

DREF Plan of Action

St. Vincent and the Grenadines: La Soufriere Volcanic Eruption

DREF n° MDRVC005		Glide no. VO-2021-000034-VCT	
Date of issue: 12 April 2021		Expected timeframe: 3 months	
		Expected end date: 30 July 2021	
IFRC Category allocated to the of the disaster or crisis: Yellow			
DREF allocated: 266,000 CHF (Swiss francs)			
Total number of people affected:	Between 16,000 and 20,000 estimated number of affected persons/evacuees	Number of people to be directly assisted:	700 families (2,100 people) ¹
Provinces affected:	St. Vincent Island and outer Islands.	Regions targeted:	St Vincent Island. <i>This response focuses on providing services to evacuees. There have been reports of evacuees on outer islands (St. Lucia), which will be considered in planning.</i>
Host National Society presence: Saint Vincent and Grenadines Red Cross (SVGRC) has 205 volunteers, 1 headquarters and 14 full time staff.			
Red Cross Red Crescent Movement partners actively involved in the operation: The International Federation of the Red Cross and Red Crescent Societies (IFRC) - Americas Regional Office (ARO) Country Cluster Delegation (CCD) - Port of Spain (POS). French Red Cross / Regional Intervention Platform for the Americas and the Caribbean (PIRAC), and Canadian Red Cross.			
Other partner organizations actively involved in the operation: Ministry of Social Development, National Emergency Management Agency (NEMO), and Caribbean Disaster Emergency Management Agency (CDEMA).			

<Click [here](#) for the DREF budget and [here](#) for the contact information.>

A. Situation analysis

Description of the disaster

On December 29th, 2020, the La Soufrière volcano's alert level in St. Vincent and the Grenadines was elevated to Orange due to increased activity at the site. Since then, the volcano has had an ongoing effusive eruption, with visible gases and steam eruption and a new volcanic dome formation. The volcano continued to exude magma on the surface during the following months, and gas emissions were observed from the Belmont Observatory. A University of the West Indies (UWI) Seismic Research Centre team has been in St. Vincent to support monitoring and data collection and analysis.

Until March 23rd, 2021, the seismic activity had been dominated by minimal low-frequency events associated with the continuous extrusion of the lava dome. These were almost always only recorded at the seismic station closest to the dome. Starting at approximately 10:30 local time (14:30 UTC) on March 23rd,



La Soufrière volcano eruption in St. Vincent. Source: UWI Seismic. 8 April 2021.

¹ According to the [Statistical Office of St. Vincent and the Grenadines Ministry of Finance](#), the average household size is three members per family.

2021, the monitoring network recorded a swarm of small low-frequency seismic events, which lasted for about 45 minutes. These events were different from previous activity in that they were also recorded on other stations.

On April 8th, 2021, UWI Seismic Centre raised the alert to RED. This meant that eruption is in progress, or it might erupt explosively without further warning. The St. Vincent and the Grenadines Red Cross (SVGRC) National Society (NS) confirmed that lava could have been seen on the volcano's western side. Still, no explosive eruption was reported at that time, as evidenced by a lack of ash plumes.

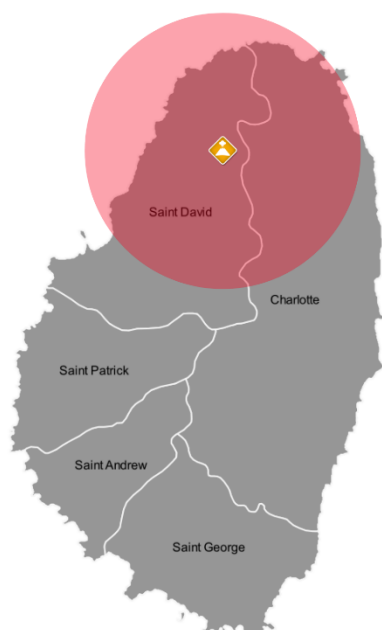
On April 8th, 2021, the Prime Minister issued an evacuation order with immediate effect via a [press conference](#). Safe areas were those from North Union to Kingstown, on the Windward side of the island, Barouallie to Kingstown on the Leeward side, and the Grenadine Islands. The National Emergency Management Organization (NEMO) has been issuing frequent updates on the situation.

Evacuation on the Leeward side went well and according to the Caribbean Disaster Emergency Management Agency (CDEMA), over 600 persons were evacuated via maritime assets and elderly and homebound persons. To the Northeast, persons gathered at muster points throughout the area. There have also been reports of persons seeking shelter in neighbouring islands of St. Lucia, Dominica, and Grenada.

The gas coming from the dome continues to cause damage to vegetation in the hillside areas on the south-western sides of the volcano. The gases within the plume are more acidic and can cause respiratory harm to human beings and potentially render one unconscious.

IFRC La Soufriere volcano eruption Saint Vincent and The Grenadines

The maps used do not imply the expression of any opinion on the part of the International Federation of Red Cross and Red Crescent Societies or National Societies concerning the legal status of a territory or of authorities. Data sources IFRC, PDC. Produced by IM Americas.



Legend

- La Soufriere volcano
- The area to be evacuated
- Emergency location

290,841
ESTIMATED POPULATION EXPOSED

92,848
ESTIMATED HOUSEHOLDS EXPOSED



La Soufriere volcano on the eastern Caribbean island of St. Vincent erupted on Friday 9 of April at 8:40am local time. Ash column is estimated to have risen as high as 10 kilometers (6 miles) and roughly 16,000 people who live in the red zone will need to be evacuated.



