



Rapid Gender Analysis Tropical Cyclone Winston Fiji

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Tropical Cyclone Winston

On 20 February 2016 Tropical Cyclone Winston struck the Fiji Islands as a Category 5 cyclone - the strongest storm ever recorded in the Southern Hemisphere. The damage caused by the TC Winston was extensive and has affected 167 of Fiji's 300+ islands. Forty-three people lost their lives as a result of the cyclone. The Fiji Government estimates that 350,000 people—40% of the total population—have been affected by the cyclone. Of those affected, 120,000 are children under 18 years and 36,000 of these children are under 5 years of age.¹ UNFPA estimates that 5,600 women in the affected areas are pregnant and 600 babies will be born per month in these areas over the next year.² The total damages caused by Tropical Cyclone Winston are estimated to be US\$460 million across a range of key sectors.

Women, men, boys and girls, and minority groups, will experience differing immediate and longer term impacts from Tropical Cyclone Winston. This Rapid Gender Analysis is intended to ensure these differing needs and priorities are taken into account in order to deliver an effective response that meets everyone's needs. The analysis begins with an outline of gender equality and women's empowerment in Fiji based principally on secondary data. This is followed by some of the potential gender-differentiated impacts in key sectors where Live and Learn and CARE will be working, along with initial recommendations to ensure Live and Learn and CARE implement a gender-responsive response to TC Winston. Response and recovery efforts will be considerably enriched as more data from affected areas becomes available and a detailed social and gender analysis is undertaken of the impacted areas and beneficiary communities.

The objectives of this Rapid Gender Analysis are:

1. To inform Live and Learn-CARE's programming based on the different needs of women, men, boys, and girls of different groups including people with disabilities; and
2. To support the Safety and Protection cluster in advocating for protection-integrated programming throughout Fiji.

¹ Fiji Tropical Cyclone Winston Flash Appeal, UNOCHA 4 March 2016

² 'Health assessments underline urgency of addressing reproductive health' UNFPA Pacific, Suva 2 March 2016

Gender Equality and Women's Empowerment: Secondary Data Review

Demographics and Diversity

Fiji has a diverse population and cultural landscape. Various social, economic, ethnic and religious groupings result in different socially and culturally defined gender roles and relations. These factors, along with its political history and varying geography make gender equality a complex issue in Fiji. The population of 837,271 is comprised of two main ethnic groups: *iTaukei* (Indigenous Fijians) 475,739 (57% of the total population), and Fijians of Indian descent or Indo-Fijians 313,798 (37%) with the remaining 6% of the population made up of other ethnic groups.³ Most people generally identify with one of the main ethnic groups. There are variations in gender relations within and between the different ethnic groupings. In addition, gender roles and relations differ between households and communities. However there are commonalities shared by all Fijian women across ethnic lines, and these include patriarchal cultures and male-dominated hierarchies that result in gender-differentiated access to key economic resources and public decision-making structures.

The *iTaukei* share a common language and culture and although there are some differences between clan groups, traditional social hierarchies are largely defined by affiliations with chiefly lineages. *iTaukei* Fijians are predominantly Christian and belong to various denominations. *iTaukei* culture places considerable emphasis on communal values and respect for the authority of chiefs and male elders, including male church leaders. Gender dynamics in these settings are largely influenced by traditional and religious values and public decision-making including over communally owned land is generally regarded as men's roles.

Indo-Fijians, who are descendants of indentured workers, originate from different parts of India and gender relations are influenced by the various traditional cultural values that also tend to be patriarchal. The majority of Indo-Fijians are Hindu but there are also minorities of Muslims and Christians of various denominations, as well as Sikhs. The Indo-Fijian population maintains cultural diversity through language, religious norms and cultural practices, as well as marriages within the same faith.

Female-Headed Households

Based on available data it is estimated that the rates of female and male single headed households in Fiji are almost identical.⁴ In urban areas 18.6% of single-headed households are headed by women and 18.6% are headed by men. In rural areas 43.3% of single headed households are headed by men and 42.6% headed by females. It has been reported that the migration of men to urban areas has increased the number of female-headed households in rural areas, which in some cases is leading to changes in traditional gender roles.⁵

Older Women and Men

According to the 2007 National Census of Population and Housing, 9% of Fiji's population is made up of people over the age of 60. As a result of higher life expectancy relative to men there are more widows in Fiji than widowers. Older women generally have a lower education, less work experience, lower incomes and poorer access to assets than men. Changes to the family structure and migration to cities is resulting in older people, particularly women, having to seek support from the Government through Social Welfare and charitable organisations outside their families. Conditions of illness and disability further can exacerbate this dependency.

³ Population and Housing Census, Government of Fiji 2007

⁴ Asian Development Bank staff estimates based on Household Income and Expenditure Survey (HIES) 2008-09, ADB Gender Country Assessment (DRAFT) 2015

⁵ Initial report of States Parties, UNCEDAW, Suva, Ministry of Women 2000

Rural, Urban and Peri-Urban Residents

Women living in urban and rural areas differ in their experiences of equality, poverty, domestic violence, and access to justice. Priorities identified by rural women in Fiji include rural women's banking; marketing support for rural producers; business development, leadership and decision-making; and resource management.⁶ Road networks and urbanisation in Fiji support women's access to markets and efforts have been undertaken to improve the physical infrastructure of some market facilities to ensure safe and sanitary conditions for women vendors.

Women in urban areas are more likely to have higher levels of education and generally have better access to financial resources, information, and economic opportunities. Many women living in peri-urban settlements however lack adequate infrastructure and services and as a result face a range of challenges to meet the daily needs of their families. Inadequate access to water, sanitation, electrical infrastructure and services has significant impacts on family health and wellbeing. These gaps in service delivery affect women's time spent carrying out household work and caring for family members who get ill and can impact in turn their ability to pursue income-generating activities. Women with multiple forms of discrimination often have little access to services. This is particularly true for women and girls living with disabilities; women and girls living with HIV and AIDS, sex workers, sexual minorities, and women and girls of Indo-Fijian communities.⁷

Women and Men with Disabilities

According to a baseline survey conducted by the Fiji National Council for Disabled Persons there is an estimated 11,402 people living with a disability. There are slightly more men with a disability (54%) as compared with women with disabilities (46%).⁸ Of these, 28% are female heads of households and 72% are male heads of households. The study indicates that 16.1% of women and 17.3% of men live in an inaccessible home environment. The survey concludes that women and girls with disabilities continue to face discrimination and violation of their human rights. The Fiji Disabled Peoples Federation is working with the Department for Social Welfare to address these needs.

