	88 660



Evacuation Center Cluster, Vanuatu Cyclone Pam Response 2015
Displacement Tracking Matrix (DTM) - Form: Site Assessment



Form Verification	Verified by		Date of Verification	d	d		m	m		y	y	
Database Input	Input by		Date of Input	d	d		m	m		y	y	
A. SURVEY DETAILS												
1.1.a.1	Date of Current Survey	d	d		m	m		y	y	1.1.b.1	Enumerator Name	
1.1.a.2	Survey Round									1.1.b.2	Sex of Enumerator	<input type="radio"/> Male <input type="radio"/> Female
No	Name of Respondent↓	Position/Title↓	Contact Details↓	Phone Number↓	Role↓							
1.												
2.												
3.												
4.												
5.												

B. SITE/ SETTLEMENT AREA DETAILS											
1.1.c.1	Site ID (SSID)		1.2.b.1	Is there a Disaster Management Committee (DMC) at the site?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> No Answer, why? _____						
1.1.d.1	Site Name		1.2.b.2	Is the DMC made up from the community at the site?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> No Answer, why? _____						
1.1.e.1	Province		1.2.b.7	DMC Focal Point Name							
1.1.e.2	Island		1.2.b.8	DMC Focal Point Phone							
1.1.e.3	Area Council		1.2.r.1	Is PROTECTION support being provided at the site?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> No Answer, why? _____						
1.1.e.5	Village/Place		1.2.s.1	Is EDUCATION support being provided at the site?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> No Answer, why? _____						
1.1.f.1	(GPS) Longitude	# # . # # # # # #	1.2.t.1	Is LIVELIHOOD support being provided at the site?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> No Answer, why? _____						
1.1.f.2	(GPS) Latitude	# # . # # # # # #	1.2.n.1	Is WASH support being provided at the site?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> No Answer, why? _____						
1.2.o.1	Is HEALTH support being provided at the site?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> No Answer, why? _____									
1.2.p.1	Is SHELTER/NFI support being provided at the site?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> No Answer, why? _____									
1.2.q.1	Is FOOD support being provided at the site?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> No Answer, why? _____									

C. POPULATION DEMOGRAPHICS (BEST ESTIMATE NUMBER OF)								Estimated Population on the Site
Total No. of Families/HHs↓	Breakdown By Age/Gender	Infants (<1)	Young Children (1-5 y)	Older children (6-11y)	Teenagers (12-17 y)	Adults (18-59 y)	Elderly (60 +y)	TOTAL
	Male							
	Female							
	Total							

D. PERSONS WITH SPECIAL VULNERABILITIES (BEST ESTIMATE NUMBER OF)			
Pregnant Women	#	Elderly Persons	#
Pregnant Women who are soon ready to give birth	#	Breastfeeding Mothers	#
Persons who have difficulty seeing	#	Unaccompanied Minors	#
Persons who have difficulty hearing		Orphaned Minors	
Persons who have difficulty walking	#	Single-female headed Households	#
Persons who have difficulty thinking or concentrating		Single-male headed Households	
Persons who have difficulty communicating or being understood		Single-child headed Households	
Persons w/ Chronic Diseases/Serious Medical Conditions	#		#

Households leaving the community	
How many households have left this community after cyclone?	
What was the main reason for leaving?	<input type="radio"/> Accessibility <input type="radio"/> House damaged/destroyed <input type="radio"/> Lack of food <input type="radio"/> Lack of safety <input type="radio"/> No livelihood <input type="radio"/> Basic infrastructures damaged/flooded <input type="radio"/> Lack of water <input type="radio"/> Unknown <input type="radio"/> Other, specify _____
Which place did they go?	<input type="radio"/> Another village on same island <input type="radio"/> Port Vila <input type="radio"/> Another island, which one? _____
Where are they staying?	<input type="radio"/> Host Family <input type="radio"/> Community Building/church <input type="radio"/> Evacuation Centre <input type="radio"/> Squatting <input type="radio"/> Don't know <input type="radio"/> Other, specify? _____

Families moving into the community	
How many households who were not living in this community before the cyclone are now staying here?	
Why did they come?	<input type="radio"/> Accessibility <input type="radio"/> House damaged/destroyed <input type="radio"/> Lack of food <input type="radio"/> Lack of safety <input type="radio"/> No livelihood <input type="radio"/> Basic infrastructures damaged/flooded <input type="radio"/> Lack of water <input type="radio"/> Unknown <input type="radio"/> Other, specify _____
Where did they come from?	<input type="radio"/> Another village on same island <input type="radio"/> Port Vila <input type="radio"/> Another island, which one? _____
Did they come as a group or individually (one by one)?	<input type="radio"/> Group <input type="radio"/> individually <input type="radio"/> Unknown
Where are they now staying?	<input type="radio"/> Host Family <input type="radio"/> Community Building/church <input type="radio"/> Evacuation Centre <input type="radio"/> Squatting <input type="radio"/> Don't know <input type="radio"/> Other, specify? _____