The NS is reporting water disruptions due to falling ash.

Demographic breakdown



- Children age 0-14: 59,912 (21%)
- Adults age 15-64: 202,932 (70%)
- Elderly age 65+: 27,997 (10%)

On April 9th, 2021 at 8:40am local time, La Soufriere volcano erupted explosively for the first time since April 1979. An ash column is estimated to have risen as high as 10 kilometers (6 miles) into the air.² The NS has reported water disruptions due to falling ash. Government has opened collective centres and some evacuated persons could be placed aboard cruise ships or be sent to nearby islands³. Emergency management teams from the St. Vincent and the Grenadines Red Cross, in conjunction with local authorities have been going out to communities in the red zone and providing transportation to safer locations, including prearranged collective centres. The NEMO has recently reported that “Evacuation of people in the red and orange zones to safe areas continues in earnest. Heavy ash fall has halted the process somewhat since visibility is extremely poor.”⁴ Since the initial eruption on April 9th, there have also been reports of continuing minor eruptions.

The National Society published the latest GO Report on April 9th, 2021 in which they requested international support. The report can be found [here](#).

Summary of the current response

Overview of Host National Society Response Action

Since the start of the effusive eruption on December 29th, 2020, the Saint Vincent and the Grenadines Red Cross (SVGRC) has been engaging in preparedness activities. Through Community Disaster Response Teams (CDRTS) and other community groups, the NS assisted the NEMO with conducting an evacuation needs assessment in the red and orange zones. The NS has met with NEMO to discuss their roles and responsibilities under the National Volcano Response Plan and NS's expectations. The NS has met with its volunteers to ensure that they are aware of their roles and responsibilities in an eruption event. In line with their roles and responsibilities under the National Volcano Response Plan, the NS is assisting in the erection of signs at evacuation sites, muster points and transport points.

The NS has also been providing PPEs to 10 CDRTS through the COVID-19 Appeal. NS also held a volcano readiness meeting on Zoom, for volunteers, NITs, Surge teams, Community group leaders. Non-food items (NFI) prepared from French Red Cross / Regional Intervention Platform for the Americas and the Caribbean (PIRAC) Ready Together Stock have been pre-positioned. These were transferred to the NS and included blankets, cleaning kits, hygiene kits, jerrycans, kitchen set, mosquito nets, shelter tool kits and tarpaulins. These items are currently being distributed. CEA trained volunteers provided a checklist and distributed it to community groups to assist with their early warning evacuation measures in the Red and Orange Zones. PSS teams have prepared for assisting with tracing and information gathering through their team leader. NS also attended the National Volcano Emergency Plan and tabletop exercise on 29 January together with 63 persons from national agencies. NS pledged support for evacuation signs for transportation at collection sites.

The NS has also been coordinating with UNICEF and Child Welfare Development Agency in the country regarding ensuring the safety and security of children in collective centres, particularly those who are unaccompanied minors. Discussions looked at Restoring Family Link and a PSS program 'Return to Happiness' program. The Ministry of social development conducts training in this area as well as the department of Child welfare. Collaborative work was also done with the Volcano Ready project, which provided Posters, Children's booklets, and brochures.

The National Society has worked with the Agency of the Public Information in sharing information on putting together grab and go evacuation bags. Videos have been posted on the [NS Facebook](#) page:

Since the eruption, the SVGRC has been assisting the authorities with the evacuation of persons from the red and orange zones. At the point of last communication with the NS, the Director-General was conducting risk communication with a volunteer group to persuade the remaining population on the western side of the red zone to leave the area. There was also volunteer presence in 10 other communities with the same mandate. The NS also reported distributing blankets, mattresses, hygiene kits, water, and other basic amenities to affected persons. The NS's EOC was activated, and the needs assessment team was deployed to conduct assessments in the country's active collective centres. The NS was also able to provide a live update on the situation via an interview on [Facebook](#), coordinated through the Port of Spain Country Cluster Delegation.

² [The Washington Post](#)

³ [NBC News](#)

⁴ [Twitter](#)

Overview of Red Cross Red Crescent Movement Actions in country

The IFRC Americas Regional Office (ARO) is not directly represented in Saint Vincent and the Grenadines. Still, actions are being coordinated through its Country Cluster Delegation (CCD) office based in Trinidad and Tobago, and it is closely supporting the NS. In the past, it has also supported the SVGRCs with the implementation of a health project linked with Zika virus and vector control activities in approximately 25 communities and, more recently, to support the Dengue Outbreak with DREF funds (Operation [MDRVC004](#)) and the COVID-19 pandemic through the Regional Appeal (Emergency Appeal [MDRCOVID19](#)). Two Disaster Management staff from the CCD are being deployed to the affected area to support the NS in initial assessments and coordinate the implementation of activities. This will also be an opportunity to assess the Government and other agencies' responses to find areas of complementarity and mutual support.

The International Committee of the Red Cross (ICRC) is closely coordinating with IFRC Regional Office and the NS, providing technical advice to the NS on specific issues such as Safer Access and Restoring Family Links.