Policy and Legislative Environment for Gender Equality

The Constitution of Fiji and the Bill of Rights entrench non-discrimination on the basis of sex. A detailed national vision for gender equality as a government-wide responsibility is articulated in the Fiji National Gender Policy 2014 and activities in support of gender equality and women's empowerment are outlined in the National Women's Action Plan 2010–2019. The Policy focuses on the promotion of women's human rights and gender mainstreaming across development planning and decision-making processes within government. It also seeks to address structural and social barriers that impede gender equality, as well as review relevant legislation and access to social justice systems. However, implementation of policies and plans and translation of principles into practice remain a challenge.

The Government of Fiji and various women's civil society organisations in the country are undertaking a range of strategies and initiatives to progress gender equality. Various policies and laws to protect women's rights have been promulgated including the Family Law Act (2003) and associated amendments, the National Policy on Sexual Harassment in the Workplace in 2008 and other decrees to combat violence against women that are noted below. Fiji reported to the Committee on the Elimination of Discrimination against Women (CEDAW) in 2000 and 2010 and concluding observations for the 2010 report acknowledges various steps taken to date to promote gender equality

⁶ The National Women's Action Plan 2010-2019; National Gender Policy Government of Fiji. Ministry of Social Welfare, Women and Poverty Alleviation. Suva 2014

⁷ Fiji's National Report on the 20-Year Review of the Implementation of the Beijing Platform for Action, Ministry for Social Welfare, Women and Poverty Alleviation, May 2014

⁸ 'Making Women with Disabilities Visible' National Baseline Survey, Fiji National Council for Disabled Persons, Sept 2010

but expresses continuing concerns in the areas of governance, economic opportunity and gender-based violence.

Decision-making in the Public Sphere

Fiji's governance structures generally follow patriarchal patterns and regardless of ethnicity men tend to dominate leadership and decision-making across various levels of society. However, Fiji has made considerable progress in women's representation and participation at the national level. Female political participation in the 2014 elections saw the highest number of women vying for public office, with 41 women out of a total 248 candidates. Following the 2014 elections there are seven women in the fifty-member Parliament and they hold 14% of Parliament seats. The Speaker of Parliament is a woman and there are two female Ministers, heading the Ministry of Social Welfare, Women and Poverty Alleviation and the Ministry of Tourism.

Fiji has multiple and complex local governance structures including municipal councils, provincial councils, district advisory committees and rural local authorities. Women's representation and participation in formal provincial and local level government planning and decision-making is extremely low resulting in services that are largely designed and managed by men. A position paper by the Fiji Strengthening Women in Municipal Governance Project highlights that in 2008 decision-making roles in local government were largely held by men with 85% of councilors and 90% of senior managers being male. None of Fiji's 12 municipal councils have gender equality policies or collect sex-disaggregated data, over 70% of council staff have never received gender training and less than 30% are aware of Fiji's national, regional and international obligations regarding gender equality.⁹

The *iTaukei* chiefly system within the village is generally structured around patriarchal principles and women have traditionally had a limited role in traditional decision-making in chiefly forums. Chiefs are predominantly male, although there are a few female chiefs and wives of chiefs often play key roles in the community. Numbers of women on village governance committees are generally low.

Women's full participation in local governance is a priority governance issue among women in Fiji. The Fiji Women's Forum recently brought together sixty women leaders, representing diverse women and their communities from across Fiji, in April 2015 for the *5th National Consultation on Women's Participation in Democratic Processes* to develop strategies to support women's full participation in local governance. Some of the challenges relating to women's participation in local governance structures identified during the forum include socio-economic barriers, limited access to information about local governance structures and processes, and the lack of a sustained collaborative strategy for women's engagement.¹⁰

Gender Norms, Roles and Workload

In Fijian households women and men work together to achieve shared goals but usually perform different tasks according to their gender. Regardless of ethnicity, women and men generally have socially pre-determined household and community roles and responsibilities. Women are largely responsible for the majority of care-giving for children, elderly and the ill, cooking and cleaning work within the household, preparation of food and gifts for ceremonial occasions, and for religious and community meetings. In both urban and rural households, women and girls do the vast majority of unpaid reproductive and domestic work. The Asia-Pacific Human Development Report cites recent research that puts the value of unpaid household work at almost FJD480 million (US \$237 million), a figure greater than the income from sugar or tourism, the country's two largest industries.¹¹ Shared responsibility for childcare and domestic work is slowly becoming more acceptable within some

⁹ 'Local Government: Servicing Whom?' Fiji Strengthening Women in Municipal Governance Project Position Paper

¹⁰ Outcome Statement, 5th Fiji Women's Forum Suva, 8-10 April 2015

¹¹ *Asia-Pacific Human Development Report*, UNDP 2010: 63

households, particularly in urban areas and in families in which women are employed outside the home; however for the most part this work remains far from equal.

Gender norms and roles differ according to various factors, including rural or urban residence. Women in urban areas generally have more opportunities for education and paid employment, greater access to groups supporting gender equality and women's empowerment, and better access to services. In urban areas both women and men are exposed to more liberal perspectives on gender roles as portrayed through media coverage.¹²

Rural populations generally tend to maintain more traditional gender norms than urban populations, however changing gender norms are becoming apparent. While *iTaukei* cultural norms do not place restrictions on women's mobility or on most types of economic participation, there are various taboos relating to the interaction of opposite sex relatives, for instance relating to speaking, close physical proximity and eye contact.

Women living in rural areas are largely responsible for vegetable gardening and caring for small livestock, and preparing, purchasing and cooking food. Women in rural communities are also responsible for the day-to-day subsistence fishing and collect fish and seafood from coastal and freshwater areas. The weaving of mats for home use, sale and traditional events in the community is an important economic, as well as social activity for many rural *iTaukei* women, as is the production of handcrafts. Both women and men also spend time attending church services and engaging in community and extended family activities.

