



# Fiji Gender, Disability and Inclusion Analysis COVID-19 and TC Harold

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The views in this Gender, Disability and Inclusion Analysis are those of the authors alone and do not necessarily represent those of the CARE, AHP agencies and partners or programs, or the Australian Government/any other partners.

Cover page photo: WASH and COVID-19 messaging, Vutia, Rewa

Image: Fiji Disabled Persons Federation (FDPF)



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## Abbreviations

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ADRA	Adventist Development and Relief Agency
AHP	Australian Humanitarian Partnership
DCOSS	District Council of Social Services
FAO	Food and Agriculture Organisation
FCS	Food Consumption Score
FDPF	Fiji Disabled Peoples Federation
FNPF	Fiji National Provident Fund
GBV	Gender-Based Violence
L&L	Live and Learn Environmental Education
LTDD	Leptospirosis, Typhoid, Dengue and Diarrhoea
MWCPA	Ministry of Women, Children and Poverty Alleviation
NCD	Non-Communicable Disease
PCDF	Partners in Community Development Fiji
PSS	Psycho-Social Support
RPF	Rainbow Pride Foundation
SOGIESC	Sexual Orientation and Gender Identity and Expression and Sex Characteristics
SRHR	Sexual Reproductive Health and Rights
VAWG	Violence Against Women and Girls
WHO	World Health Organisation

## Executive Summary

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The COVID-19 pandemic declared by the World Health Organisation on 11 March 2020 is presenting tremendous challenges globally due to its devastating impacts. While Fiji only had 18 cases of COVID-19, all of whom have recovered, the economic and social outcomes are significant and will be felt for years to come. The closure of international borders led to visitor arrivals contracting significantly by 43.5 percent up to April<sup>1</sup> and the economy is projected to decline by 4.9% in 2020 under COVID-19.<sup>2</sup> The impacts will extend to government revenue, which is expected to decrease by almost 50% in the next financial year, as well as to remittances and tourism earnings, trade and production, domestic demand, employment, poverty and health. In the tourism sector alone, over 40,000 workers, one-third of whom are women,<sup>3</sup> have been affected by mass layoffs and reduced hours. Their employment represented 35.5 percent of total employment in Fiji,<sup>4</sup> with further impacts for their families and communities.

In addition to the pandemic, Fiji was also struck by Severe Tropical Cyclone Harold on 08 April, causing States of Natural Disaster to be declared for COVID-19 and for TC Harold within the same week. Although Fiji is used to cyclones, prevention and movement restriction measures in place for COVID-19 made it difficult to respond to the trail of destruction left by the Category 4 cyclone. A total of 250 evacuation centres were opened in all four divisions and around 10,000 people were displaced.<sup>5</sup>

Two weeks later on 21 April, 1,310 people were still sheltering in 105 evacuation centres in the Eastern and Central divisions with the majority of them (1,116) in 92 evacuation centres in the Eastern Division. Data regarding people with disabilities who were affected by the cyclone has not been reported.

Ships were sent to Kadavu and Lau in the Eastern Division and the Yasawa group, Mamanuca group and Vatulele in the Western Division for the distribution of relief items including food rations by officials who also conducted damage assessments. In addition to widespread damage to infrastructure, schools and health centres, particularly to the Kadavu and Lau islands, farms and food gardens in affected areas also suffered extensive damage, with the final agriculture assessment reporting that at least 53,000 farmers were affected by TC Harold.<sup>6</sup>

While the multiple impacts of COVID-19 and TC Harold are significant, they follow and compound the impacts of two Category 2 cyclones - TC Sarai in late December 2019 and TC Tino in mid- January 2020 – which had previously affected agriculture and other sectors. This poses extra challenges for Fiji's development as cyclones and flood losses have been estimated to translate into an average of 25,700 people being pushed into poverty every year in Fiji.<sup>7</sup>

Whilst there is no reported change to the division of labour between men and women, women have increased responsibilities due to TC Harold impacts and COVID 19 lockdown measures as they are largely

### Key findings

- Women's roles of care-giving and domestic duties have greatly increased due to COVID-19 restrictions including lockdowns and the closure of schools.
- COVID-19 and TC Harold have severely affected Fijians' short and long-term resilience as many are resorting to the use of detrimental coping strategies such as reduction in food intake, barter of assets, reduction of expenditure on health or education.
- The increased levels of stress and tension are widespread with greater potential for violence but adequate psychosocial support services are lacking.
- Many unemployed people have shifted their families back to their villages and islands and this urban to rural drift may further stretch the constrained services in rural areas.
- Social protection schemes for marginalised groups exist but are limited and access was restricted by COVID-19 preventative measures, particularly for people with disabilities.

responsible for care-giving (of children, ill or elderly family members, and people with disabilities) and household work. The closure of schools and workplaces and bans on social gathering have meant that everyone has had to stay home. This has doubled burdens for many women, particularly for those with paid jobs who are working from home and with schools closed, this has become a triple burden as many women are also expected to be responsible for their children's education.

Women are also more at risk of contracting COVID-19 as there are more women on the frontline with 63% of Fiji's health sector being comprised of women. This includes 55% of medical staff 89% of nursing staff 77% of lab workers and 98% of midwives.<sup>8</sup>

Fiji has extremely high rates of violence against women and girls with 64% of women who have ever been in an intimate relationship having experienced physical and/or sexual violence by a husband or intimate partner in their lifetime. A rise in violence has been one of the COVID-19 impacts, with a significant increase in calls received by the National Domestic Violence helpline in April, 50% of them related to COVID-19.<sup>9</sup>

According to Fiji's 2017 census, 13.7% of Fijians experience disability.<sup>10</sup> People with disabilities are not a homogenous group, and men and women of different ages, in urban and rural areas and with different impairments will experience COVID-19 differently. People with disabilities in Fiji already experience barriers to health services compared to those without disabilities due to stigma, discrimination and barriers in the built environment;<sup>11</sup> for those with underlying health conditions, COVID-19 could result in a higher mortality rate.<sup>12</sup> Girls and boys with disabilities may be at further risk of exclusion from education if remote/ distance learning programmes are not accessible or they do not have assistive devices to allow participation and accommodate learning needs.<sup>13</sup> Children with disabilities are less likely than others to return to school once schools reopen<sup>12</sup>

People with disabilities and their families are disproportionately represented amongst people living in poverty.<sup>14</sup> Poverty will limit the ability of people with disabilities to put in place measures to respond to the outbreak, increasing their vulnerability. A secondary impact of COVID-19 on people with disabilities may include increased and disproportionate effects on livelihoods as a result of measures to restrict movement, as people with disabilities who work are more likely to be in informal work or self-employed, with less access to labour protections.