The Regional Intervention Platform for the Americas and the Caribbean (PIRAC) of the French Red Cross is closely supporting the SVGRCs through several disasters and crisis preparedness projects. In particular, PIRAC is carrying out a project dedicated to supporting SVGRCs to preposition emergency household items and train NS teams in emergency response logistics and distribution. PIRAC also supports SVGRC in its COVID19 response activities (PPE supply, public awareness, food, hygiene distribution, etc.). Coordination is underway with PIRAC, and 500 cleaning kits are planned to be sent by PIRAC from Martinique and are planned to replenish with this DREF.

The Canadian Red Cross and Government of Canada have been partnering with SVGRC in the *Community Resilience Building Caribbean Region (CRB)* project since 2018. The project contributed to train and equipped community disaster response team (CDRT) in three communities including Overland/Magum in the red zone. The 3 CRB project staff have been supporting the overall efforts of SVGRC and its partners in supporting the distributions of NFI's prior to the disaster and setting up training sessions in collective centre management across the country to receive the affected population. First Aid training sessions and awareness also been provided recently. Currently the CRB project staff are supporting the NS with the emergency needs assessments and coordinating the response with the CDRT teams.

The Port of Spain (PoS) CCD continues to coordinate response efforts with the SVGRC, at risk neighbouring national societies of the region (St Lucia, Grenada, etc), regional and international stakeholders.

Overview of non-RCRC actors' actions in country

The United Nations Population Fund (UNFPA) donated 400 dignity kits for women and families. The prepositioning and supply of dignity kits was made to the Gender Affairs Division and the Family Planning Unit within the Ministry of National Mobilisation, Social Development, Family, Gender Affairs, Youth, Housing and Informal Human Settlements and the Ministry of Health, Wellness, and the Environment respectively.

UNICEF has prepositioned supplies (water containers, purification tables, sanitisation supplies etc in Antigua, Barbados and Trinidad and Tobago). They stand ready to support any other areas via cash or non-food items.

USAID/BHA has pledged 25,000 Americas dollars (USD) to NEMO for vehicles and fuel to aid in evacuation. They have pledged an additional USD 20,000 to the NS for the same purpose. Upon declaration of an emergency by US government officials, USAID is prepared to enter into a bilateral agreement with the SVGRC for USD 100,000 for volcano response with the possibility of an increase in funding to USD 200,000.

CARICOM nations (Trinidad and Tobago, Grenada, St. Lucia, Dominica) have all pledged to support SVG in the nationals' re-homing should the need arise.

Needs analysis, targeting, scenario planning and risk assessment

Needs analysis

La Soufrière is the highest peak on Saint Vincent and the highest point in the island country of Saint Vincent and the Grenadines.

On April 9th, 2021, the volcano erupted explosively, inciting chaos and further displacing the 16,000 residents of the red and orange zones.

At a regional Caribbean Development Partners Group - Disaster Management meeting held on April 10th, 2021, CDEMA indicated the following regarding collective shelters on the island:

- 70 collective centres have been activated
- 62 shelters are occupied by 2,318 evacuees
- 8 other activated collective centres are unoccupied

There is no electricity in the red zone. The national supplier has indicated that persons who choose to remain in the area will not be reconnected in the immediate short term.

The Ministry of Health has also initiated PCR testing for COVID-19 and vaccination of persons in collective centres. CDEMA, NEMO, and the NS have all indicated that the main areas for support lie in shelter management and the provision of potable water as water systems on the island have been disrupted due to ashfall.

Other needs identified range from the need for portable toilets for collective centres (estimated by NEMO at 4 per shelter), transportation for evacuees, radio communications, EOC equipment, and food. As a result of the eruption and the evacuation order, persons have been displaced from their income sources. This has caused further damage to public and private infrastructure affected by COVID-19, putting additional strain on the most vulnerable people's livelihood activities. Agriculture, small businesses, and tourism (already severely impacted by COVID-19) will be particularly affected. Therefore, persons will need immediate access to aid that can be made readily via cash and voucher assistance (CVA).

There is also an undisclosed number of self-evacuees at this time as persons have found shelter with family and friends. The current response is focused on evacuees. There have been reports from St Lucia Red Cross about ashfall on the island, and there are reports of evacuees moving to the island. The Prime Minister of St Lucia indicated that St Lucia will receive 300 persons in the initial instance. Options for housing of the evacuees are being finalized and include individuals at unoccupied hotels. For more information see St Lucia Red Cross [GO Report](#).

Shelter

As part of the country's National Volcano Plan, the SVGRC is supporting actions in collective centres. There are 106 shelters across the island (complete listing [here](#)) in which they are expected to serve. According to the National Plan, the National Society is supporting administrative duties related to shelter management, including persons' registrations. With approximately 5,062 persons currently being evacuated (initially estimated by CEDEMA on the 9th of April, around 2,318 people staying at 62 collective centres). There is a need for blankets, personal hygiene kits for all ages and genders, hygiene kits, masks, sanitizers and face shields.

UNICEF, in coordination with the government and other entities, will distribute water in the collective centres. This operation will support the distribution of jerrycans for this activity. In coordination meetings with NEMO, the government discussed the need to distribute kitchen kits to families.

COVID-19 vaccinations are required for authorised work in collective centres. This could limit the number of deployed volunteers due to achieved vaccination numbers. Following a meeting with regional partners on 11 April 2021, the Chief Medical Officer indicated that they are working on developing the protocols regarding vaccinations and work in shelters. While it is the ideal requirement for persons in shelters to be vaccinated, they appreciate that this may not be able to be met at this time. For aid workers coming into the country, they have established working quarantine protocols in which persons need to present a negative PCR test within 72 hours of arrival into SVG. Testing may also be done on entry.