Families without houses still in the community	
How many households who have no house are still staying in this community? (no house, but did not move elsewhere)	
Where are they now staying?	<input type="radio"/> Host Family <input type="radio"/> Community Building/church <input type="radio"/> Evacuation Centre <input type="radio"/> Squatting <input type="radio"/> Don't know <input type="radio"/> Other, specify? _____

M. COMMUNICATION			
11.1.a.1 Where do most residents mostly get their information from?	<input type="radio"/> Local Leader <input type="radio"/> Families/Friends <input type="radio"/> Authorities <input type="radio"/> None <input type="radio"/> Mobile Phone <input type="radio"/> Site Management <input type="radio"/> Unknown <input type="radio"/> Radio/News <input type="radio"/> Other, specify? _____ <input type="radio"/> No Answer, why? _____		
11.1.c.1 What is the main topic on which the community is requesting information on?	<input type="radio"/> Access To Services <input type="radio"/> Distribution <input type="radio"/> Registration <input type="radio"/> Shelter <input type="radio"/> Safety and Security <input type="radio"/> How to get Information <input type="radio"/> Other Relief Assistance <input type="radio"/> Situation In Areas Of Origin <input type="radio"/> Information on support to return to community <input type="radio"/> None <input type="radio"/> Unknown <input type="radio"/> Other, specify? _____		
11.3.a.1 Travel abroad opportunities are being discussed/advertised within the community?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/> No Answer, why? _____	11.3.a.2 If YES, which country?	

OUTLINE OF METHODOLOGY

LIVELIHOODS ASSESSMENT VANUATU POST-CYCLONE PAM

The methodology to be used for the livelihoods recovery assessment is comprised of the following components:

1. Key Informant interviews

Purpose: to gather sex-disaggregated information and insights from leaders in the most affected communities on the impacts of the cyclone, which can then serve as an evidence base for design of appropriate recovery interventions.

Process:

One-on-one interviews to be conducted individually with 2 men and 2 women in each location, who are influential community leaders. Interviewer to record answers on the sheet provided.

2. Single Sex Focus Group Discussions

Purpose: to identify sex-disaggregated impacts, interests and views of men and women, in relation to the cyclone and livelihoods recovery options. This can then serve as an evidence base for design of appropriate recovery interventions.

Process:

Meet with 4 groups separately: Younger men, older men, younger women, older women. Aim to have at least 10 people in each group, or up to 20 if possible. Facilitator to record main points from the discussion with each group, on the sheet provided.

LIVELIHOODS ASSESSMENT VANUATU POST-CYCLONE PAM

Focus Group Discussion: Younger men

Date:
Location:
Number of participants:
Facilitator:

Include list of participants, with names and signatures.

Questions

What were your main livelihoods and sources of income until now, and how were these affected by the cyclone?

How long will it take before your source of livelihoods is resumed? And what can be done to make that happen faster?

How much estimated income have you lost as a result of the cyclone?

What are your main needs for assistance at this point, for your family and your community to return to normal?

What coping strategies have you used to adjust to the hardships caused by the cyclone?

What ideas do you have about alternative income generation activities?

(First briefly explain what a cash-for-work program consists of) ... If a cash-for-work program were organized, would you want to participate? (if so, raise hand)

If you had a cash income through a temporary employment program, what would you most likely spend the money on?

- a) Food
- b) School costs
- c) Repairing house
- d) Paying off debts
- e) Other – explain

LIVELIHOODS ASSESSMENT VANUATU POST-CYCLONE PAM

Focus Group Discussion: Older men

Date: Location: Number of participants: Facilitator:

Include list of participants, with names and signatures.

Questions

What were your main livelihoods and sources of income until now, and how were these affected by the cyclone?

How long will it take before your source of livelihoods is resumed? And what can be done to make that happen faster?

How much estimated income have you lost as a result of the cyclone?

What are your main needs for assistance at this point, for your family and your community to return to normal?

What coping strategies have you used to adjust to the hardships cause by the cyclone?

What ideas do you have about alternative income generation activities?

(First briefly explain what a cash-for work program consists of) ... If a cash-for-work programme were organized, would you want to participate? (if so, raise hand)

If you had a cash income through a temporary employment program, what would you most likely spend the money on?

- f) Food
- g) School costs
- h) Repairing house
- i) Paying off debts
- j) Other – *explain*

LIVELIHOODS ASSESSMENT VANUATU POST-CYCLONE PAM

Focus Group Discussion: Younger women

Date: Location: Number of participants: Facilitator:

Include list of participants, with names and signatures.