The Fiji Government response included public health messaging to raise awareness of COVID-19 and preventative measures such as social distancing and handwashing. Like many other countries, Fiji also developed travel restrictions and 14-day quarantine upon arrival for travellers from abroad. Affected areas were locked down and country-wide measures included a ban on social gatherings, the closure of schools, houses of worship, nightclubs, cinemas, gyms, and swimming pools, and a nationwide curfew. In March the Government also passed a COVID-19 Response Budget which outlined support measures including a one-off relief payments for street vendors within the lockdown areas, 21-day paid leave and a one-off payment of \$1,000 for low income Fijians who test positive for COVID-19, and the suspension of water meter disconnection for non-payment of bills until 31 December 2020.<sup>15</sup> For affected workers with Fiji National Provident Fund (FNPF) accounts, the Government made up to 30% of their superannuation funds accessible, with top ups for those with limited funds. In addition, Fiji has a number of social protection schemes aimed at reducing poverty and vulnerability for target population groups such as those who are pregnant, elderly, rural, young, destitute or have a disability. Although these schemes provide a vital safety net, they remain limited. In addition, women in Fiji are more vulnerable as they earn less, save less and are employed in less secure jobs than men. Women comprise 38% of FNPF's compulsory active members compared to 62% for men.<sup>16</sup> As women in Fiji provide the bulk of care for their family members, any reduction in household expenditure on health, education and other services means increased burdens for women and girls.

Fiji's Ministry of Education, Heritage and the Arts supported remote learning through the delivery of lessons via radio and television broadcast; some of the television-based lessons were translated into sign language to ensure deaf students could participate.

In regard to decision-making, the activities of many community level groups such as disaster and health committees and women, church and youth groups were suspended due to COVID-19 social gathering restrictions. Decisions are therefore largely being made by the *Turaga ni Koro* (village headman) without the input of women and representatives of community groups.

In response to COVID-19, the Ministry of Women, Children and Poverty Alleviation released a Resource kit for Fiji Helpline Workers. This supplements the [Fiji National Service Delivery Protocol for Responding to Cases of Gender Based Violence: Standard Operating Procedures for Interagency Response among Social Service, Police, Health and Legal/Justice](#). The materials in the resource kit have been developed to ensure information is easily accessible while responding to women and children survivors of violence during the COVID-19 situation in Fiji, and includes information for people with disabilities.

## Key recommendations

- Ensure availability of sex, age and disability disaggregated data, including on differing rates of infection, differential economic impacts, differential care burden, and incidence of domestic violence and sexual abuse
- Ensure meaningful engagement of women, people with disabilities and marginalised groups in all COVID-19 and TC Harold decision-making on response and recovery at the national, provincial and community levels, including their networks and organisations, to ensure efforts are not further discriminating and excluding those most at risk.
- Ensure that public health messages properly target men, women, people with disabilities and the most marginalised and that they are translated into *i-Taukei* and Hindi.
- Ensure continuity of essential health services for women and girls and marginalised groups such as people with disabilities, including counselling and SRHR services and the safety and accessibility of WASH facilities during the response to COVID-19 and TC Harold.
- Develop mitigation strategies specifically targeting food security and the economic impact of the pandemic and TC Harold on women, men, people with disabilities, people of diverse SOGIESC and other marginalised groups and work to build economic resilience.
- Continue to support access to education through alternative means including the development of digital platforms and collaborate with the private sector, groups such as faith-based organisations and community members to provide school lunches to encourage parents to send children back to school. Ensure access by students who may be marginalised such as those with disabilities, of diverse SOGIESC, and in rural remote areas, including following up out-of-school students once schools reopen.
- Prioritise services for prevention and response to gender-based violence in communities affected by COVID-19 and TC Harold and consider different ways people can access services and how services can be more inclusive of people with disabilities and people in rural and remote areas.
- Expand existing social protection schemes to meet the specific needs of women, people with a disability, people of diverse SOGIESC, informal workers, people in remote rural communities, and other marginalised groups.

## Introduction

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### Background to COVID-19 and TC Harold crises

The Climate Vulnerability Assessment found that Fiji has high exposure to multiple natural hazards, including cyclones, storm surges, severe storms, flooding, landslides, droughts and extreme temperatures, earthquakes, and tsunamis. Fiji is also vulnerable to the potential climate change impacts of increasing sea levels, more severe cyclones, and more frequent and intense rainfall.<sup>17</sup> Repeated disasters have impacted Fiji's infrastructure and the population such as TC Winston, a Category 5 cyclone which struck in February 2016 with massive consequences for economic activity, livelihoods, and well-being. The Climate Vulnerability Assessment estimated that the economic losses due to tropical cyclones and floods force an average of roughly 25,700 people per year into poverty.

While TC Harold is the most recent cyclone to affect Fiji it was not the only storm of the latest cyclone season. In late December 2019 TC Sarai had battered the Western coast of Viti Levu and the islands to the southeast for three days leaving behind over \$10 million of damage, mostly to agriculture but also to the infrastructure, housing and education sectors. TC Tino which made landfall on Vanua Levu in mid-January, caused over \$6 million of additional damage to the agriculture sector, particularly to the sugarcane industry.<sup>18</sup>

On 19 March Fiji confirmed its first case of COVID-19. Along with contact tracing and quarantine, Lautoka City was immediately locked down, travel restrictions extended, and everyone entering the country was required to self-quarantine for 14 days upon arrival. At the same time, widespread messaging of preventative measures such as social distancing and handwashing began. Additional country-wide measures included bans on gatherings of more than 20 people and on all non-essential travel, the closure of schools, houses of worship, nightclubs, cinemas, gyms, and swimming pools, and a nationwide curfew. On 21 March due to travel restrictions and border closures Fiji Airways suspended 95% of its international flights, thereby severely affecting the tourism sector which contributes 39% to Fiji's gross domestic product.<sup>19</sup> Tourism-related businesses along the entire length of the value chain including hotels and resorts, tour and rental car companies, restaurants, food suppliers, cosmetics producers, and massage, handicrafts, cultural entertainment and water sports enterprises came to an immediate halt.

Women have been impacted as they comprise a third of the tourism workforce, mostly as cleaners, restaurant staff, and receptionists at minimum wage level but also as a quarter of managerial and professional staff. Tourism also provides an important market for woman-owned micro and small enterprises including floriculture, local artisanal food products, jewellery, handicraft and organic cosmetics as well as the growing spa and wellness segment.<sup>20</sup>

People with disabilities are more likely to work in the informal sector<sup>21</sup>; as such the impact of COVID on their livelihood is less reported and visible. However, the negative economic impact on Fiji as a result of COVID-19 is likely to hit people with disabilities worse, as they are already more likely to earn less in less secure work, and are more vulnerable to the changing economic context.

In the midst of the COVID-19 response, TC Harold hit Viti Levu and the islands to the east as a Category 4 on 8 April 2020. Beginning on 02 April, the cyclone had moved from the Solomon Islands to Vanuatu to Fiji and then Tonga, with Vanuatu and Fiji particularly hard hit. In Fiji, the cyclone's heavy rain, destructive winds and storm surges damaged homes and caused power outages, blocked roads due to fallen trees, and resulted in widespread flooding. While being mindful of social gathering restrictions and other COVID-19 protocols, 250 evacuation centres were opened in all four divisions of Fiji. In total over 186,000 people were affected by TC Harold at a cost of around \$100 million. Of this amount, \$27 million was estimated to

be agricultural damage, and the infrastructure network including roads and jetties suffered \$22 million in damage.<sup>22</sup> A survey by NDMO revealed that 635 homes across the country were destroyed, with over 2,100 suffering damage.<sup>23</sup> TC Harold also caused damages to schools and teachers' quarters, with 123 schools affected on Viti Levu, Kadavu, Lomaiviti and Southern Lau.<sup>24</sup> This will further affect the resumption of studies for an estimated 11,837 students once schools reopen.