Livelihoods and basic needs

Previous experiences suggests that the need to preserve livelihoods plays a strong role in protecting life⁵. A dynamic, associated with pull (e.g., protecting assets, place attachment) and push factors (e.g., poor collective centre conditions), can draw evacuees to return during high-risk periods. Similar considerations can restrain people with previous experience of volcanic hazards and displacement from evacuating. It is expected that people displaced from the RED area will require food security support since there will be extensive damage on crops from ash fallout.⁶

Water Sanitation and Hygiene Promotion

The Central Water and Sewerage Authority (CWSA) have shut down water supply from all systems given the conditions of the ash fallout. The Government has indicated that they will require a large number of bottle water as initial supplies.⁷ This is mainly needed in collective centres both due to the COVID-19 context and the congregation of persons in a

⁵ [PreventionWeb. Livelihoods, wellbeing and the risk to life during volcanic eruptions. 2019.](#)

⁶ [OCHA St. Vincent & the Grenadines: La Soufrière Volcano Flash Update No. 02. 10 April 2020.](#)

⁷ [OCHA St. Vincent & the Grenadines: La Soufrière Volcano Flash Update No. 02. 10 April 2020.](#)

single space. The ongoing COVID-19 pandemic demands that sanitation be of utmost importance. As such, additional cleaning and protection supplies, and access to potable water are needed.

UNICEF with support from CDEMA has provided collapsible water tanks for water storage, chlorine drums for water treatment, WASH, and dignity kits. Additionally, UNICEF has prepositioned items in Barbados, Antigua & Barbuda, and Trinidad & Tobago, through CDEMA. These supplies include collapsible water bladders (9 x 5,000 liters; 3 x 1,500 liters, 1,500 x 10 liters collapsible water containers (HH use), and purification tablets.⁸

Health and Psychosocial support

The most urgent needs are expected for the displaced and remaining population in high-risk areas. Maternal and childcare as well as assistance to people suffering from chronic diseases or pulmonary issues should be taken into consideration during the response.

The current context of the COVID-19 pandemic requires strengthening all public health measures focused on the prevention of transmission at the community level and, especially, in temporary accommodation (current situation of covid-19 in the operational risk section). Similarly, Saint Vincent and The Grenadines experienced its worst Dengue outbreak in 2020, with 1,790 reported cases and 9 deaths. Currently, vector control measures continue in much of the country and support has been provided through the current [COVID-19 Operation](#) and the [DREF Operation for the Dengue Outbreak](#).

The National Society has been asked to assist in the registration of nurses that are to be assigned in collective centres. Mapping of First Aid needs for protection and First aid response teams in receiving communities was also discussed with NEMO as an urgent response, and first aid response kits will be provided.

There is a genuine fear in the community for their safety and welfare in collective centres, particularly for children. In collaboration with UNICEF, provisions will be made for the inclusion of safe spaces in collective centres for children. This will include the provision of comfort items and other child friendly initiatives. Considerations must also be made to deter and arrest predatory behaviour.

Targeting

Estimated disaggregated data for population targeted.

There are 30 villages in the Red and Orange Volcano Hazard Zones, 8 in the Red and 24 in the Orange Zone.

According to the St. Vincent and the Grenadines National Volcano Hazard Plan, approximately 5,062 persons live in the Red Zone and 10,577 in the Orange. The male-female ratio is approximately 51/49.

Evacuation orders have only been issued for the red zone so activities will be concentrated to the areas in the north of the volcano that have been most affected. Based on discussion/coordination with CDEMA and taking into consideration ongoing response from authorities, the National Society will target 700 families with an average of 3 persons per family (2,100 persons).

A breakdown of the population in red zone as provided by the National Volcano Hazard Plan can be seen below. Reports confirm that most persons have evacuated the area, with few still opting to stay in their homes.

LA SOUFRIERE EVACUATION INFORMATION

Communities at risk: (RED) AREA 1	Male	Female	TOTAL
Fancy	255	235	490
Old Sandy Bay And Owia (1)	289	258	547
Old Sandy Bay And Owia (2)	197	163	360
Old Sandy Bay And Point	119	115	234
Sandy Bay (1)	103	138	241
Sandy Bay (2)	169	134	303
Sandy Bay (3)	108	81	189

⁸ [OCHA St. Vincent & the Grenadines: La Soufrière Volcano Flash Update No. 02. 10 April 2020.](#)

Sandy Bay (4)	104	108	212
Overland And Big Level	734	706	1440
Waterloo, Orange Hill And Troumaca	180	146	326
Chapman's Village And Langley Park	214	243	457
Chapman's Village And Basin Hole	130	110	240
Richmond, Wallibou, Morneronde	11	12	23
Windsor Forest, Baleine, Quashie	0	0	0
TOTAL	2,613	2,449	5,062

This response focuses on providing services to evacuees. There have been reports of evacuees on outer islands, which will be considered in planning these communities' response. The current plan could be reviewed based on needs and identification of evacuees in places other than the initially planned