In general, men in rural communities spend the majority of their time growing and harvesting root crops, *yaqona* or sugar cane and fishing if they live close to the sea. Men are also responsible for looking after larger livestock such as cattle and for the construction of homes and community structures such as churches and village halls. In *iTaukei* villages men are responsible for preparing the *lovo* (earth oven) and cooking pigs or other animals for family and community gatherings while women prepare all of the other food and clean up. Men, particularly older men, spend more time than women in community meetings and many men of all ages *talanoa* (talk and tell stories) and drink *kava* in the evenings. Fathers and other men in *iTaukei* villages can often be seen carrying or playing with very young children; however most tasks associated with childcare remain the responsibility of mothers, grandmothers, daughters and other female relatives. A 2005 study highlighted that women in Fiji worked fewer hours than men in paid employment but women worked 26%–31% more hours in total than men because of their disproportionate share of household responsibilities.¹³ The 2010/2011 Employment and Unemployment Survey shows similar results with women working overall longer working hours than men. Market gardening and income-generating activities, as well as and formal employment demand much of the time and energy of women without any accompanying reduction in the work at home and related to obligations to extended family, the community or *vanua*, and the church. In Fiji men of all ethnicities generally have much more time than women to pursue leisure and other social activities.

Access to Information, Communication, and Technology

Overall levels of mobile phone ownership or access to a mobile phone are fairly high among both women and men in urban and rural populations. *iTaukei* women living in rural areas report higher levels of mobile phone ownership or access than men, with 85.9% of women compared with 79% of men. In urban centres there is minimal difference with mobile phone ownership or access among *iTaukei* men (81%) and 79% among *iTaukei* women (79%). Within rural Indo-Fijian urban households 100% of men own or have access to a phone compared with 97.1% of women. The biggest difference can be found in rural Indo-Fijians areas where 77.1% of women own or have access to a mobile

¹² *Study on Poverty, Gender and Ethnicity in Key Sectors of the Fiji Economy*. Market Development Facility and Australian Aid. 2013. DFAT. Canberra and Fiji Women's Forum and IWDA. 2014

¹³ W. Narsey. 2007. *Gender Issues in Employment, Underemployment and Incomes in Fiji*. Suva.

phone compared with 97.1% of men.¹⁴ People living in rural areas regularly access information through the radio. FemLINKPACIFIC is an NGO working to counter gender stereotypes in Fiji through a range of media initiatives including women-led community radio and advocacy to promote the meaningful inclusion of women in all aspects of disaster preparedness, management and recovery.

Access to and Control over Resources

Land ownership and access to land to secure livelihoods is of critical importance in Fiji. To a large extent ethnic background determines the extent to which people are able to access land, housing and services and maintain a sustainable livelihood. State-owned and freehold land is limited as 80% of the land, along with land and sea resources, is communally owned by *iTaukei*. While these women can access these resources they generally do not participate in planning and decision-making about land and resources and few own property individually. Security of tenure poses a significant concern for many Indo-Fijians as they do not play a role in decision-making regarding access to land, ownership or leases of this land. The insecurity constrains people's ability to construct adequate housing and meet food and other basic needs. The predominance of men on smallholdings as titleholders to land leases and cane contractors reflect gender-based notions of land ownership and the commercial production of cane. Indo-Fijians practice inheritance of land along male lines and authority in decision-making over property ownership is also generally held by men. Women in Fiji face specific constraints to achieve their right to adequate housing and land because inheritance practices by both major ethnic groups tend to exclude women from inheriting land or other fixed assets. In addition, Indo-Fijian women are likely to be relatively more vulnerable as they may have less access to family and community support systems than their *iTaukei* counterparts.

Due to changes in land tenure legislation in the sugar industry, cultivation leases have expired and have not been renewed. As a result, many share cropping farmers and cane cutters have become unemployed and lost their housing and access to land. Government supports the extension of leases, promotes the increased production on idle land and organises resettlement. Despite these efforts there has been significant rural to urban migration with the poorest of these migrants and their families settling in informal peri-urban areas. Women and men relocating in these areas face a number of challenges, including unsafe and insecure housing, lack of water and sanitation infrastructure, difficulty finding employment, illegality of home-based businesses, and limited access to land for gardens to grow food.¹⁵

Livelihoods

Formal and informal sector

Women's estimated gross national income in 2015 per capita of \$4,100 was much lower than men's at \$10,214.¹⁶ Women in Fiji earn less than men in the formal sector and hold fewer positions than men across all occupational categories, except for clerical occupations. Gender inequalities are evident in relation to economic opportunities such as women's difficulty in accessing bank loans as many do not own land or property required for security. Underemployment tends to be much higher for women (74%) than men (28%) although women's participation in higher skilled professions and the public sector has increased.¹⁷

The number of women involved in private enterprise as business owners is almost on par with men.¹⁸ Many Fijian women sell prepared foods and baked goods, and run small shops. Although women are increasingly engaged in self-employment, they make up only 20% of the registered micro and small

¹⁴ Sibley, J. E. (In press). *The Financial Competence of Low Income Households in Fiji*. Suva: United Nations Capital Development Fund.

¹⁵ ADB Gender Country Assessment (DRAFT) 2015 p. 15

¹⁶ Ibid, p. 14

¹⁷ Government of Fiji, Ministry of National Planning Suva Millennium Development Goals: 2nd Report, 1990–2009. Report for the Fiji Islands 2010

¹⁸ *Fiji Markets Profile*, UNWomen 2009

businesses in Fiji.¹⁹ Women with disabilities are more likely to be engaged in self-employment and it has been noted that they are ‘almost invisible’ in formal sector employment.²⁰ Informal businesses can be attractive to women because they provide flexible working arrangements that accommodate women’s household and community responsibilities, alongside low set-up and entrance requirements. However, since they are largely unregulated these businesses can also pose risks to women’s personal safety, job and food security. Rural women’s income-generating activities have been hindered by limited or lack of access to finances. There is recognition of this need and women now comprise 78% of clients of the Micro-Finance Unit and 60% of National Centre for Small and Medium-sized Enterprise Development.²¹

Poverty is a critical concern in Fiji with the poorest households located in rural areas headed by individuals who are unpaid or self-employed. Estimates based on the Household Income and Expenditure Survey (HIES) 2008-09 indicate no significant difference between the poverty levels of female-headed and male-headed households.²² However, women are the majority of beneficiaries under the Social Welfare Department’s Poverty Benefit Scheme²³ and data from the ADB Country Assessment for Fiji highlights that more women working in paid jobs live in poverty than men. Poverty affects women of all ethnic backgrounds living in per-urban settlements with poor housing conditions and little or no access to quality water, sanitation, electricity and other basic services.

In 2010, the government noted a range of challenges to poverty reduction, all of which have gender dimensions. These include insufficient access to economic assets, markets and social services; lack of involvement of beneficiaries in project design and implementation; labor force discrimination; increasing divorce and separation rates and low payment of maintenance by spouses.²⁴ In addition, during the Universal Periodic review of Fiji’s report the CEDAW Committee in 2014 Fiji acknowledged the growing problem of sex work due to economic hardship.