Areas within the main track of the cyclone were hit particularly hard including Kadavu Island from where the only death from TC Harold was reported. As 81% of farmers in Kadavu are subsistence farmers, this demonstrates the island's vulnerability, and 9,021 households living predominantly from agricultural incomes were estimated to be affected.<sup>25</sup> On the island of Vatulele in the Western Division, water tanks were contaminated with debris and salt water and the island had already been running low on supplies due to the Covid-19 lockdown. In the village of Bouwaqa only 10 of 56 homes remained undamaged. In the attempt to contain the spread of diseases that are common after cyclones, a cleanup campaign was launched for Leptospirosis, Typhoid, Dengue and Diarrhoea.

*"It's a disaster wrapped in a catastrophe inside a calamity," says Sheldon Yett, UNICEF's representative for Pacific island countries.*

With the increase in numbers of COVID-19 cases around the country, there were additional lockdowns of Suva and Soasoa settlement in Labasa. Fever clinics were established around the country and before the Suva lockdown was lifted on 17 April, around 180,000 Fijians in the Suva confined area were screened by mobile teams and at fever clinics. This represented two-thirds of the population of Fiji's largest urban hub.<sup>26</sup> By early June, 92 percent of Fiji's population had been screened with over 2,000 COVID-19 tests done. Although no disaggregated data on different groups of people tested has been made publicly available, two-thirds of the 18 confirmed cases were women and girls and only three were over the age of 50.

Fiji's 18<sup>th</sup> case of COVID-19 reported on 20 April was also its last case, with no further cases as of early June and all patients having made a full recovery. Restrictions were eased with the nationwide 8pm-5am curfew beginning two hours later at 10pm and the resumption of domestic travel by air and sea. However, schools will remain closed until 30 June. With Fiji now free of COVID-19, a number of sectors are looking to the future. The government is preparing to launch a contact tracing app called careFIJI and Fiji is advocating for inclusion in the Trans-Tasman travel bubble with Australia and New Zealand.

Economically and socially, the situation remains extremely challenging. With the economic contraction and the suspension of international flights being extended to the end of July, businesses have been severely impacted and many workers laid off. A business survey in late May found that roughly 500 businesses expect bankruptcy if the effects of COVID-19 continue for another six months while another 1,200 businesses expect a 75 percent decrease in revenue.<sup>27</sup> For the many people struggling to cope there have been increased mental health issues due to stress and anxiety of job losses and uncertainty about the future.<sup>28</sup> A rise in violence has accompanied this, with a significant increase in calls received by the National Domestic Violence helpline in April.<sup>29</sup>

## The Gender, Disability and Inclusion Analysis objective

The objectives of the Gender, Disability and Inclusion Analysis are:

- To analyse and understand the different impacts that the COVID-19 pandemic and TC Harold potentially have on women, men, girls and boys, people with disabilities and people of diverse SOGIESC and other marginalised groups in Fiji;

- To inform humanitarian programming in Fiji based on the different needs of women, men, boys and girls, people with disabilities and people of diverse SOGIESC with a particular focus on Gender Based Violence (GBV), Health, Water, Sanitation and Hygiene (WASH), Education in Emergencies, Food Security and Livelihoods, and Coping Strategies; and
- To provide recommendations for organisations responding to COVID-19 and TC Harold.

## Methodology

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The methodology for this assessment included the collection and analysis of both primary and secondary data. Secondary data collection involved a review of background documentation, including lessons learned from TCs Keni and Josie, as well as incoming assessment data, sitreps and media reports from TC Harold and COVID-19. Primary data collection was undertaken in May 2020 in the Western, Central and Northern Divisions which consisted of interviews conducted with key informants, community members and government officials, as well as personal observation by assessors. Due to COVID-19 restrictions, a number of interviews were conducted over the phone and online. The assessment team consisted of staff and members of Live and Learn, Rainbow Pride Foundation, Adventist Development and Relief Agency, Fiji Disabled People's Federation, and Partners in Community Development Fiji. Save the Children contributed assessments from the Yasawa Group and Kadavu. All CSOs are partners under the Australian Humanitarian Partnership. A data analysis workshop with all partners was held on 26 May in order to review all primary and secondary data collected, discuss findings, and determine key themes.

### Locations:

- Western Division: Nalotawa, Nanuku, Yaloku, Vatulaulau, Vunisamaloa Settlement, Bukuya, Nasau, Navakai Settlement, Nadi, Lovu, Tomuka, Kashmir Settlement, Balevuto Settlement, Teidamu Settlement, Balevuto Settlement (Ba) Yanuca, Nasauvakarua, (Nadroga-Navosa),; Nawaca (Ra)
- Northern Division: Labasa town (Macuata), Savusavu, Taveuni (Cakaudrove)
- Central Division: Raiwaqa, Lami, Suva (Rewa)

**Total number of informants:** 111 (43 female, 64 male and 4 unknown) including 23 people with disabilities (11 female, 12 male), 42 people of diverse SOGIESC, *Turagas ni Koro*, church leaders, community health workers, farmers, sex workers, CSOs and key government representatives. Government staff included health and NDMO officials.

## Demographic profile

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### Sex and age disaggregated data

According to the 2017 Population and Housing Census,<sup>30</sup> Fiji's population is 884,887. The average annual rate of population growth over the decade up to September 2017 was 0.6%. This annual rate has decreased from 2% in 1986 and 0.8% in 1996 due mainly to lower birth rates and out migration. The Median Age of the Population is 27.5 years, meaning that half of Fiji's population is younger than 27.5. Life expectancy is 72.1 years for females and 67.9 years for males. NCDs are estimated to account for 84% of all deaths.

The proportion of Fiji's population living in urban areas is 55.9% (50.2 female and 49.8 male) and 44.1% in rural areas (48.1% female and 51.9% male). A total of 113,595 persons aged 3 and above were reported to have at least one functional difficulty. This equates to a rate of 13.7% being people with disabilities, which is close to the international benchmark of 15%.<sup>10</sup> The figure was not disaggregated by sex. Fiji counted people with a disability for the first time in 2017 but does not yet enumerate people of diverse SOGIESC.

Age group	Female %	Male %	Total %
0-4 yrs	48.6	51.4	10.4
5-9 yrs	48.8	51.2	10.0
10-14 yrs	48.8	51.2	9.0
15-19 yrs	48.7	51.3	8.4
20-59 yrs	48.9	51.1	53.2
60+ yrs	53.9	46.1	9.1
<b>Totals</b>	49.3	50.7	884,887

There is a significant difference in labour force participation rates for males (76.4%) and for females (37.4%). There is also a significant difference in unemployment rates for males (2.9%) and for females (7.8%). A total of 392,148 persons aged 15 and above or 62.7% of the population was reported to have a bank account. Of these, females were 44.9% and males made up 55.1%. Labour participation rates for people with disabilities are not known. Fiji's social protection system combines a household poverty benefit, non-mean tested individual disability allowance, and transport concessions for eligible people with disabilities.<sup>31</sup>

The government estimates that the incidence of poverty declined from 31.0% in 2008–2009 to 28.1% in 2013–2014.<sup>32</sup> A large proportion of the population (48%) is concentrated in informal employment, with over two thirds of all informal workers coming from rural areas (67%).<sup>33</sup> The percentage of female headed household is 11-12%.

