Evacuation from Ambae 2017:

Findings and recommendations from Needs Assessment on people with disabilities in Vanuatu

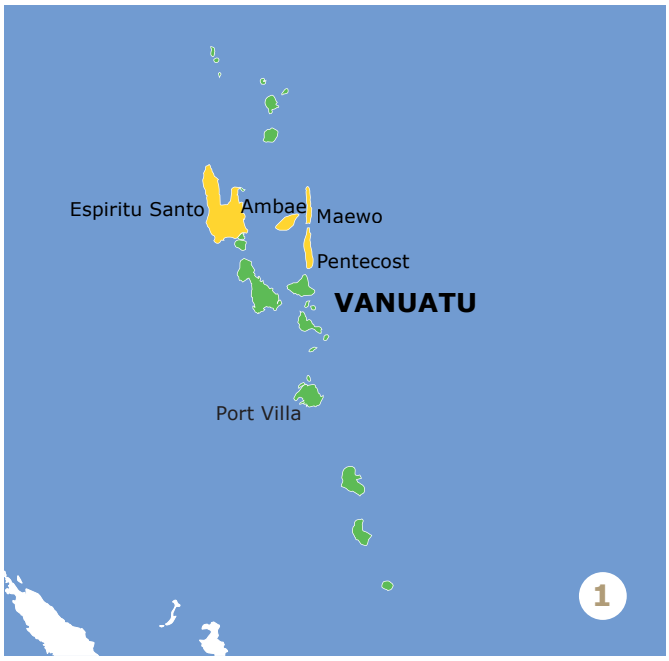

Figure 1 *Map of Vanuatu indicating Ambae and neighbouring islands Espiritu Santo, Maewo and Pentecost.*

Figure 2 *Smoke and ash emanates from the Monaro Voui volcano located on Vanuatu's northern island Ambae in the South Pacific. (Reuters Photo)*

Following increased activity in October 2017 from Monaro Voui, the volcano on Ambae Island in Vanuatu, over 11,000 people living on the island were evacuated to neighbouring islands, Espiritu Santo, Maewo and Pentecost, by air or boat. In situation updates, the Gender & Protection Cluster emphasised concerns raised by persons with disabilities and recommended a Needs Assessment with participation from Disabled Person Organisations (DPOs). With assistance from the Pacific Disability Forum (PDF), members of the Vanuatu Disability Promotion & Advocacy Association (VDPA) and CBM New Zealand conducted a rapid needs assessment on Espiritu Santo, Vanuatu from 16-19 October 2017 recording needs as identified by persons with disabilities impacted by the evacuation.

A team of three data collectors visited six evacuation centres in Santo interviewing 24 persons with disabilities. The interviews revealed that the evacuation process was particularly challenging for adults and children with disabilities, some who had not travelled off the island before. In light of volcanic ash continuing to fall on Ambae into April 2018, further evacuations and relocations may be conducted. This report summarises the barriers encountered and makes recommendations on how future evacuation responses can increase inclusion of people with disabilities.

Disability Disaggregated Data Collection

- Initially no data was available on the number of persons with disabilities evacuated from Ambae, where they were evacuated to, or whether their needs were being met.
- The Displacement Tracking Matrix which tracked Internally Displaced Persons in the camps and evacuation centres reported 37 people with disabilities out of 5,125 people located in one of 47 evacuation centres in Luganville. At less than 1% of the displaced population, and based on World Health Organisation estimates that 15% of the world's population live with some form of disability, a significant number of persons with disabilities in the displaced population at the evacuation centres were likely not identified.
- After VDPA raised the concern that official data on disability was not being collected during the evacuation, the Gender & Protection Cluster made an effort to collect the data using the Interagency Rapid Assessment Form. The form did not contain an internationally recognised disability identification practice and as such a complementary Gender and Protection Rapid Assessment form for People with Disabilities was developed by this team using the UN Washington Group Questions (WGQ) to identify functional limitation and record the needs.

Figure 3 *Enumerators from Vanuatu Disability Promotion & Advocacy Association (VDPA) conduct the Needs Assessment with evacuees.*

Evacuation from Ambae

The evacuation process was challenging for both adults with physical and visual impairment and children with physical and intellectual impairments, some of whom had not travelled off the island before.