Agriculture

Both women and men play critical roles in food production providing sustenance for their own families and communities and contributing to household incomes. Women engage mainly in small-scale agriculture for home consumption; contribute labour to family farming; sell food at markets and engage in small-scale business such as floriculture and food processing. Rural women of all ethnicities carry out subsistence cultivation. Women make up 22% of paid employees in agriculture, forestry and fisheries,²⁵ and also provide unpaid work in these sectors. Many men are engaged in cash crop production with *iTaukei* men farming root crops and *yaqona* and Indo-Fijian men largely working in the sugar cane industry. Women also actively participate in almost all aspects of agricultural production in Fiji, including farming, marketing, food processing and distribution, and export processing. Research indicates that women play key roles in the sugar cane industry and tasks are generally assigned based on gender.²⁶ Men plough or drive tractors and are formally employed in cane harvesting gangs, while women participate in all other activities such as planting, fertilising and weeding. Indo-Fijian women tend to carry out unpaid household labour, while *iTaukei* women

¹⁹ Government of Fiji, Ministry of National Planning Suva Millennium Development Goals: 2nd Report, 1990–2009. Report for the Fiji Islands. 2010, viii, 30-31

²⁰ Ibid p. 30-31

²¹ Statement by the Honorable Minister for Social Welfare, Women and Poverty Alleviation of the Fijian Government - Dr. Jiko Luveni, 56th Session of the Commission on the Status of Women, New York 27 February – 9 March 2012. p. 2.

²² Ibid, p. 14

²³ ADB Gender Country Assessment (DRAFT) 2015

²⁴ Government of Fiji Roadmap for Democracy and Sustainable Socio-Economic Development Suva 2010

²⁵ Government of Fiji, Ministry of National Planning Suva Millennium Development Goals: 2nd Report, 1990–2009. Report for the Fiji Islands 2010 viii, 31

²⁶ Market Development Facility and Australian Aid. 2013. *Study on Poverty, Gender and Ethnicity in Key Sectors of the Fiji Economy*. DFAT. Canberra and Fiji Women’s Forum and IWDA. 2014

work both at home and provide intermittent and seasonal daily wage labour on nearby commercial farms and in processing plants.²⁷

In *iTaukei* villages many women are involved in the production of mats, handcrafts, and ceremonial clothing and items made from locally available materials, such as *voivoi* (pandanus), *masi* (mulberry tree), *magimagi* (coconut fibre) as well as products such as coconut oil, vanilla and honey. Women often create community social groups or cooperatives to support these activities.

In Fiji women from all backgrounds play an important role in the informal sector, selling handicrafts and agricultural produce in markets and roadside stalls. It is estimated that up to 80% of all vendors are *iTaukei* women.²⁸ These women often travel to markets for the weekend or for several days at a time during the week staying overnight in urban areas or at the market until their goods are sold.

The Ministry of Agriculture, Fisheries and Forestry supports agricultural activities, and extension officers provide training and assist with the development of business plans for both women and men. Since men and women engage in agriculture activities in different ways they tend to receive different types of services. Men generally receive technical support for the production of crops and vegetables and financial support for the purchase of machinery, while women are generally supported with skills development related to small-scale production related to food processing, floriculture and handicrafts. While there are female extensions officers most of the staff working in the field tend to be male.²⁹

Fisheries

Fishing is a major industries contributing to Fiji's GDP following sugar and tourism. Men generally fish for subsistence, catch larger fish offshore and work on offshore commercial fisheries. Women tend to fish in shallow-water reefs and lagoon and estuaries collecting small fish and seafood to feed their families and to generate income. Large numbers of women sell seafood and non-fish products harvested both from the sea and from freshwater areas at municipal markets every week.³⁰ *iTaukei* women tend to be engaged in fisheries more than Indo-Fijian women due to the indigenous ownership rights of fishing grounds. Women also form the core of the industrial fisheries labour force through their involvement in post-harvest or processing activities.³¹

Household Decision-Making

There is considerable variation among households regarding decision-making practices in Fiji, which are the result of a complex interplay of a range of factors including age, education, ethnicity, geographic location, and income level. In many families men are considered the head of the household and decision-making is still largely based on traditional gender roles. In these families men make most of the key decisions and women's role in decision-making is often limited to the care of children and domestic concerns or to areas in which they have expertise such as the management of particular natural resources. However, in some families shared decision-making is the norm. A study on perceptions of decision-making found that both Indo-Fijian women and men felt that most decision-making in the household is shared.³² It also highlighted that *iTaukei* women and men believe that *iTaukei* women often manage household finances and that decisions about spending are often taken jointly. Furthermore, it noted that in some cases *iTaukei* men are comfortable accepting woman's

²⁷ Ibid p. 66

²⁸ *Study on Poverty, Gender, and Ethnicity in Key Sectors of the Fijian Economy*, Market Development Facility – Fiji Islands, August 2013 DFAT. Canberra and Fiji Women's Forum and IWDA p. 87

²⁹ Gender Audit, Ministry of Agriculture, Sugar and Resettlement, Asian Development Bank November 2003

³⁰ *Women in artisanal and commercial fisheries in Fiji*, Jese Verebalavu, SPC Women in Fisheries Information Bulletin #20 – November 2009

³¹ *Country Gender Assessment Republic of Fiji*, Asian Development Bank, 2006

³² Market Development Facility and Australian Aid. 2013. *Study on Poverty, Gender and Ethnicity in Key Sectors of the Fijian Economy*. DFAT. Canberra and Fiji Women's Forum and IWDA 2014

financial authority but that this is less likely to occur in Indo-Fijian households where patterns of male dominance in decision-making and control of economic resources are common.³³

Education

Equitable access to education is a key priority of the Government of Fiji with the aim to support access, retention and completion for all students regardless of gender, ethnicity, culture, beliefs, socio-economic status and geographic isolation. A gender-balanced and appropriately qualified workforce is also considered a priority.³⁴ The majority of Fijians value education for both girls and boys as a means of social and economic mobility. Gross enrollment rates at the primary level exceeded 90% in 2007 for both males and females. Fiji has succeeded in achieving gender equality in primary and secondary school enrolments and completion rates. The gender parity index in 2013 shows female enrollment exceeds male enrollment at the secondary level. At the tertiary level, enrollment by women aged 19–21 is slightly higher than men's enrollment (42% versus 38%) but anecdotal evidence indicates that more women than men drop out because of family and economic reasons. Women and men tend to be channeled into different tracks at the secondary level and in technical and vocational training and gender segregation also occurs in the fields of study at the tertiary level. In addition, women do not share equal opportunities for leadership in the education. Despite the fact that over half the teachers at primary and secondary levels are women, only 22.5 and 14% respectively, held posts as school principals.