## Findings and analysis

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Fiji's National Development Plan aims for inclusive socio-economic development with no one being left behind. However, the reality is that many groups of people miss out for a variety of reasons. With unprecedented impacts COVID-19 and TC Harold are exacerbating inequalities and increasing stressors on all sectors of Fiji's economy and all its citizens particularly women, people with disabilities, those working in the informal sector and rural populations. In a context of limited resources that are being further reduced, marginalised groups risk being further marginalised and the findings below demonstrate some of the ways in which impacts are being felt by women, people with disabilities, children, elderly women and men, and people of diverse SOGIESC.

## Gender roles and responsibilities

Similar to TC Josie and TC Keni, change to the division of labour of women, men, girls and boys appears to be minimal. Previously 82% of women had reported unpaid household care work (including fetching water, cooking, cleaning, washing clothes) as their main unpaid work, compared to 11% of men.<sup>34</sup> The difference now however is increased responsibilities for women, particularly during lockdowns for COVID-19. With women being largely responsible for care-giving (of children, ill or elderly family members, and people with disabilities) and household work, the closure of schools and workplaces and bans on social gatherings have meant that everyone has had to stay home. This has doubled burdens for many women, particularly for those with paid jobs who are working from home. With schools closed, this has become a triple burden as many women are also expected to be responsible for their children's education. Girls are often taught these roles at early ages and with children out of school due to COVID-19, many girls were said to be busy with cooking and cleaning rather than the schoolwork assigned by the Ministry of Education, Heritage and the Arts. In affected communities, girls and older siblings in general were also said to be tasked with looking after children while parents were occupied after TC Harold.

Although some women said they were joint decision-makers with their husbands, general expectations of gender roles also do not appear to have changed. However while men in Fiji are often expected to be breadwinners and heads of households, the enormous loss of jobs and income-generating activities means that many men are now unable to fill this role. At the same time, the curfew and ban on social gatherings including sport and drinking kava has meant that many men have been unable to socialise with their friends. While this was said to have had positive benefits on family time, it could also prevent men from sharing their concerns with other men, leading to increased tensions and the potential for violence.

People with disabilities frequently lack decision-making power. After TC Harold, people with disabilities reported that they had received very little or no information about different services, that they could not always communicate with those distributing the humanitarian aid, and that some, but not all, news and updates on TC Harold had sign language interpretation.<sup>63</sup> Lack of access to information limits agency and decision-making power.

At the community level, the activities of many decision-making structures and groups such as disaster and health committees and women, church and youth groups were suspended due to COVID-19 social gathering restrictions. Decisions are being made by the *Turaga ni Koro* (village headman). While women have gradually been seen to be taking on more leadership roles in previous years, including 20% of Fiji's Parliament, decision-making by the *Turaga ni Koro* without the input of women and representatives of community groups risks a reverse to the gains made in inclusive governance.

## Health, including Sexual and Reproductive Health and Rights (SRHR)

WHO has advised that those at higher risk of severe COVID-19 are over 60 years or have an underlying health condition such as lung or heart disease, diabetes or conditions that affect their immune system. This is particularly concerning for Fiji as Non-Communicable Diseases (NCDs) are estimated to account for 84% of all deaths.<sup>35</sup> Cardiovascular disease is the leading cause of death, the Ministry of Health and Medical Services estimates that one out of every three people in Fiji have diabetes, and breast and cervical cancers remain among the top five causes of death of women, with Fiji ranked eighth in the world for breast cancer mortality rates.<sup>36</sup> In men cancers such as prostate, liver, rectum and lung cancer are becoming more common. In addition, obesity is as high as 20% among men and 41% among women.<sup>37</sup>

People with disabilities are disproportionately represented among older people and therefore at increased risk of the COVID-19 pandemic.<sup>38</sup> Children and adults with disabilities may have underlying health conditions that increase their risk of serious complications from COVID-19. People with disabilities in Fiji already experience barriers to health services compared to those without disabilities;<sup>39</sup> those with underlying health conditions, COVID-19 could result in a higher mortality rate.<sup>40</sup> People with disabilities who are accommodated in hospitals, psychiatric facilities, prisons and other institutions are particularly vulnerable to COVID-19 infection given challenges with maintaining physical distancing.<sup>41</sup> People with disabilities could be discriminated against and abandoned by carers, personal assistants and family members when displaying signs of COVID-19 symptoms.<sup>42</sup>

Globally, people with disabilities report seeking more health services than people without disabilities and have greater unmet needs.<sup>43</sup> While health promotion and prevention activities seldom target people with disabilities, people with disabilities may also experience exclusion from treatment due to discrimination by health care personnel, resulting from stigmatising community attitudes about people with disabilities, or lack of capacity of the health workforce to treat people with disabilities.<sup>44</sup> As a result, people with disabilities may experience higher vulnerability to secondary conditions, co-morbid conditions, age-related conditions, engaging in health risk behaviours and higher rates of premature death. This increases their vulnerability to COVID-19 and its effects.<sup>45</sup>

With the focus on COVID-19, there were risks that other essential health services such as sexual and reproductive health would be interrupted, that pre-COVID-19 health sector limitations would be worsened, and that the needs of women and girls would not be prioritised. UNICEF revealed the expected number of births to be more than 15,000 over the 40 weeks from the pandemic being declared on 11 March<sup>46</sup> and women were already 30% less likely than men to access healthcare the last time they needed it.<sup>47</sup> In addition there are more women on the frontline with 63% of Fiji's health sector being comprised of women. This includes 55% of medical staff 89% of nursing staff 77% of lab workers and 98% of midwives.<sup>48</sup>

Findings validated the risks as one district on Kadavu was found to have only one nursing station for 14 villages and 10 settlements. Furthermore, some communities reported that pregnant women missed clinics due to restricted availability of transport during lockdowns, and elderly people's access to health was similarly affected by transport restrictions and the curfew. While community members reported more time spent with families due to the ban on social gathering, it was thought that this could result in a baby boom due to increased sexual activity and restricted access to family planning. Assessments following TC Harold found that SRHR services were too far to reach and hard to access by people with disabilities.<sup>63</sup>

In some villages first responders noted that the *Turaga ni Koro* didn't know about COVID-19 as no awareness had been conducted in the area and only general radio messages had been heard. Despite lacking complete information, some *Turagas ni Koro* were the only ones carrying out awareness in their villages and making decisions. Even before the national curfew this resulted in some village lockdowns preventing outsiders from coming in and a view of COVID-19 as something that newcomers would bring in. However, people from the villages were still able to travel in and out and could easily have brought COVID-19 into the village. The difficulty of explaining social distancing to villagers, particularly in crowded households, was also reported and in some communities it was men and boys who did not comply with preventative measures as they continued to play rugby each afternoon.

COVID-19 preventative measures affected the response to TC Harold when first responders were not allowed into villages. In some communities they were unable to undertake distribution of relief items in communities as they were required to hand over the items to the *Turaga ni Koro*. Limited timelines were another factor. With high costs of hiring boats, first responders were permitted to travel on government vessels but timing was determined by government schedules. As a result, some support provided was

inappropriate or not well explained, with CSOs later finding out that in some communities the reusable sanitary pads intended for women and girls had been distributed for use as cleaning cloths.