Scenario planning

Scenario	Humanitarian consequence	Potential Response
Volcanic activity decreases, and volcano returns to normal conditions	People can return to their home in less than two months and resume daily activities	Maintain monitoring in the area, carry out evaluations if necessary. Support relief efforts while people are displaced
The activity of the volcano is maintained in episodes with the same intensity of the last earthquakes	Accumulation of more ash from several explosions in areas of more significant impact. Damage to livelihoods and health. Communities stay in collective centres for more than two months, but they can return to their homes after six months.	Maintain monitoring in the area, carry out evaluations, and, if necessary, request an emergency fund to respond in the most affected sectors. Support relief while people are displaced. Engage in recovery activities to facilitate the rehabilitation if feasible.
There is a volcanic eruption and cases of COVID-19 increase due to people in collective centres breaking preventive measures	Families will stay in collective centres for a prolonged period and might lose their homes. Economic activity is affected. Cases of COVID-19 increase and demand for care in health centres increase	Visits to collective centres to monitor the situation and provide PPEs to communities. Develop and implement livelihoods programmes including cash and vouchers assistance (if feasible) at an early stage to mitigate immediate negative coping strategies and moving to a community-based response based on the possibility to rebuild on the affected area or considering the permanent displacement of the affected populations.

Operation Risk Assessment

The operation faces some risk factors, including deploying trained volunteers to the hotspot's areas might pose a risk of contracting dengue and/or COVID-19. This risk will be mitigated by providing Personal Protective Equipment to all volunteers working in the field.

While travel restrictions are not as onerous as other Caribbean territories, travel to St. Vincent, and the Grenadines (SVG) is available. However, the Government has instituted some protective measures for incoming persons. These include having a negative COVID-19 result before traveling to the country. As an additional measure, persons entering the country will be required to be quarantined in a state-advised hotel for 5 days. After that period is tested again, and post this test, an additional 10-day quarantine at home and non-resident at a hotel. To date, the Government has not made exemptions to these regulations for aid workers.

Vaccinations for persons working in collective centres are also a requirement. While the country has begun its vaccine rolls out programme, there are still reports of scepticism and mistrust in the vaccine amongst the general population and even within the medical community.

COVID-19 Pandemic

Saint Vincent and the Grenadines is one of the countries in the Caribbean that still maintains open borders. There appear to be no apparent COVID-19 restrictions relating to the entry of goods and equipment. However, certain conditions and protocols are in place for the admission of persons as indicated above.

This [link](#) provides access to all COVID-19 Protocols Documents, including:

- [Protocol for The Entry of Travelers to Saint Vincent and the Grenadines \(Revised 23-02-21\)](#)
- [S.R. & O. - Public Health \(Covid-19\) Rules 2021](#)
- [Protocol for the Working Quarantine](#)

As of 9 April 2021, a total of 1,789 COVID-19 cases have been reported, which means 1,612.48 cases per 100K situating the country within the top five countries in the area if we look at the relative cumulative number of cases. Ten cumulative deaths have been reported, and the current 14 days CI is 61,29, the fifth highest in the non-Latin Caribbean. Since March 21st, the 14 days CI is increasing slowly (like all the rest of the epidemic tracking indicators with increases in the weekly change for all of them), although far from the worst moments at the beginning of February 2021, where the 14 days CI reached a peak of almost 500 cases per 100K. According to MoH, there are 144 active cases currently in the country (129.79 per 100K population and 4th among non-Latin Caribbean countries).

country	Total Cases	Total cases per 100k	Total Deaths	Total deaths per 100k	Cases last 7 days	Cases last 7 days per 100k	Cases weekly change	Deaths last 7 days	Deaths last 7 days per 100k	Deaths weekly change	Active cases	Active cases per 100K	Active cases weekly change	Current 14_d_CI	Weekly 14_d_CI change	Biweekly 14_d_CI change
Belize	12485	3,139.92	318	79.98	29	7.29	-29.27 %	1	0.25		61	15.34	24.49 %	17.60	25.00 %	55.56 %
Bahamas	9364	2,381.19	189	48.06	193	49.08	-18.22 %	1	0.25		338	85.95	10.10 %	109.09	15.63 %	54.87 %
Saint Lucia	4329	2,357.47	64	34.85	64	34.85	-13.51 %	3	1.63	0.00 %	122	66.44	96.77 %	75.15	-9.21 %	-31.68 %
Saint Vincent and the ...	1789	1,612.48	10	9.01	35	31.55	6.06 %	0	0.00		144	129.79	10.77 %	61.29	9.68 %	44.68 %
Suriname	9265	1,579.35	178	30.34	135	23.01	221.43 %	1	0.17		440	75.00	24.65 %	30.17	136.00 ...	132.89 %
Jamaica	41843	1,413.06	661	22.32	1876	63.35	-25.23 %	54	1.82	8.00 %	22492	759.57	4.62 %	148.08	-26.88 %	-45.67 %
Guyana	10958	1,393.16	252	32.04	512	65.09	16.63 %	17	2.16	70.00 %	1130	143.66	13.00 %	120.91	-0.94 %	1.39 %
Barbados	3708	1,290.32	44	15.31	43	14.96	-30.65 %	2	0.70	100.00 %	85	29.58	-19.05 %	36.54	-31.37 %	-50.47 %
Antigua and Barbuda	1182	1,207.01	30	30.63	30	30.63	0.00 %	2	2.04		239	244.06	-10.15 %	61.27	-57.45 %	-66.10 %
Trinidad and Tobago	8323	594.72	145	10.36	207	14.79	16.95 %	0	0.00	-100.00 ...	466	33.30	34.29 %	27.44	30.17 %	113.33 %
Dominica	165	229.20			0	0.00	-100.00 ...	0	0.00		6	8.33	0.00 %	5.56	-55.56 %	-20.00 %
Grenada	155	137.75	1	0.89	0	0.00		0	0.00		2	1.78	0.00 %	0.00	-100.0 ...	-100.00 %
Haiti	12816	112.40	252	2.21	28	0.25	-46.15 %	0	0.00	-100.00 ...	1117	9.80	-20.78 %	0.70	-20.00 %	-23.08 %
Saint Kitts and Nevis	44	82.72			0	0.00		0	0.00		0	0.00		0.00		-100.00 %