Health, Sexual and Reproductive Health

According to its MDG Report Fiji has made good progress in reducing maternal mortality.³⁵ The 2013 Annual Report of the Ministry of Health indicates the maternal mortality ratio was 59 per 100,000 live births in 2012. The adolescent fertility rate for girls aged 15-19 was 43 per 100,000 live births in 2011. This is high compared with a rate of 20 for the East Asian and Pacific region.³⁶ Contraception use among married women aged 15-49 is relatively low and limited use of condoms by young people in Fiji increases risk of unwanted pregnancies and sexually transmitted infections. Gender inequality and poor communication about sexual and reproductive health by parents and teachers are cited among causes of adolescent pregnancy. In general young unwed mothers are more accepted by *iTaukei* families and communities, whereas unwed motherhood is a source of considerable shame among many Indo-Fijians. Teen pregnancy impacts girls' educational attainment and some face social stigma that discourages them from continuing their education. The Government has instituted the '*Matua*' (mature) program in urban areas to provide school leavers, including teenage mothers, an opportunity to continue their education.

The Health sector faces a number of challenges including limited human and financial resources - in the forms of skilled personnel, facilities, equipment and transportation - in catering to the health needs of the public. This tends to affect women as they are mainly responsible for caring for children and the elderly who are more prone to illness. Basic health care services are decentralised and in urban areas women's access to health facilities is supported by relatively well-developed transport infrastructure as well as the availability of private sector care and emergency obstetric care. Rural women challenges to accessing health facilities include transport issues in the quality and staffing of rural health facilities. The Department of Social Welfare has introduced the Expanded Food Voucher Rural Pregnant Mothers program to cater for the nutritional needs of pregnant women in rural areas. Overall, women's access to quality and affordable reproductive health services remains a pressing

³³ Ibid

³⁴ Ministry of Education. Education Sector Strategic Development Plan (ESSDP) 2015-2018. Government of Fiji.

³⁵ Government of Fiji, Ministry of National Planning Suva Millennium Development Goals: 2nd Report, 1990–2009. Report for the Fiji Islands. 2010 viii, p. 26-36

³⁶ World Bank's Gender Equality Data and Statistics 2013

need.³⁷ Women with disabilities face specific challenges to access services and receive quality sexual and reproductive health care. Challenges include accessible transport and access to services, as well as a lack of appropriate training for health care workers.

There are various taboos around menstruation in Fiji that tend to differ according to ethnicity and cultural background. For example, the discussion of menstruation is often taboo and in some communities girls are not supposed to cook food when they are menstruating and opposite sex siblings are not allowed to use the same toilet. Often menstruation is considered a time of isolation or segregation for women and adolescent girls may not attend school. Many schools have insufficient means to support girls during menstruation—this includes poor sanitation facilities, lack of water, hygiene promotion activities to break down barriers and taboos, lack of teacher training, IEC materials and time to teach students about menstrual hygiene management.³⁸

Increasingly sedentary lifestyles, poor nutrition, physical inactivity, and smoking/alcohol/kava abuse have led to significant increases in non-communicable diseases such as cardiovascular disease, diabetes, cancer and high blood pressure. The prevalence of obesity in adults is increasing, with the National Nutrition Survey of 1993 finding that more than one quarter of the population was overweight, and one fifth of women were obese. The prevalence of obesity is particularly high among Fijian women. The FAO Nutrition Country Profile for Fiji highlights that in 2003 twice as many women as men have nutritionally-related diseases associated with poor diets and poverty; far more women than men have anemia and twice as many women than men suffer from diabetes. Iron deficiency anaemia is a major public health problem affecting women of childbearing age and children less than five years. Anaemia is more prevalent in Indo-Fijian women but the rates among Fijians are also increasing. Pregnant women are the group most at risk with more than half of them being anaemic.³⁹

Substance abuse is an emerging concern in Fiji, particularly among boys. In 2013, 45% of secondary schools and 5% of primary schools reported cases of drug/substance abuse. In total, there were 174 separate cases of drug and substance abuse across the 370 schools. Eleven per cent occurred at the primary school level, with the remainder at secondary schools.⁴⁰

Available suicide data reports that suicide is the highest amongst Indo-Fijian young women under the age of 30, one of the highest rates in the world and the highest in the Pacific Islands.⁴¹ Contributing factors are reported as family disputes over social and cultural norms including arranged marriages, pre-marital relationships, violence against women. Amongst men in Fiji, the highest rates are also reported to be amongst Indo-Fijians. The principle reason is said to be economic pressures, interpersonal, identity and financial loss as well as family instability.⁴² Men of both ethnicities were more likely to identify financial issues as triggers to suicide attempts than females.

Violence against Women and Girls

The rate of violence against women and girls in Fiji is one of the highest in the Pacific. Violence against women and girls in Fiji is widespread and takes various forms including physical, sexual and emotional violence by an intimate partner, sexual violence by non-partners and strangers, and child sexual abuse perpetrated mostly by someone known to the child. A recent national survey examining gender-based violence in Fiji⁴³ highlighted that 72% of ever-partnered women in Fiji have experienced

³⁷ *Fiji's National Report on the 20-Year Review of the Implementation of the Beijing Platform for Action*, Ministry for Social Welfare, Women and Poverty Alleviation, May 2014

³⁸ Webinar Recording: Girls and Schools WASH in the Pacific: Breaking down barriers and taboos, <http://www.cswashfund.org/shared-resources/references/webinar-recording-girls-and-schools-wash-pacific-breaking-down-barriers>

³⁹ *FAO Nutrition Country Profile – Fiji 2003*

⁴⁰ *2013 Annual Report. Ministry of Education*. Government of Fiji, Suva

⁴¹ Forster, P, Kuruleca, S and Auxier, C. (2007) *A Note on Recent Trends in Suicide in Fiji [online]*. Journal of Pacific Rim Psychology, Vol. 1, No. 1, pp 1-4

⁴² Henson, C., Taylor, A., Cihen, J., Waqabaca, A Q., & Chand, S. (2012) *Attempted suicide in Fiji*. *Suicidology Online*. 3 pp 83-91.