In terms of mental health and psychosocial support, many people reported increased levels of stress and anxiety due to job losses and widespread uncertainty. For many parents this was exacerbated by the need to supervise children on a daily basis. While some reported having access to counselling, others reported no access or that services had been affected by COVID-19 restrictions. In Fiji's communal society many people found the ban on social gatherings to be quite difficult, with missing out on weddings and funerals and not being able to go to church said to affect their mental health. Prayer is widely reported to be helping people to cope and some believe that herbal medicines have a role in the treatment of COVID-19.

As access to services have been affected by COVID-19 restrictions, technology is to be playing a greater role. Most people reported access to information through the radio, television, phone messages and social media. People with disabilities and those in rural locations with poor network were thought to be amongst those missing out on access to information and technology. A brief survey by the Psychiatric Survivors Association found that 65% of people with psychosocial disabilities living on the streets of Suva had never heard of coronavirus, none of them had any knowledge of COVID-19 symptoms and none had been screened by health professionals. For persons of diverse SOGIESC the lack of transport and money affected their access to health supplies. The curfew is proving to be particularly difficult for sex workers as their work hours are at night.

## Water, Sanitation and Hygiene (WASH)

Despite recent improvements, the water sector still faces important gaps in the delivery of water supply and sewerage services. Access to piped water services is widespread in urban areas but remains limited to less than half of rural population. Sewerage service coverage remains very limited in both urban and rural areas, with most of the population relying on on-site sanitation facilities. Compliance with quality standards often remains an issue both for distributed water and treated wastewater discharged to the environment. Insufficient infrastructure and maintenance for on-site wastewater systems poses both health and environmental risks. A significant proportion of water and wastewater infrastructure is exposed to natural hazards and climate change. This results from a lack of consideration of climate-related risks in the design of system architecture and in the location and design of individual facilities. Poor quality of infrastructure implementation and insufficient maintenance in turn compound the system's vulnerability.<sup>49</sup>

Existing water, sanitation and hygiene (WASH) facilities in schools, workplaces and public places in Fiji are generally of a good standard. However, according to UNICEF about one in ten people in Fiji lack access to basic water supply and sanitation.<sup>50</sup> Functioning water and sanitation facilities at home and in schools as well as good hygiene practices and access to clean drinking water are vital to reduce illnesses. WASH facilities are particularly important in light of COVID-19. However for those Fijians lacking a handwashing facility with water and soap at home, this small measure to prevent infection remains out of reach. The 15% of women who never or rarely have enough water for personal use<sup>51</sup> are at particular risk as are people with disabilities.

People with disabilities require handwashing stations that are nearby, safe and accessible for all. Where WASH facilities are inadequate, far away, inaccessible to people with disabilities or unsafe, the risk of COVID-19 transmission increases.<sup>52</sup> However, the WASH needs of people with disabilities are often forgotten during the design and construction of WASH facilities.<sup>53</sup> Common barriers to accessing WASH facilities include the need to mobilise long distances to toilets, difficulty locating latrine holes, difficulty reaching soap and challenges carrying water for handwashing, narrow entrances to toilets, the space available inside the cubicle being too small, inaccessible pathways, and no handrails.<sup>54</sup> These challenges

are exacerbated for women and girls with disabilities when it comes to menstrual hygiene management. Assessments following TC Harold found that WASH facilities were too far from homes of persons with disabilities.<sup>63</sup>

After TC Keni & Josie in 2018 both women and men raised concerns regarding access to clean water. Although women understood the health risks, some women stated that boiling water adds to their workload and can be also challenging if there is limited supplies of gas and kerosene or little money to buy extra fuel. Some disaster committees tried to access purification tablets but were unable due to limited supplies. Main needs stated by women and girls include clothing, sanitary pads and undergarments. The contents of hygiene and dignity kits distributed differ but it was recommended they cater for larger families and those living with host families. It is likely the hygiene needs of women and girls using wheelchairs (eg. more absorbent pads and/or adult diapers) would also be a pressing need. The need for adult diapers for the elderly was also raised.

After TC Harold, some assessments found untreated water sources and damage to sanitation facilities which may lead to an increase in skin infections. This could also lead to Leptospirosis, Typhoid, Dengue and Diarrhoea (LTDD), diseases which are common after cyclones. However in certain areas, WASH activities such as community clean-ups had been suspended due to COVID-19 and these activities only began again with the discovery of LTDD cases nearby. With a number of Leptospirosis cases reported in Kadava and Ba, a national clean-up campaign was launched. People in villages reported that LTDD clean-up measures are now being taken seriously due to fear of COVID-19.

Households that share WASH facilities with others such as those in informal settlements were unclear about access during curfew times. It was also thought that women and girls may have delayed their use of the facilities as much as possible if they felt threatened. This would have been particularly difficult during menstruation.

Clean water is also needed for the hygiene of menstruating women and girls. Research into women and girls' management of menstruation found that WASH facilities often lack soap for handwashing, toilet paper or safe and discrete disposal options for sanitary materials. Women working in informal workplaces, such as market vendors face greater challenges in managing menstruation at work as sanitation facilities are sometimes locked, unclean, require a user fee, and do not provide toilet paper or a safe and discrete disposal system.<sup>55</sup>

Post TC Harold it was found that dignity kits with disposable sanitary pads are being distributed but need replenishment as women and girls continue to menstruate every month. Some women reported having to forgo the purchase of hygiene products in favour of paying for food and bills. As imports have become limited and incomes have dropped, women have reported that prices of sanitary goods have increased by between \$0.50 and \$3 per packet which is significant as the minimum wage is \$2.32 an hour.<sup>56</sup> While there appears to be a greater focus on Menstrual Hygiene Management (MHM) with CSOs such as PCDF and Save the Children including MHM in WASH in schools programmes, it was reported that schools with male principals are not good at sharing MHM information.

In regard to people with disabilities, the vast majority of those surveyed were found to have tap water as their source. For people of diverse SOGIESC, access to treated water in rural areas was found to be an issue. Many are having difficulty with paying for water and menstrual products due to unemployment and the fact that many are low income earners.

## Food Security and Livelihoods

Agriculture is an important pillar of Fiji's economy, accounting for 44% of total employment. Thirteen percent of the population aged 15 and older is engaged in subsistence agriculture and fisheries and over 70% of Fiji's agricultural households rely on subsistence agriculture. The damages caused by recent cyclones and floods affected rural livelihoods on multiple levels, including loss of crops and depletion of natural resources. For example, damages from TC Winston in 2016 were estimated to be equivalent to 31% of GDP, with agriculture (including livestock, forestry, and fisheries) among the most affected sectors.<sup>57</sup>

Food security and livelihoods have been severely impacted by the double blows of COVID-19 and TC Harold. In terms of livelihoods, COVID-19 restrictions devastated the tourism sector which accounts for almost 40% of GDP. The sector directly supports 42,500 jobs (13% of total employment) and indirectly contributes 119,000 jobs to the economy (37% of total employment). Women comprise a third of the tourism workforce, mostly minimum wage level including cleaners, restaurant staff, and receptionists.<sup>58</sup> Many other women are market vendors, with women making up 85% of all market vendors in Fiji. Fifteen percent of women market vendors remain unbanked and their access to finance is limited. For 77% of market vendors, vending is the only source of income on a weekly basis. The majority have small savings but not enough to withstand a major downturn in business activity for more than one or two weeks. This is the same for women farmers. Forty percent of rural women in Fiji work as farmers or workers on farms in the informal economy.<sup>59</sup> Women farmers and market vendors and others in the informal sector are not covered by benefits such as paid sick leave or unemployment allowances and they were particularly affected by lockdowns due to their dependence on access to public spaces. Many community members mentioned the inability to travel to markets to sell or buy due to COVID-19 restrictions as a key challenge. In addition to tourism many other businesses have also been severely impacted with numerous workers laid off or on reduced hours. As a result, many have turned to backyard gardening and subsistence farming and fishing and/or have returned to their villages.<sup>60</sup> However those in informal settlements without access to land will be particularly affected by loss of livelihoods and food insecurity.