Saint Vincent and the Grenadines approved on 12 February 2021 as Emergency/limited use, the COVID-19 Sputnik V vaccine, and it has received 40K doses of Covishield vaccine as a donation from India (<https://www.unicef.org/supply/covid-19-vaccine-market-dashboard>)

National Society responses to COVID-19 are supported through the [IFRC Global Appeal](#), facilitating and helping them maintain critical service provision while adapting to COVID-19. This DREF operation is aligned with and will contribute to the current global strategy and regional Emergency Plan of Action for COVID-19 developed by the IFRC Americas Regional Office in coordination with global and regional partners. This means that the NS will ensure, even as it responds to the current dengue outbreak, COVID-19 prevention measures are adhered to, in line with the regional plan of action and its national COVID-19 country plan.

The National Society will keep monitoring the situation closely and revise the plan accordingly if needed. Consider the evolving COVID-19 status and the operational risks that might develop, including operational challenges related to access to the affected population, availability of items, procurement issues, and NS volunteers and staff movement. For more information, please consult the COVID-19 operation page on the [IFRC Go platform](#).

B. Operational strategy

Overall Operational objective:

To support local communities evacuated from red areas close to the volcano in need of shelter, livelihoods, sanitation and health support.

The SVGRCS will work directly with communities and in coordination with local authorities. The National Society has been prioritizing its actions within the most affected areas. The SVGRC has deployed its needs assessment team to the 100 collective centres on the island. The following strategy is based on needs that the National Society, NEMO, and CDEMA have identified. Upon receipt of the need's assessment report, these activities will be adapted accordingly.

Proposed Strategy:

Shelter: support will be provided to the National Society for shelter management and the affected evacuees with the distribution of jerrycans, blankets, cleaning kits, and kitchen sets. Protection standards are being considered for safety measures of children in collective centres. In coordination with UNICEF and the Ministry of Social Development, Child-Friendly spaces for children and caregivers' protection in a disaster setting will be created. The NS will support actions with partners.

Livelihoods: Upon returning to their homes, persons would need support in regaining some sense of normalcy having been displaced by the eruption.

An assessment will be conducted to adequately determine the recipients of this mode of assistance. An initial 200 families targeted are suggested with the potential of revision in this number based on the assessment. An initial 876.64 East Caribbean Dollars (XCD) – 300 Swiss francs (CHF) has been considered per family to cover food security and essential needs for one month. The calculation has been based to cover essential needs from the National Food Basket: Food & Non-Alcoholic Beverages, Clothing & Footwear, Health, Transport, Communication, Recreation & Culture and Education, and miscellaneous services⁹.

It is important to recognise that this may not be limited to the island of St. Vincent but may extend to those that have been displaced to other neighbouring islands and cruise ships. Specific activities will be designed once the livelihoods assessment is completed. An IFRC Global Response Plan is being developed and could include other National Societies in other regions and expand the funding requirements if the situation continues to evolve.

It is also important to note that the National Society has little experience in implementing CVA programming and will therefore require IFRC support in this regard and the hiring of an assistant to support these actions.

WASH: The NS will cover the hygiene and protection needs for evacuees. These activities will be conducted in coordination with shelter activities based on the currently identified needs.

Given the COVID-19 context, masks, and hand sanitizers for persons in collective centres. As such personal COVID-19 hygiene kits comprising masks, hand sanitisers and face shields will be provided. Cleaning supplies for shelter will also be provided to maintain safe and sanitary spaces. In addition, thermometers will be provided to check the temperatures of persons being admitted to the collective centre. This will be done in coordination with PIRAC. 500 cleaning kits are planned to be sent by PIRAC from Martinique and are planned to replenish with this DREF.

This will also include the COVID-19 Risk Comms/CEA information package on how to use the mask, graphics about how to wash the hands, etc.

Health: The situation in St. Vincent is evolving and the needs of the affected population are being assessed to have a better understanding of their needs. Persons affected by the falling ashes could experience affectations to their respiratory tract, which can confuse symptoms with those of COVID-19 and put the family and the general population at risk. With the delivery of protection kits, it is also expected to support the health system of the area, to avoid the concentration of people who seek medical attention for complications related to the volcanic event.

Family hygiene kits will be supplied for distribution in collective centres. These kits comprise the following:

⁹ [Statistical Office, Ministry of Finance, Consumer Price Index for February, 2021.](#)

Item	General Composition
Family Hygiene Kits	Washing powder, soaps, shampoo, toilet paper, rags toothpaste, toothbrush, sanitary towels

Based on the needs identified, one first aid kit per occupied collective centres (62) is also required.

UNICEF plans to distribute dignity kits and PSS kits. The National Society will coordinate these actions with distributions in shelters.