⁴³ *Somebody's Life, Everybody's Business!* National Research on Women's Health and Life Experiences in Fiji (2010/2011) A survey exploring the prevalence, incidence and attitudes to intimate partner violence in Fiji, Fiji Women's Crisis Centre, 2013

physical, sexual or emotional violence from their husband/partner in their lifetime and many suffered from all three forms of abuse simultaneously.⁴⁴ The most prevalent form of sexual violence is child sexual abuse with 16% of all women sexually abused when they were children under the age of 15. The overall prevalence and the most 'severe' forms of violence are more prevalent in rural areas than urban areas, and occurred more frequently in the Eastern Division where 67% of women are living with the most severe types of attacks. This is coupled with high levels of emotional violence including controlling behaviours such as having to seek permission before seeking health care, which undermines women's self-esteem, confidence and overall health and wellbeing. There are almost daily reports in the media of rape and incest of women of all ages from across the country including shocking cases of sexual assaults against very young girls and elderly women, often by close relatives. The Fiji Police reported an increase of approximately 34% of reported cases of sexual violence between 2011 and 2013.

Fiji has taken various policy and legal reforms and established Institutional arrangements to co-ordinate and monitor collective efforts to prevent violence against women and girls, as well as to change social norms and behavior with specific messaging targeted towards men and boys. The Government has sought to address sexual harassment in the Employment Regulation Decree/Promulgation, and has promulgated the Domestic Violence Decree (2009) and the Child Welfare Decree (2010) as well as criminal code provisions to penalise perpetrators to address violence against women and girls. A Memorandum of Understanding exists between the Fiji Police Force and the Ministry of Social Welfare, Women and Poverty Alleviation through the Department of Women to promote joint efforts to share resources in raising community awareness to address violence against women and girls and monitor and evaluate the implementation of the decrees and related measures. A national No Drop Policy (1995) is in place in Fiji to ensure all reports of domestic violence are thoroughly investigated and recorded by the police. Training for new recruits of the Fiji Police Force includes gender awareness. The Fiji Police Force-Child Abuse & Sexual Offences Unit raise awareness in primary schools on safety tips, on the various decrees and on related offences and penalties. Official reporting to police, health and social services is increasing, however in many cases still remains low due to stigma, fear, shame, high levels of community intolerance, inadequate response from police and legal services, and lack of access to services in some rural areas and smaller communities, and limited options or support to escape violent situations and relationships.

The Fiji School of Medicine and Fiji School of Nursing also addresses violence against women and girls from a public health perspective and educational institutions such as the Fiji National University have taken initiatives to raise awareness. Various organisations, including faith-based organisations offer shelters, safe housing, counseling services, legal and practical support to women and girls who have experienced violence however there is a need for more safe houses and VAW services in all towns and major centres. Several NGOs, in particularly the Fiji Women's Crisis Centre (FWCC) plays a key advocacy role to address and prevent violence against women, providing counseling and lobbying to increase women and girls' access to justice. FWCC works with community leaders, chiefs, faith-based organisations, the justice sector, the military, schools, universities, civil society, academics, pro-democracy movements, donors, and most importantly women who have experienced and survived violence. The print media and radio also play a significant role in drawing about public attention to gender inequalities and violence against women. Awareness-raising and training has been targeted to teachers, police, community and health workers and a 'Zero Tolerance Violence Free Communities' program has been established with a total of 39 communities declared violence free communities and others in the commitment and training phases. Groups of men in Fiji are also working together to raise awareness and change attitudes among their peers. Health services for female victims of domestic and sexual violence are available in some urban areas, and there have been efforts to train rural health workers and police to provide coordinated services to victims of gender-based violence. However attitudes of the general public, faith-based and community leaders,

⁴⁴ Ibid.

and officials including the police and judiciary continue to present challenges to ending violence against women.⁴⁵

Gender-Differentiated Impacts and Recommended Actions

On 20 February 2015 the Government of Fiji declared a State of Natural Disaster for the entire country in order to “ensure the safety of members of the public, businesses, the economy and national assets”⁴⁶. Widespread damage has been reported across all sectors. In the severely affected areas houses, schools, churches, health facilities, and key electrical and telecommunications infrastructure have been damaged or completely destroyed. The government has prioritised water, sanitation and hygiene (WASH), shelter, and food security and livelihoods among key immediate needs.

The potential gender-differentiated impacts noted below relate principally to Live and Learn-CARE’s anticipated sectoral areas of focus namely WASH, Food Security and Shelter, with Protection mainstreamed throughout all activities. It is important to note that there is a wide range of gendered impacts across all sectors and the following is not an exhaustive list. Concerted efforts to enhance gender equality and women’s empowerment will be an ongoing priority throughout the response.

Protection

The prevailing gender inequalities, discrimination of marginalised persons, high rates of domestic and other forms of gender-based violence, and child abuse are likely to be further compounded as communities struggle to meet basic needs including food, shelter, and WASH.⁴⁷ Workloads and economic hardship is expected to increase substantially for all members of affected communities during the response and recovery period. Women and men in the affected areas will face considerable challenges to meet basic needs and rebuild their lives and livelihoods. Women and men, boys and girls of different ethnicities, abilities and identities are experiencing emotional trauma and stress will manifest itself in different ways including Gender-Based Violence (GBV).

While evacuation centres have largely been closed with a reduction in evacuees from over 60,000 to fewer than 5,000, there is concern over overcrowding, a lack of privacy, and a lack of security at many evacuation centres. Government officials and civil society have flagged the possibility of increased violence against women and girls in and around evacuation centres, with the elderly and women and girls with disabilities facing additional risks. Incidents of rape and incest against women and girls in evacuation centres were reported during previous emergencies in Fiji. During the 2013 floods increased incidences of domestic violence were reported generally due to additional stress, pressure and traumatic experiences. Since TC Winston there has already been a case of rape reported in the media outside an evacuation centre.⁴⁸ While most families have left evacuation centres, many have sought shelter with relatives or friends, and coupled with the overall conditions of economic hardship, this increases the risk of violence and sexual exploitation among women and children. It also heightens the possibility of some women and girls, as well as marginalised groups including LGBT people, engaging in sex work as a coping strategy. Economic burdens may also lead to an increase in arranged or early marriages for some Indo-Fijian girls.

The immediate response and provision of supplies is largely being carried out by the NDMO and DISMAC through Provincial and District Commissioners, with support provided by large contingents of military personnel from Fiji and donor partners as well as male prisoners. While a Code of Conduct

⁴⁵ *Fiji’s National Report on the 20-Year Review of the Implementation of the Beijing Platform for Action*, Ministry for Social Welfare, Women and Poverty Alleviation, May 2014.