After the destruction left by TC Harold, many crops were destroyed. In some areas such as the Yasawas it was found that food gardens had only recently been replanted after TC Sarai in late December. Many communities were able to cope due to having an income source from tourism. However the COVID-19 pandemic eliminated this source of income and TC Harold further compounded the situation by destroying the recently replanted food gardens that were due to be harvested in late April.<sup>61</sup> Reserves of food and cash were used during the first few weeks after the cyclone. Due to the scarcity of local food, islanders needed access to markets on the mainland to meet their basic needs; however, inter-island travel had been suspended due to COVID-19. In the absence of the staples of dalo and cassava, people also needed to adapt to dietary changes of rice and flour which is both more expensive and less healthy. Many areas were supported by food rations provided by the government and the government also called on partners to assist with the response.

An assessment in the Yasawas also determined the Food Consumption Score (FCS) which is a food security indicator based on the frequency of consumption of different food groups by a household during the seven days before the assessment. There are standard weights for each of the food groups that comprise the FCS. The Yasawa FCS was found to be Poor for 70% of the households, Borderline for 10% and Acceptable for 10%. While the Poor score of 70% is critical on its own, it is expected that people from the Borderline group (18%) will fall into the Poor food security category due to limited coping strategies and the lack of local crops. In the Yasawas and elsewhere people have reported the provision of fewer daily meals due to food shortages, with people in informal settlements reported to be severely impacted.<sup>62</sup> Nutritional deficiencies were raised as a particular concern for pregnant and lactating women.

People with disabilities reported difficulty accessing distribution points following TC Harold.<sup>63</sup> This likely resulted in them having less access to food and seeds compared to others without disabilities.

Other affected islands were similarly impacted by COVID-19 travel precautions that restricted their access to markets to buy and sell. In some areas, it was found that brokers buying produce from villagers took advantage of the situation by offering lower prices as they realised that sellers had no other options. This was also found to be the case for some women's groups who had no choice but to sell their handicrafts at lower values. Some women faced added difficulties when men in their communities didn't support them in planting gardens, particularly in distant hilly areas.

With large numbers of people turning to planting as a result of COVID-19 and many others replanting after TC Harold, distribution of seedlings was and continues to be vital. However some people reported issues with supply due to the large demand and difficulties with transport. CSOs noted that for many training sessions, the majority of participants are males due to the view of men as farmers and the fact that more men are involved in commercial farming. It was noted that women tend to farm at a smaller scale with crops like vegetables that mature more quickly.

Previous research has found that intersecting risks coupled with caregiving responsibilities can seriously comprise some women's food security and health. Widows and people with disabilities are particularly at risk of food scarcity or poor nutrition and often face challenges to meet their basic food needs and access social welfare. Heavy workload and loneliness particularly affect the food security and mental wellbeing of widows. Traditional safety nets, social assistance, and money sent by family members are often insufficient to meet the needs of the most vulnerable, particularly during difficult planting seasons or following disasters.<sup>64</sup>

In regard to fisheries, assessments revealed minimal damage to vessels as most boat owners had heeded weather warnings and secured their fishing and passenger vessels before TC Harold hit Fiji. Most damage was to Fishing Aggregation Devices (FAD's) and hatchery facilities in the form of loss of stocks in ponds due to flooding and loss of aquatic feed.<sup>65</sup>

For people with disabilities, some found it difficult to gain access to their allowances during lockdowns. Others reported that the District Councils of Social Services (DCOSS) had distributed food and other relief items to people with disabilities

## Education

Fiji's education sector is comprised of 737 primary schools, 173 secondary schools (of which 267 (36%) also enrol and educate students with disabilities), approximately 900 Early Childhood Care and Education (ECCE) centres and 17 special schools for students with disabilities. These 17 special schools have 1,235 students enrolled (39% female, 61% male) Fiji's free education policy introduced in 2015 makes education at the primary and secondary school levels free. This includes tuition and textbooks while bus fare is subsidised. Enrolment rates exceed 99% at primary schools and 80% at secondary schools, with no significant gender gaps. Enrolment and attendance of learners with disabilities globally is lower than for those without; Fiji's Policy on Special and Inclusive Education seeks to address this.<sup>66</sup> For learning outcomes, more boys than girls are in the bottom quartile of primary school literacy and numeracy test results. Women make up more than half of higher education students; however, only a small proportion of women enrol in technical trades and professions. Women have been poorly represented in school management, holding few places on the committees responsible for overseeing school management and finances. On average, adult men and women (aged 25 and above) have attained a similar level of education: 36% of men and 40% of women have a secondary qualification, while 20% of men and 15% of

women have a tertiary one. Literacy rates are high among both adults (93%) and youth (99%) with no significant gender gap.<sup>67</sup>

Schools often play a key role as evacuation centres during disasters; however maintenance of education (and health) infrastructure is challenging as services in Fiji are delivered to communities across 110 inhabited islands spread over 18,300 km<sup>2</sup>, with many facilities located in rural and remote maritime areas.<sup>68</sup> TC Harold left more than 123 schools damaged. In badly-hit areas like Kadavu, 33 schools suffered severe and minor damage and in southern Lau, 11 schools were destroyed. In addition to infrastructure, school supplies and support material were rendered largely unusable.

Shortly after the announcement of Fiji's first case of COVID-19 all schools in the country were closed on 23 March and they will remain closed until 30 June. This was reported to have increased stress levels for many parents but particularly for women who are often expected to be responsible for their children's education.

While the Ministry of Education, Heritage and Arts made arrangements for educational material for students at home, these were not ready for weeks and a number of issues were reported. Teachers were directed to report to school from 20 April to facilitate teaching materials for home-based educational activities but COVID-19 restrictions made it difficult for some teachers to move around. In addition, many children were said to be struggling to cope without face-to-face attention. The availability of worksheets online made them widely accessible but only for those with the means to pay for internet access. Access to the internet brought its own issues as some communities reported cyber bullying as well as unattended children online accessing other websites including those that may have been harmful. Furthermore it was said that girls are more prone to stigma and discrimination than boys who use social media. For some areas it was reported that families with low socio-economic backgrounds were unable to download educational material. In other areas schools arranged for teachers to deliver the printed worksheets to students at home and retirees and church members were found to be helping students with assignments. Other schools made the material available for parents to pick up but some parents lacked transport or time to be able to do so. Yet another issue was the lack of clarity regarding children's completed worksheets and feedback to students on their work.