Operational support:

Planning, monitoring, evaluation, and reporting

Reporting on the operation will be conducted following the IFRC's minimum reporting standards. A final report will be issued within three months of the operation's completion. PMER will provide support at the Country Cluster Delegation in Port of Spain and the Americas Regional Office in Panama.

Administration and Finance

St. Vincent and the Grenadines Red Cross will assign a specific administrator as quickly as possible to manage the operation. The IFRC has also appointed a dedicated Project Manager to support the National Society.

IFRC provides the necessary operational support for budget review and validation and bank transfers and technical assistance to National Societies on expense justification procedures, including invoice review and validation.

Human Resources

The St. Vincent and the Grenadines Red Cross will make available to the operation:

- 205 volunteers in targeted areas.

One Rapid Response Personnel will be deployed for three months to assist St. Vincent and the Grenadines Red Cross with executing, monitoring, and reporting operational activities. This person must have experience in CVA to support the rollout of the programme in the country.

Security

St. Vincent and the Grenadines Red Cross volunteers have been trained in basic safety standards (based on the Stay Safe manual). They will have the necessary visibility material (uniforms according to SVGRC regulations) and will be provided accident insurance made available by the Movement.

As IFRC has no permanent presence in SVG, we will apply the Expanded Security Brief SVG, for this 3-month operation. Exposure of Red Cross and Red Crescent personnel to COVID-19 is a constant concern for all functions. The risk of Staff exposure to COVID-19 also needs to be addressed by human resources, through staff health support to pandemic-affected personnel and following psychosocial support programs for staff. Security regulations for staff under the IFRC security umbrella should always be followed according to the Code of Conduct, the Minimum-Security Requirements, among others. The duty of care must be understood as a transversal aspect where all staff, including leaders and line managers, play a fundamental role.

As Rapid Response staff will be deployed, security will ensure briefings and MSR's are to be followed and developed for the specific operation. The National Society and IFRC staff and volunteers will oversee the implementation and compliance with Biosafety measures. During the operation's implementation, a Security plan will be drawn up according to the territorial context of intervention. Strategies will be promoted through operational security framework using stay safe concepts, Safer Access frameworks, and the Code of conduct. All RC/RC personnel involved will follow the NS guidelines for visibility.

Logistics and Supply Chain

Logistics activities aim to effectively manage the supply chain, including mobilization, procurement, customs clearance, fleet, storage, and transport to distribution sites following the operation's requirements and aligned to IFRC's logistics standards, processes and procedures. Once the Volcano has stopped the eruption, a proper evaluation will be conducted by the government to evaluate the status of infrastructure/airport/port damages or congestions. Still, logistical damage is not foreseen. The primary supply chain strategy will be to mobilize from Panama Hub the necessary stock of

household items. If needed, the prepositioned stock already placed in Trinidad and Tobago can be mobilized as a first response, followed by the coordination of sea and air shipments from Panama to the country.

All procurement related to this operation will follow the IFRC's standards procurement procedures and sphere standards for NFIs purchases. The procurement of items and services will meet the required conditions based on the affected population's needs (external client) and/or the operational areas (internal client) to guarantee the appropriate level of supplies and optimal performance. After the revision of the market capacity, with the support of a procurement officer from RLU Panama, the decision will be taken to follow Local procurement and/or international procurement.

If needed, a Mobilization table will be launched to coordinate needs in the field and contributions offered by donors/partners and will be updated by the Regional Logistics Unit, Panama office. Import regulations are known, and a revision process will be conducted to ensure the elimination of bottlenecks and delays.

Community Engagement and Accountability (CEA)

A Community Engagement and Accountability (CEA) approach will promote effective participation and feedback from affected communities and support the focus areas' effort. This will be structured based on an analysis and diagnosis of the communities' needs and information channels to support the strengthening and enhancement of their response capacities to ashfall.

Development of specific messages in response to the most frequent concerns, questions, and doubts identified through information channels implemented and as well as through the identification of rumours, the participatory identification of harmful behaviours, and a diagnosis of information needs.

- Dissemination of existing and new IEC material
- The risk communication messages will be disseminated in communities by the media channels preferred by the community.
- SVGRCS/ IFRC will develop risk communication actions with the community to raise awareness about the health effects that may be caused by ash fall and the consumption of contaminated water.
- Operationalising existing SVG phone hotline as a feedback mechanism with WhatsApp capabilities.
- Compilation of testimonials from the population reached.
- Support to the Health, Water and Livelihood intervention with CEA approach.
- Risk Communication campaign for COVID-19 / vaccines

Public Communications

To provide up-to-date information on what is happening on the ground and how the Red Cross supports the response, the IFRC Communications team will provide support in securing media coverage and disseminating key messages on the main actions undertaken. The team will continue to prepare digital content for dissemination via the media IFRC website, social media networks, internal bulletins, audio-visual material, etc. Spokespersons have already been identified for both the national and IFRC and key messages shared with them. There is a need for current and up-to-date photos and videos of the effects of the volcanic eruption and Red Cross actions, so hiring a professional photographer/videographer is recommended.

AP005	Identification of caseloads and verification of beneficiaries in different target groups – inclusion factors integrate gender, diversity and disability in the response												
AP005	Coordination with other relevant sectors for integrated programming												
AP005	Coordination with government and other stakeholders												
AP005	Procurement of household items to the affected population												
AP005	Distribution of shelter and household items to the affected population												
AP005	Monitoring of the use of distributed shelter and household items												
AP005	Evaluation of the shelter support provided												



Livelihoods and basic needs

People targeted: 600 (200 families)

Male: 300

Female: 300

Requirements (CHF): 71,800

Needs analysis: upon returning to their homes, persons would need support in regaining some sense of normalcy, having been displaced by the eruption. Some will need support for basic needs (food and essentials) and others for transport costs and health needs.