Examples of challenges identified include:

- Some people with disabilities who were evacuated from Ambae by air were asked to leave their wheelchairs and assistive devices behind. After this was raised at the Sanma Provincial cluster, the Police Commander undertook initiatives to ship the disability related equipment to their respective owners. Some organisations undertook a process to procure replacement assistive equipment. However, people who had a lot of difficulty or could not walk or climb stairs struggled to access hygiene facilities and distribution points until they had received appropriate assistive equipment. It should be noted that replacement assistive equipment often requires custom fitting and that standardised equipment is not always a suitable replacement for the users own equipment.
- There were no reported cases of children with disabilities being separated from their families. However some adults with disabilities reported being separated from their support network for personal assistance resulting in difficulty meeting self-care needs such as grooming, toileting, washing and eating.
- Evacuees were packed tightly onto boats reducing space for stretching and moving. Standing for the five hour journey caused fatigue for older persons and those reporting mobility limitations.
- On the evacuation boats, latrines were not accessible and not possible to reach by people with mobility limitations. In such conditions, it was reported that children with disabilities had to be toileted on the boat deck, compromising dignity and increasing hygiene risks.
- Some people with disabilities waited at receiving wharves for extended periods of time until they could be transferred to an evacuation centre. Many reported thirst and hunger, and experienced heat due to the limited facilities available for sitting or resting at the wharves. In general, insufficient food and water during evacuation was reported.
- Those responsible for transferring persons with disabilities onto evacuation planes and boats were not trained on appropriate techniques, risking safely for themselves and the persons being transferred.

Figure 4 *Kodwin was evacuated with family from Ambae by air but was advised to leave his wheelchair behind. A temporary wheelchair was provided by the church evacuation centre and modified for his use with a scarf to help him sit upright.*

Evacuation Centres

Six evacuation centres were visited on Espiritu Santo. Just one had accessibility features that would allow all evacuees to access and move around freely.

Some of the "barriers" that were identified at the other evacuation centres included:

- Pathways leading to the main entrance of the shelter and latrines were not accessible for persons using mobility devices such as wheelchairs and walking frames. Elevation of the floor ranged from 16-65cm from the ground without ramps (fig 5).
- Mattresses and bags obstructed paths to sleeping and latrine facilities for people using wheelchairs and persons with visual impairment. Routes or pathways were not marked clearly.
- Access to main rooms and latrines were not sufficient for a wheelchair, causing some wheelchair users to transfer off the wheelchair at the entrance of room and crawl to the sleeping area (fig 6).
- The space inside latrines was not sufficient to complete a full turn for a wheelchair. The average height of the latrines was low at 40cm causing difficulty with independent transfers. The latrines did not have handrails which restricted independent transfers.
- Signage for entrances and distribution points were not accessible for people with visual impairment. Maps indicating the location of sanitation facilities, distribution and meeting points were not available.
- Low lighting at one of the evacuation centres restricted the communication of a person with a hearing impairment, particularly at night, as this represented a barrier for lip reading and sign language. Low lighting also increases security risks, particularly gender based violence of which children and adults with disabilities are particularly at risk.
- Once relocated to evacuation sites, some people with difficulty walking and climbing stairs stayed in tents due to step access, narrow doorways and bags obstructing pathways to sleeping and latrine facilities. Sleeping in tents without mattresses had health risks for two elderly people who could not find sufficient shade to rest during the day. During the day there were limited accessible options for finding shade to rest.Sleeping on the floor posed health risks for those with spinal cord injuries as insufficient padding and high temperatures increases the risk of pressure-areas and infection. Soft cushions and mattresses are essential for pressure care management.


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Food & Nutrition

- Supply of food was limited, exacerbated by uncertain timeframes for repatriation of those who were displaced. No provisions were reported by some persons with disabilities such as children who have a different diet due to difficulties chewing and swallowing. This was challenging for parents trying to find appropriate food for their children who required soft/pureed food.

Education

- Some evacuation centres ran schools using existing infrastructure as classrooms. One classroom viewed did not have ramp access. Two children with intellectual impairments remained in the evacuation centre while children without disabilities of their own age were able to access the classroom.

Billeting

- Some people with disabilities were billeted out to families who did not have adequate knowledge or resources to provide care, risking neglect, abuse and safety concerns. Absence of cash transfer facilities meant that billets were unable to cover specific needs of people with disabilities creating a financial burden for the host family.

Livelihoods

- People expressed concern regarding livelihoods upon returning to their homes. Prior to the evacuation, cattle were let loose and families predicted crops would be destroyed. People with mobility impairments expressed anxiety regarding their ability to recover livestock and cope with crop damage.