Students of special and inclusive schools were also given worksheets to complete at home as well as seedlings and carving material for home projects; the success of these depended on the engagement and support provided by teachers and parents / caregivers

### **A story from Kadavu**

Residing in a severely affected area, Sala lives with her husband and Maciu her stepson who has a mental impairment.

Due to his disability Maciu is often bullied and stigmatised by his peers as he tries to learn along with them. With all these barriers which hinders his learning, Maciu enjoys drawing and watching children's movies to keep him occupied and ignore reality.

With the support of his stepmother and teacher, Maciu was offered extra classes in the afternoon to enable him to learn at his own pace.

TC Harold partially affected his mental health as well as his social ability. Since the cyclone passed, he finds it difficult to talk or share his emotions as most people don't understand him as well as his parents do. They also find it challenging to get him to open up to them but noticed that he expresses his anger and frustrations through colouring as well as watching movies.

"Our house was partially destroyed leaving our wash facilities completely destroyed by TC Harold," said Sala. "Now we are thinking of how we can rebuild given the fact that our main source of income, our farm, was also severely affected".

"Thanks to the Government for the current food rations that at least meets some needs of the families especially with our day to day food. Rehabilitating takes time, also trying to get back on our feet".

"My child's school stationeries and items were completely destroyed by TC Harold. He has no other item available. School might start soon and I don't know whether we will be able to send him to school or not, especially when his situation has deteriorated.

In some rural communities and urban informal settlements, many girls were found to be more occupied with domestic duties of cleaning, cooking and care-giving rather than education. There were also findings of child neglect or childcare being provided by others such as older siblings, elderly people or unemployed community members while parents were working. This raised concerns about child abuse and exploitation, child labour and violence, particularly for girls, and concerns appear to have been validated as calls to the Child Helpline were said to have increased. Another risk to children that was raised was that of obesity due to a lack of exercise and more time spent online. However on some islands it was reported that children were being sent out to play despite COVID-19 directives to keep them at home due to food shortages and their frequent requests for snacks when they were indoors.

With schools due to reopen at the end of June and many people having shifted to their villages in rural areas where they can plant and don't have to pay rent, issues that may arise relate to the capacity of rural schools to cope with an influx of new students when it is urban schools that often have the best facilities and the most teachers. Also, the unprecedented rise in unemployment raises additional concerns regarding whether or not parents will send children to school if they can't afford bus fare and school lunches, and which children will miss out due to limited resources. Families that consider men as breadwinners and heads of households may choose to focus on boys' education while other families may focus on girls as many girls in Fiji have better marks than boys. Lessons from past epidemics indicate children with disabilities and girls are less likely to return to school after these reopen.<sup>12</sup> At the university level, 861 students had withdrawn from their courses at the University of the South Pacific as of 31 May.<sup>69</sup>

## Gender Based Violence

Fiji has extremely high rates of violence against women and girls with 64% of women who have ever been in an intimate relationship having experienced physical and/or sexual violence by a husband or intimate partner in their lifetime. This includes 61% who were physically attacked and 34% who were sexually abused in their lifetime. Rates of emotional abuse are also high with 58% of ever-partnered women having experienced emotional violence in their lifetime. Overall, 72% of ever-partnered women experienced physical, sexual or emotional violence from their husband/partner in their lifetime, and many suffered all three forms of abuse simultaneously.<sup>70</sup>

In addition, 69% of women have been subjected to one or more forms of control by their husband or partner, and 28% were subjected to four or more types of control. For example, 39% of women require permission from their husbands to seek health care for themselves and for 57%, their husband or partner insists on knowing where they are at all times. Women living with intimate partner violence are also subjected to economic abuse: 28% of ever-partnered women had husbands/partners who either took their savings or refused to give them money.<sup>71</sup>

For people of diverse SOGIESC, the situation is even worse. Over 84% of lesbians, bisexual and transgender masculine and gender non-conforming people in Fiji have experienced intimate partner violence. Forty four percent who had experienced sexual assault said they would never tell anyone except close friends as there is a high degree of distrust of the wider society.<sup>72</sup>

The prevalence of violence extends to children as research reveals that the existence of one form of violence is often a strong predictor of other forms of violence. It is not unusual for a perpetrator of domestic violence to also be perpetrator of child abuse in the same family.<sup>73</sup> Research shows that the most prevalent form of sexual violence is child sexual abuse - 16% of all women were sexually abused when they were children under the age of 15.<sup>74</sup> Children with disabilities are at increased risk of child protection issues

without the protective and social environment of a school and linked services.**Error! Bookmark not defined.**

In emergency settings the increase of gender-based violence (GBV) and violence against children has been widely documented. Anecdotal evidence after TC Winston indicated that violence against children increased as a result of heightened stress and vulnerability from caregivers. People with disabilities and especially women are at particular risk, because they experience twice as much domestic violence as women without a disability.<sup>75</sup>

After TC Harold and also as a result of COVID-19 most people in communities reported increased levels of stress, tension and anxiety. In this regard it is concerning that many also reported a lack of access to mental health and psycho-social support (PSS) services, although many people discussed their religious beliefs and prayer as helping them to cope. Many community members reported no increase in safety and security concerns and some mentioned that this may be due to the curfew which is being strictly enforced by police and/or the Crime Committees established by the Police in some areas. However, there was a significant increase in calls received by the national domestic violence helpline during the month of April.<sup>76</sup> Another reason why many people reported no increase in safety and security concerns may be due to the prevailing view of domestic violence as a private matter. The traditional silence around violence makes it difficult for women and girls to report violence and seek support. Due to shame and stigma many survivors of violence often experience isolation and fear and those who do seek help often find quality essential services to be limited or unavailable, particularly in rural areas.<sup>77</sup> For women already living in abusive and violent relationships, COVID-19 lockdowns and quarantine were dangerous as they confined women to staying at home with their abusers. For many women, home is not a refuge.

The inability of men to fulfill their expected roles as breadwinners may also play a role in increased levels of gender-based violence. The enormous number of lost jobs along with the simultaneous curfew and ban on social gatherings including for sport and kava drinking has prevented many men from socialising and sharing their anxiety with other men. This may have served to increase levels of tension and pressure, thereby increasing the potential for violence.

People of diverse SOGIESC also discussed increased incidence of domestic violence during periods of restricted movement. Financial problems and overwhelming stress and mental health issues were said to be the cause of many arguments with some facing added hostility and pressure from not being able to financially contribute to their households.