Questions

What were your main livelihoods and sources of income until now, and how were these affected by the cyclone?

How long will it take before your source of livelihoods is resumed? And what can be done to make that happen faster?

How much estimated income have you lost as a result of the cyclone?

What are your main needs for assistance at this point, for your family and your community to return to normal?

What coping strategies have you used to adjust to the hardships cause by the cyclone?

What ideas do you have about alternative income generation activities?

(First briefly explain what a cash-for work program consists of) ... If a cash-for-work programme were organized, would you want to participate? (if so, raise hand)

If you had a cash income through a temporary employment program, what would you most likely spend the money on?

- k) Food
- l) School costs
- m) Repairing house
- n) Paying off debts
- o) Other – *explain*

LIVELIHOODS ASSESSMENT VANUATU POST-CYCLONE PAM

Focus Group Discussion: Older women

Date:
Location:
Number of participants:
Facilitator:

Include list of participants, with names and signatures.

Questions

What were your main livelihoods and sources of income until now, and how were these affected by the cyclone?

How long will it take before your source of livelihoods is resumed? And what can be done to make that happen faster?

How much estimated income have you lost as a result of the cyclone?

What are your main needs for assistance at this point, for your family and your community to return to normal?

What coping strategies have you used to adjust to the hardships cause by the cyclone?

What ideas do you have about alternative income generation activities?

(First briefly explain what a cash-for work program consists of) ... If a cash-for-work programme were organized, would you want to participate? (if so, raise hand)

If you had a cash income through a temporary employment program, what would you most likely spend the money on?

- p) Food
- q) School costs
- r) Repairing house
- s) Paying off debts
- t) Other – *explain*

LIVELIHOODS ASSESSMENT VANUATU POST-CYCLONE PAM

Key Informant interview

Name:	
Age:	Male or female:
Date:	Location of interview:
Interviewer:	

Questions

What are the main livelihoods and sources of income for **men** in the affected communities, and how were these affected by the cyclone?

What are the main livelihoods and sources of income for **women** in the affected communities, and how were these affected by the cyclone?

Which community buildings, roads or other small infrastructure were destroyed or damaged by the cyclone?

Who uses these buildings or roads, and for what purpose?

Which small infrastructure would be highest priority to fix?

What coping strategies have people used to adjust to the hardships cause by the cyclone?

What ideas do you have about alternative income generation activities?



FOOD SECURITY AND AGRICULTURE CLUSTER

VANUATU FOOD SECURITY & AGRICULTURE CLUSTER (FSAC)
DETAILED LONG TERM RECOVERY ASSESSMENT PLAN; APRIL, 2015

Section1: Background Information

1.1 Area Name:.....

1.2 Area Council:

1.3 Island:

1.4 Village:.....

1.5 Province:.....

1.6 Estimated Population of Area:.....

1.7 GPS:.....

1.7 Informant name:

1.8 Informant Qualifications/Expertise:

1.9 Sex:

1.10 Contact:.....

1.11 Signature:.....

1.11 Interviewer name:

1.12 Date: / /

1.13 Time:



FOOD SECURITY AND AGRICULTURE CLUSTER

Section 1: Food Availability (Pre TC Pam)

1.1 Crops

In a typical **WEEK** how much crops did your area consume, give away, sell, and receive as gifts and purchase?

CROP	Total produced by the area Weight (bundles)						Received as gift (bundle)	Purchased from another household/ store	
	Total =a+b+c+d	Eaten (a)	Preserved (b)	Given Away (c)	Sold (d)	Sold (VT Value)		Amount (bundle)	\$ Value
Taro									
Cassava									
Banana									
Yams									
Taro Fiji									
Coconut									
Kumala									
Breadfruit									
Other									
Total									



FOOD SECURITY AND AGRICULTURE CLUSTER

1.2 Livestock harvest

In a typical **WEEK** how much livestock did your area consume, give away, sell, receive as gifts and purchase?

LIVESTOCK	Total produced by the area (number)					Received as gift (number)	Purchased from another household/ store	
	Total =a+b+c	Eaten (a)	Given Away (b)	Sold (c)	Sold (VT Value)		Amount (number)	VT Value
Pigs								
Beef								
Sheep								
Chicken								
Ducks								
Other								
Total								

1.3 Seafood harvest

In a typical **WEEK** how much sea food produce did your area consume, give away, sell, receive as gifts and purchase?

SEAFOOD	Total produced by the household Weight (bundle/rope)						Received as gift (bundle/rope)	Purchased from another household/ store	
	Total =a+b+c+d	Eaten (a)	Preserved (b)	Given Away (c)	Sold (d)	Sold (VT Value)		Amount	VT Value
Tuna / deep sea fish									
Reef fish									
Shellfish									
Crab									
Lobsters									
Coconut crab									
Other									
Total									



FOOD SECURITY AND AGRICULTURE CLUSTER

1.4 Amount and Value of Imported Foods

In the following table, please provide details of the amount of each imported food item your area purchases in a typical MONTH. Also provide an estimate of the value of the food.