An assessment will be conducted, and the NS expects to have more clear information by 14 April to adequately determine the recipients of this mode of assistance. An initial 200 families targeted are suggested with the potential of revision in this number based on the assessment. An initial 876.64 East Caribbean Dollars (XCD) – 300 Swiss francs (CHF) has been considered per family to cover food security and essential needs for one month. The calculation has been based to cover essential needs from the National Food Basket: Food & Non-Alcoholic Beverages, Clothing & Footwear, Health, Transport, Communication, Recreation & Culture and Education, and miscellaneous services¹⁰. An Operation Update is planned after the analysis to include the modality and make adjustments.

The use of cash transfer programs will be promoted to support the reactivation of local businesses and the local economy. This will be possible if the market assessment and the feasibility study allow the implementation of the CVA, which will contribute to a rapid local market recovery, as well as the accompaniment in the early recovery stage. The assessments detailed in this section, which have not yet been carried out, are expected to be carried out by the NS in the coming weeks.

Risk analysis: The main risk is that the number of people in need will be greater than our capacity to assist. For this purpose, the operation will work on the identification of the most vulnerable people and selection and prioritization criteria with the affected communities. Another possible risk is that the needs of the community go beyond the 3 months of the duration of the DREF.

¹⁰ [Statistical Office, Ministry of Finance, Consumer Price Index for February, 2021.](#)

	based on health risks and user preference in targeted communities in coordination with the WASH group or cluster.												
AP030	Procure and Distribute 2,100 hygiene kits 2,100 people located in 62 collective centres												
AP030	Monitor distribution of items												



Health

People targeted: 2,100

Male: 1,050

Female: 1,050

Requirements (CHF): 31,167.50

Needs analysis: The situation in St. Vincent is evolving and the needs of the affected population are being assessed to have a better understanding of their needs. It has been established that persons who have been evacuated are under a lot of stress and uncertainty for what the future might bring. Most of the people who were displaced are taking refuge in collective centres and although the government is taking measures to prevent the spread of diseases and COVID-19, there are still risks to the population that need to be addressed. Persons affected by the falling ashes could experience affectations to their respiratory tract, which can confuse symptoms with those of COVID-19 and put the family and the general population at risk. With the delivery of protection kits, it is also expected to support the health system of the area, to avoid the concentration of people who seek medical attention for complications related to the volcanic event.

Risk analysis: Persons in shelters for the overcrowding are exposed to diseases and the possibility of getting COVID-19. Volunteers might also be exposed to COVID-19 while visiting the collective centres to conduct assessments and distribution. Nonetheless, the government has put preventive measures in place and the NS is abiding by the recommendations received from the government. In addition, masks and hand sanitizers will be provided to volunteers and persons in collective centres.

Population to be assisted:
 These activities are aimed at 2,100 persons who are in 62 collective centres designated by the government and managed by the NS. More information on the population as well as their demographics will be available once needs assessments and additional information are available.

Programme standards/benchmarks:
 For the distribution of first aid kits, the standard will be in accordance with the recommendations from the government and the health authorities. Sphere Standards, when possible.

P&B Output	Health Outcome 2: The immediate risks to the health of the affected populations are reduced through improved access to medical treatment	<i># Families who see reduction of immediate risks to the health Target: 2,100 persons</i>
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Budget

See [Annex](#)

For further information, specifically related to this operation please contact:

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How we work

All IFRC assistance seeks to adhere to the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGO's) in Disaster Relief and the Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere) in delivering assistance to the most vulnerable. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.



DREF OPERATION

MDRVC005 - St Vincent and the Grenadines - La Soufriere Volcano

12/4/2021

Budget by Resource

Budget Group	Budget
Clothing & Textiles	4,200
Water, Sanitation & Hygiene	46,200
Medical & First Aid	31,168
Utensils & Tools	39,340
Cash Disbursement	68,800
Relief items, Construction, Supplies	189,708
Distribution & Monitoring	5,300
Transport & Vehicles Costs	12,400
Logistics Services	4,000
Logistics, Transport & Storage	21,700
National Society Staff	3,000
Volunteers	10,308
Personnel	13,308
Consultants	4,000
Consultants & Professional Fees	4,000
Workshops & Training	1,000
Workshops & Training	1,000
Travel	15,250
Office Costs	1,500
Communications	3,000
Financial Charges	300
General Expenditure	20,050
DIRECT COSTS	249,765
INDIRECT COSTS	16,235
TOTAL BUDGET	266,000

Budget by Area of Intervention

AOF1	Disaster Risk Reduction	
AOF2	Shelter	46,370
AOF3	Livelihoods and Basic Needs	76,467
AOF4	Health	33,193
AOF5	Water, Sanitation and Hygiene	49,203
AOF6	Protection, Gender and Inclusion	
AOF7	Migration	
SFI1	Strengthen National Societies	39,200
SFI2	Effective International Disaster Management	20,501
SFI3	Influence others as leading strategic partners	1,065
SFI4	Ensure a strong IFRC	
TOTAL		266,000