Women with disabilities are more vulnerable to all forms of violence and abuse than other women. Many women with disabilities face problems in accessing appropriate support and have fewer options to escape violence. Numerous stories are heard of violence and abuse within their families, communities, supported care and residential care facilities.<sup>78</sup> After TC Harold, women with disabilities reported that they did not always feel safe, and that GBV services were inaccessible to them.<sup>63</sup>

## Coping mechanisms

After TC Evan in 2012, Fiji's population was shown to have relatively high resilience as most people were able to cope with the shocks of the cyclone. The proportion of people who reported the use of detrimental coping strategies such as reduction in food intake, forced sale of assets, reduced expenditure on health or education, or taking children out of school remained relatively limited, at below 10 percent.<sup>79</sup> This was said to be due partly to people's use of savings, and to the support they received from the government, friends, or family members. Reliance on the traditional social safety net of community support has historically been strong in Fiji, especially in rural areas, and remittances from family members working abroad, have become

increasingly significant. Family and community support is particularly important for the growing population of the elderly, and especially among *i-Taukei* or indigenous Fijians.<sup>80</sup>

However, Fiji's resilience has been severely impacted by the compounded effect of repeated disasters, COVID-19 and TC Harold. Many people are reported to be using detrimental coping strategies including reduction in the number of daily meals, barter of assets for food, and reduction of expenditure through subsistence farming and fishing and moving to villages rather than renting in towns. Some families, particularly those in areas affected by TC Harold, are exploring whether or not they can afford to send children back to school at the end of June. In addition, with COVID-19 having global impacts, many people may no longer be able to depend on family members overseas to supplement their household incomes so they can continue to pay for basic needs and services such as food, housing, education and health care. The World Bank suggests that global remittance inflows are expected to shrink by approximately 20%.<sup>81</sup> This is significant as remittances from nurses, teachers, peacekeepers, care-givers, seasonal workers and sports personnel working abroad have been the Fiji's second largest foreign exchange earner since 2004, after tourism.<sup>82</sup>

The Government announced a COVID-19 Response Budget which outlined support measures including a one-off relief payment of \$150 for street traders and vendors within the lockdown areas, 21-day paid leave and a one-off payment of \$1,000 for low-income Fijians who test positive for COVID-19, and that the Water Authority of Fiji will suspend disconnection of water meters for non-payment of bills until 31st December 2020.<sup>83</sup>

For affected workers with Fiji National Provident Fund (FNPF) accounts, the Government made their superannuation funds accessible. Hospitality sector workers have been able to access \$1,000 while \$500 is accessible for those in the lockdown areas who were laid off, placed on leave without pay or had their hours reduced. The Government declared that it would provide top ups for those with less than these amounts in their accounts. In addition, employees' FNPF contributions were reduced from eight to five percent and employers' contributions have been reduced from ten to five percent until December 2020. Employers affected by COVID-19 were directed to pay employees' salaries on a reimbursement basis for people earning less than \$30,000 dollars per annum. While these funds have been eagerly sought, with long queues at FNPF offices around the country, the reduction in people's superannuation accounts raises serious concern for resilience to future shocks as well as retirement. Despite this, a recent survey of 1400 workers revealed that all of them would like to withdraw their FNPF funds now.<sup>84</sup>

Women in Fiji are more vulnerable as they earn less, save less and are employed in less secure jobs than men. Women comprise 38% of FNPF's compulsory active members compared to 62% for men indicating the probability of women experiencing greater income insecurity and vulnerability as they age. Men also have a greater share of wealth compared to women.<sup>85</sup> In addition, as women in Fiji provide the bulk of care for their family members, any reduction in expenditure on health, education and other services means increased burdens for women and girls.

In regard to social protection, Fiji has a number of schemes aimed at reducing poverty and vulnerability for target population groups such as those who are pregnant, elderly, rural, young, destitute or have a disability. Although these schemes provide a vital safety net, they remain limited. In May it was announced that the Ministry of Women, Children and Poverty Alleviation (MWCPA) was spending around \$105 million a year through programs including a Poverty Benefit Scheme for destitute families (\$35-127 per month), Care and Protection Scheme to support disadvantaged children (\$29-127 per month), Social Pension Scheme for senior citizens 65 years and above with no source of income, Expanded Food Voucher Program for rural pregnant mothers (\$50 per month), and bus fare concession for senior citizens aged 60 years and above and people with disabilities (\$40 per month).<sup>86</sup> As of 01 April there is also an electricity subsidy for the first 100 units of electricity usage per month for households earning less than \$30,000 a year.

However, the government's cost-cutting measures include the halving of the bus fare concession to \$20 a month and the reduction of family care leave and paternity leave from five days each to two days each during the COVID-19 period. Parliament also passed an Employment Relations Bill including COVID-19 in the definition of an act of God and allowing employers to let go of their workers if they cannot provide work due to an act of God. This has been cause for much debate as support for workers and the most vulnerable is vital. Countries with weak social and labour protection will likely experience a greater increase in inequality in income and access to opportunities, as well as more protracted and deeper social and economic impact with more people pushed into poverty.<sup>87</sup>

Despite the many challenges, Fiji's traditional social safety net of community support remains. People are finding innovative ways to cope including a return to the traditional system of barter, facilitated by technology. The Facebook page *Barter for a Better Fiji*, which was created in late April and has been duplicated in other Pacific Island Countries, has over 174,000 members as of early June<sup>88</sup> representing 20% of Fiji's population. In addition, private and public organisations and individuals are entering into new partnerships of collaboration for the creation of food banks and other support. With religious houses closed and social gatherings banned, people are continuing to commemorate major events such as weddings and funerals but doing it online. As always, there is a need to remember all the different groups in Fiji's population, particularly those who so often miss out.

## Recommendations

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This Gender, Disability and Inclusion Analysis report should be updated and revised as the crisis unfolds and relief efforts continue. Up-to-date analysis of the shifting gender dynamics within affected communities allows for more effective and appropriate programming and will ensure both humanitarian assistance and the preparedness, prevention and response to COVID-19, is tailored to the specific and different needs of women, men, boys and girls. It is recommended that organisations continue to invest in gender analysis, that new reports are shared widely and that programming will be adapted to the changing needs.

- Ensure availability of sex, age and disability disaggregated data, including on differing rates of infection, differential economic impacts, differential care burden, and incidence of domestic violence and sexual abuse
- Ensure meaningful engagement of women, people with disabilities and marginalised groups in all COVID-19 and TC Harold decision-making on response and recovery at the national, provincial and community levels, including their networks and organisations, to ensure efforts are not further discriminating and excluding those most at risk.
- Ensure that public health messages properly target men, women, people with disabilities and the most marginalised and that they are translated into *i-Taukei* and Hindi.
- Ensure continuity of essential health services for women and girls and marginalised groups, including counselling and SRHR services and the safety and accessibility of WASH facilities during the response to COVID-19 and TC Harold.
- Develop mitigation strategies specifically targeting food security and the economic impact of the pandemic and TC Harold on women, men, people with a disability, people of diverse SOGIESC and other marginalised groups and work to build economic resilience.
- Continue to support access to education through alternative means including the development of digital platforms and collaborate with the private sector, groups such as faith-based organisations and community members to provide school lunches to encourage parents to send children back to school. Ensure access by students who may be marginalised such as those with a disability, of diverse SOGIESC, and in rural remote areas.

- Prioritise services for prevention and response to gender-based violence in communities affected by COVID-19 and TC Harold and consider different ways people can access services and how services can be more inclusive of people with disabilities and people in rural and remote areas.
- Expand existing social protection schemes to meet the specific needs of women, people with a disability, people of diverse SOGIESC, informal workers, people in remote rural communities, and other marginalised groups.

## Endnotes

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- 2 <https://www.adb.org/countries/fiji/main>
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- 4 [SPTO Pacific Tourism Sector Status Report - 05 May 2020](#)
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