⁴⁶ <http://www.fijitimes.com/story.aspx?id=342488>

⁴⁷ Fiji Tropical Cyclone Winston Flash Appeal, UNOCHA 4 March 2016

⁴⁸ <http://fijivillage.com/news/Man-allegedly-sexually-assaults-cyclone-evacuee-s5r29k>

For All Workers in Emergencies (see *Annex 2*) has been widely distributed through the clusters, response teams may not have received gender and social inclusion training. As a result many women and vulnerable groups may not have been adequately consulted, causing their specific needs to be overlooked. In addition, women may not have the skills or confidence to express their needs and priorities during assessments and distributions.

Cash assistance, vouchers and cash-for-work programmes are being considered in a number of areas including WASH, Shelter, and Food Security. A set of standards for each area is being developed by the informal Cash Working Group for review by the Safety & Protection Cluster.

Recommended Actions⁴⁹

Assessment

- Disaggregate beneficiaries by age and sex (# of households and household members by sex and age; # of single heads of household who are women and men; # of M/F unaccompanied children, elderly persons, persons with disabilities, the chronically ill; # of pregnant and lactating women).
- Collect data on specific support arrangements required for groups such as the elderly, people with disabilities or people living with HIV/AIDS to ensure they have adequate, dignified access to response facilities and items.
- Identify factors regarding safety so as not to increase risks of gender based violence, e.g. unsafe routes to schools and distribution points, design of facilities, etc.
- Identify coping strategies adopted by the affected population to respond to the cyclone and prevent further harm (i.e. positive and negative coping strategies).

Access with Safety and Dignity

- Arrange response activities such as distributions so as to minimise increases to women's workloads - ensure that services are provided at times when women and minority groups can realistically access them and ensure that locations for service delivery can be accessed by women and minority groups.
- Consult women and minority groups as well as men – in single sex focus group discussions if necessary - about appropriate facilities and design such facilities accordingly.
- Ensure that distribution site and routes to them are safe and accessible for women, girls, and minority groups.
- Ensure that particularly vulnerable groups such as female headed households, older persons and people with disabilities have equal access to core relief items and ability to transport them.
Explore options for home delivery of materials where necessary.
- Provide information on distributions and other response activities through a range of different communication methods (i.e. poster, radio, loudspeaker, TV, newspaper etc.) to ensure that information reaches everyone including illiterate people, people with disabilities, etc.
- Provide clear information explaining that no one has to pay or provide services/favours in exchange for receiving assistance.
- Consult with the GBV sub-cluster to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors of violence.

Accountability, Participation and Empowerment

⁴⁹ These recommended actions were drawn from those developed for the TC Pam response and adapted from: Protection Gender Marker Tip Sheet, Inter-Agency Standing Committee, September 2012
Protection Programs – Tips for Protection Mainstreaming, Global Protection Cluster, May 2014

- Collect sex and age disaggregated data (SADD) for all groups in response activities in order to have a fuller picture of who is most affected, how, their needs and risks, and monitor their inclusion in distributions and other activities.
- Ensure assessment, distribution and other teams are staffed with both men and women and provide team training in gender and social inclusion.
- Involve chiefs, church and other male community leaders in gender training, emphasising their roles in protection and the prevention of gender-based violence and child abuse.
- Incorporate GBV prevention messages, including referral pathways, into community outreach activities.
- Ensure that response teams meaningfully consult with women and minority groups in affected communities, including women with disabilities and female-headed households.
- Ensure the meaningful representation of women and minority groups such as women and men with disabilities on decision-making committees.
- Ensure that kits, awareness material and training target men and boys, as well as women, and girls and promote shared responsibilities of both women and men in all areas.
- Provide training for both women and men in construction, operation, and maintenance of all types of facilities.
- Ensure that emergency response workers are aware of the likelihood of heightened stress levels among community members and the increased risks of different forms of violence. Train workers and community partners to identify survivors of violence and refer them to appropriate support and service providers.
- Establish complaint mechanisms to receive and investigate allegations of intimidation, fraud, discrimination, violence and sexual exploitation and abuse experienced by women, girls, boys and men of different groups in receiving assistance.
- Report and share protection concerns with the Protection cluster, including the GBV and Child Protection sub-clusters as other actors may be able to provide assistance.
- Mainstream the protection perspective into technical support to all clusters.

Water, Sanitation and Hygiene (WASH)

It is estimated that WASH services for up to 250,000 people were affected by TC Winston but access to safe water has been restored for almost 150,000 people. In the most affected areas household, community and school water infrastructure and resources have been damaged or destroyed and water sources have been contaminated resulting in the use of unsafe and unprotected water sources. Toilets have also been destroyed or damaged and pit latrines flooded, in some cases leading to open defecation. Water scarcity or the use of unclean water supplies, combined with poor sanitation and hygiene practices is likely to increase the risk of contracting diseases such as typhoid, leptospirosis, dengue fever, chikungunya, and zika, with young children and the elderly particularly at risk. The impacts caused by TC Winston are affecting communities already struggling with the effects of El Niño-related water scarcity where the dry weather has severely affected food production and hindered access to fresh water. The vast majority of the 67,000 Fijians targeted with water deliveries by end of January 2015 live in areas most affected by TC Winston.

Women and girls in affected areas are having to walk longer distances to collect water, use toilets, bathe and wash dishes and clothes leading to an increase in workload and additional risks to their safety and security, particularly at night. Tensions are also rising regarding the sharing of WASH facilities and related frustrations leading to increased levels of gender-based violence. As the main guardians of family health and caretakers of children and the elderly, women are likely to face a further increase in their workload in the event of an outbreak of diseases. Women and girls with disabilities will likely face even greater challenges in this regard. In addition, the significant financial burdens faced by many families when they have lost their income sources may make the ongoing purchase of items such as soap and the payment of water bills unaffordable. Women and adolescent girls in

the most affected areas may also lack access to sanitary products which may also be an impediment to girls' attendance at school.

Recommended Actions

Assessment

- Disaggregate beneficiaries by age and sex (# of households and household members by sex and age; # of single heads of household who are women and men; # of M/F unaccompanied children, elderly persons, persons with disabilities, the chronically ill; # of pregnant and lactating women)
- Collect data on specific support arrangements required for groups such as the elderly, people with disabilities or people living with HIV/AIDS to ensure they have adequate, dignified access to water, sanitation and hygiene.
- Determine the roles of women, girls, boys and men in collecting, handling, managing, storing and treating water.
- Determine what is needed to ensure that design of water points, toilets and bathing facilities and routes to them are safe, especially for women and minority groups.