Figure 7 *Children with disabilities often miss out on school during emergencies if temporary classrooms are not accessible.*

The following recommendations can be implemented to ensure people with disabilities are included in future evacuations:

- **Engage directly with persons with disabilities** or their representative organisations such as VDPA in identification of needs, vulnerabilities and capacities for a sound understanding of disability issues in the evacuation. Consider focus group discussions in accessible venues with involvement of women and men of different ages and different types of disabilities.
- **Promote leadership of people with disabilities**, in community Disaster Risk Reduction (DRR) preparedness activities. Include people with disabilities in working groups.
- **Continue collecting disability-disaggregated data** using UN Washington Group short set of questions - include indicators to measure disability inclusion in response activities. Include DPO members in data collection process such as training data enumerators or engagement as data enumerators.
- **Consider accessible design principles** when selecting relocation settlement sites. Conduct accessibility audits with DPOs such as VDPA to identify barriers that hinder free movement, use of facilities and access to information for people with physical, visual, sensory, intellectual or psychosocial disabilities. Include budget to incorporate accessibility using universal accessibility guidelines.
- **Set up a working group** to coordinate disability-inclusive evacuation procedures or identify a focal point at evacuation centres to link people with assistive devices, additional mattresses or pureed food and other services. Ensure that complaints and feedback mechanisms can be used by persons with disabilities.
- **Use a range of communication channels and methods** to ensure that older people and people with disabilities have access to information before, during and after evacuation.
- **Ensure children and adults with disabilities are evacuated** along with their personal assistants and assistive devices. Give children and adults with disabilities priority access to board the boat/plane and position close to washroom facilities. Store assistive devices in a safe place on the same boat/plane during the evacuation. Include children with disabilities in temporary education or child-friendly spaces.
- **Allow people with disabilities to remain with their personal assistants when billeted.** Inform host families about the repatriation plan for the families they are hosting. Include cash transfer for additional essential medical expenses that may be incurred.
- **To help people with disabilities recover, make referrals to** development initiatives for health, education and livelihood recovery.

To ensure evacuation centres can be used by all members of the community, consider these features:

- **Install a ramp** with a maximum slope of 1:10. The width of the ramp should be 150 cm for public spaces. Wheel guards or crutch stops located on the edges of the ramp help to guide a person (fig 8).
- **Mark out pathways** to keep clear in order to access toilet and washroom facilities and indoor accommodation.
- **Reserve partitioned or separate sleeping areas** for those who are unable to use washroom facilities to protect dignity.
- **Provide accessible toilet facilities** with a space of at least 1.2 m x 1.2 m but ideally 1.8 m x 1.8 m inside cubicle. The door should be at least 90 cm wide and open outwards with a large lever handle. Install handrails and use non slip surfaces (fig 9).
- **Provide artificial lighting and clear signs** to indicate the location of toilets and key distribution points. Situate an information board at a height that can be seen from seated height (75-90 cm above the ground and maximum 180 cm high), and display a map of the evacuation centre. Information can also be made using tactile maps, which can be read by persons with visual impairment.


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Key resources for additional guidance and disability inclusive best practice:

ADCAP (2018) Humanitarian inclusion standards for older people and people with disabilities. Bensheim, Germany: Age and Disability Consortium.

Humanitarian Hands On Action Tool (nd).
www.cbm.org/HHoT

CBM Inclusive post-disaster reconstruction: Building back safe and accessible for all. 16 Minimum Standards.
Retrieve from: https://www.cbm.org/article/downloads/54741/16-minimum-requirements-for-building-accessible-shelters.pdf

IFRC (2015) All Under One Roof, disability-inclusive shelter and settlements in emergencies, Geneva, International Federation of Red Cross and Red Crescent Societies.
http://www.cbm.org/article/downloads/54741/All_Under_One_Roof_-_Disability-inclusive_shelter_and_settlements_in_emergencies.pdf

UN (2016) Charter on Inclusion of Persons with Disabilities in Humanitarian Action (Final version).
Retrieve from: https://www.cbm.org/article/downloads/54741/Charter_on_Inclusion_of_Persons_with_Disabilities_in_Humanitarian_Action.pdf

CBM & PDF (2017) Disability Inclusion Policy Brief: Gap analysis on disability-inclusive humanitarian action in the Pacific. Auckland: CBM New Zealand.

For more information:

This report was completed in April 2018 based on findings from the Needs Assessment conducted in Luganville, Espirtu Santo in October 2017.

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www.dpavanuatu.org

The Pacific Disability Forum
www.pacificdisability.org

CBM New Zealand
www.cbmnz.org.nz

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