Imported Food	Quantity imported (quantity in numbers e.g. cases)	Total Costs (VT Value)
Rice		
Flour		
Magi Noodles		
Canned fish		
Canned meat		
Soft drinks		
Chicken		
Sheep		
Sugar		

1.5 Food Aid Needs

On scale of 1 -10, indicate food aid needs for the area in the next three months (Assessor):

Area	Food Aid Needs Ranking 1 – 10 (1 being highest)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	



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Section 6: Income

6.1 Income Sources (pre-Pam)

In the table below, please provide the average weekly income of the households in your area, for each of the categories provided below (Please leave the total as blank)

Sources of incomes	Who is responsible for selling (men or women)	Av. Income/week (\$Vatu) Pre-TC Pam	Av. Income/week (\$Vatu) Post TC Pam	Recovery Needs/Priorities
A	B	C	D	E
1. Selling farm produce:				
a. Copra				
b. Kava				
c. Root crops (specify)				
d. Fruits				
e. Vegetables				
f. Cocoa				
g. Coffee				
h. Livestock (specify)				
i. Fish and seafoods				
j. Forest products (specify)				
2. Selling cooked foods				
3. Salary/wages				
4. Selling handicrafts				
5. Remittances				
6. Others (small business etc.)				
Total weekly income				

6.2 Income Sufficiency

Is the total weekly income sufficient for households in your area?

Yes

No (Provide the MAIN method the household meets their basic needs)

- 1-Assisted by extended family members
- 2-Borrow from neighbours'
- 3-Barter exchange
- 4-Other
- 5-None



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6.3 Financial Impact

Please rank from 1 to 6 (1 being “most impact”) the impact of the following obligations on the household’s financial situation?

Obligations	Rank from 1 to 6 (1 most impact)
1. Traditional obligations	
2. Church obligations	
3. Food security (meals, preserved food, etc.)	
4. School fees	
5. Health care	
6. Shelter, clothing, etc.	

Section 7: Local Capacities

7.1 In your opinion, rank the highest priority long-term recovery for your area:

Recovery needs	Ranking 1-5 (1 Highest)	Specific Priority Needs
Livestock For men: For women		
Forestry For men: For women:		
Fisheries For men For women		
Agriculture For men For women		
Biosecurity For men For women		



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7.2 List capacity needs for cyclone Pam recovery under the following categories:

List the knowledge and experience <u>available</u>	List the knowledge and experience <u>needed</u>	List the materials/resources <u>available</u>	List the materials/resources <u>needed</u>

ANNEX IV: Assessment Debrief Checklist

DEBRIEF CHECKLIST

Suggested structure: a facilitated discussion, giving a turn to each team member for each question

Methodology

- ✓ Discuss key informants (KIs)
 - Number of KIs interviewed per location
 - Did you feel that all KIs were representative of their communities? Please flag any issues
 - Was the information provided by different KIs consistent?

Direct observations

- ✓ What was the predominant type of shelter in the area you covered?
- ✓ What was the scale of damage in the areas you assessed?
- ✓ Identify top 3 priority problem areas observed
- ✓ Which were the most affected locations in the areas covered (villages)
- ✓ Were any population groups (women, children, disabled people, etc) particularly affected?
- ✓ Did the priority areas differ between locations and population groups?
- ✓ Were there any evacuation centres that were still populated? (If yes, where)
- ✓ Access to the affected populations:
 - What were the logistical constraints to reach affected populations in the area?
 - Did you identify any issues with regard to storage, transport and fuel shortages?
- ✓ Were some affected areas not reachable by boat and/or road?
- ✓ Did you take any photos with their smartphones of road conditions? *(There is a sign in the room with the e-mail to which they should send the photo and the narrative saying where it was taken and what the issue was)*
- ✓ Did you notice any security concerns?
- ✓ Discuss ongoing response
 - Was the assistance sufficient to allow for self-recovery?
 - Had all areas you visited been reached by some form of assistance?
 - What key gaps in response did you observe by cluster/area of work?
- ✓ Did you notice any signs of early recovery?
 - Were people exchanging goods?
 - Were there signs of reviving markets?
 - Did you notice selling of humanitarian goods?
 - Had people and communities started rebuilding?
- ✓ Do you have any other observations of humanitarian needs or situation which were not captured by questionnaires?

Direct observations – cluster-specific

- ✓ *Prepare a set of questions to guide the semi-structured interview. The questions should capture direct observations/unstructured information to triangulate and supplement the questionnaires. Ensure those questions have a strong element of early recovery*