Access with Safety and Dignity

- Arrange WASH distributions and other activities so as to minimise increases to women's workloads - ensure that services are provided at times when women and minority groups can realistically access them and ensure that locations for WASH-related activities can be accessed by women and minority groups.
- Consult women and minority groups as well as men – in single sex focus group discussions if necessary – in choosing the location and design of water points, latrines and bathing facilities.
- In response to consultations, design separate, well-lit and lockable latrines and bathing facilities for women and men. Consult women and minority groups about preferences regarding types of water containers.
- Avoid registering only the male head of household for WASH assistance. Do not exclude the registration of other adult family members or unaccompanied minors.
- Ensure that WASH distribution points, water points, latrines and bathing facilities and routes to them are safe and accessible for women, girls, and minority groups.
 - Install lights near the facilities, especially if they are communal or away from homes. If lighting is not possible, consider alternatives such as providing torches for each household.
 - Establish safe and shaded waiting areas at WASH facilities where possible as women and children are most likely to be collecting water and might be waiting in the sun for long periods of time for their turn to fill their jerry cans.
- Ensure that particularly vulnerable groups such as female headed households, older persons and people with disabilities have equal access to core relief items and ability to transport them.
Explore options for home delivery of WASH materials where necessary.
- Provide information on WASH distributions and other activities through a range of different communication methods (i.e. poster, radio, loudspeaker, TV, newspaper etc.) to ensure that information reaches everyone including illiterate people, people with disabilities, etc.
- Provide clear information explaining that no one has to pay or provide services/favours in exchange for receiving WASH-related assistance.
- Consult with the GBV sub-cluster to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors of violence.

Accountability, Participation and Empowerment

- Collect sex and age disaggregated data (SADD) for all groups in WASH activities in order to have a fuller picture of who is most affected, how, their needs and risks, and monitor their inclusion in WASH distributions and other activities.
- Ensure WASH assessment, distribution and other teams are staffed with both men and women and provide team training in gender and social inclusion.
- Involve chiefs, church and other male community leaders in gender training, emphasising their roles in protection and the prevention of gender-based violence and child abuse.
- Incorporate GBV prevention messages, including referral pathways, into community outreach activities.
- Ensure that WASH teams meaningfully consult with women and minority groups in affected communities, including women with disabilities and female-headed households.
- Consult with women and adolescent girls in communities about their menstrual hygiene and sanitation needs. Ensure menstrual hygiene needs are also met for women and girls with disabilities and those living in remote locations.
- Ensure the meaningful representation of women and minority groups such as women and men with disabilities on WASH committees.
- Ensure that WASH kits, and awareness material and training target men and boys, as well as women, and girls and promote shared responsibilities of both women and men (fathers and mothers) in the promotion of good hygiene, water safety and the prevention of disease.
- Provide training for both women and men in construction, operation, and maintenance of all types of WASH facilities.
- Monitor whether inequitable access to WASH facilities is causing tension or conflict within the community and with other surrounding communities.
- Ensure that emergency response workers are aware of the likelihood of heightened stress levels among community members and the increased risks of different forms of violence. Train workers and community partners to identify survivors of violence and refer them to appropriate support and service providers.
- Establish complaint mechanisms to receive and investigate allegations of intimidation, fraud, discrimination, violence and sexual exploitation and abuse experienced by women, girls, boys and men of different groups in receiving WASH assistance.
- Report and share WASH-related protection concerns with the Protection cluster, including the GBV and Child Protection sub-clusters as other actors may be able to provide assistance.

Shelter

Up to 90 per cent of structures have been destroyed in the hardest-hit areas. Damage assessments undertaken by the government indicate that 28,000 houses have been damaged or destroyed leaving 131,000 people in need of emergency shelter assistance. The 55,046 people staying in 1,022 evacuation centres as of 20 February has decreased to almost 4,600 people in 237 evacuation centres almost one month later as women and men move out to undertake repairs on their homes. The Government has prioritised the reconstruction of schools to support the rapid resumption of classes and sought alternative facilities to serve as evacuation centres. Many more people whose homes have been destroyed or damaged have sought refuge with friends and family in the community or have relocated temporarily (in some cases permanently) to urban centres. The Shelter Cluster is focusing on supporting owner-driven recovery through a variety of programmes, including the provision of tarpaulins and other roofing materials, tools, fixing kits, IEC materials, as well as training and appropriate non-food items (NFIs) to provide immediate assistance and the basis for longer-term shelter recovery. Although shelter kits and other items are beginning to arrive in the country, according to UN OCHA, the more acute gap is in the delivery of tools, training, and information materials to ensure the 11,000 households whose shelters were destroyed can construct transitional shelters, understand safer building principles and invest in disaster preparedness and risk reduction.

The lack of shelter and associated overcrowding in households will have a range of impacts on women and men. Men, and particularly women who are single heads of households without leases and tenancy agreements may be forced to relocate, likely to urban or peri-urban areas to find employment. The domestic workloads of women and girls are likely to increase as household sizes increase. Overcrowding, coupled with socially and culturally inappropriate housing arrangements is likely to heighten stress levels, potentially increasing the risk of violence to women and children, particularly in situations where shared housing arrangements is prolonged. Women may lack the skills to undertake major household repairs and construction, or be unable or unwilling to undertake these activities due to gender and cultural norms. Female-headed households, such as single mothers, divorced or separated women and elderly widows may be unable to purchase or transport shelter materials and tools or draw on the labour needed to help them rebuild or repair houses and toilets.

Recommended Actions

Assessment

- Disaggregate beneficiaries by age and sex (# of households and household members by sex and age; # of single heads of household who are women and men; # of M/F unaccompanied children, elderly persons, persons with disabilities, the chronically ill; # of pregnant and lactating women).
- Collect data on specific support arrangements required for groups such as the elderly, people with disabilities or people living with HIV/AIDS to ensure they have adequate, dignified access to shelter.
- Determine specific shelter needs for women and minority groups to prevent sexual or other gender based violence due to poor, inappropriate or cramped shelter conditions, e.g. partitions for privacy; locks and lighting.

Access with Safety and Dignity

- Arrange shelter distributions and other activities so as to minimise increases to women's workloads - ensure that services are provided at times when women and minority groups can realistically access them and ensure that locations for shelter-related activities can be accessed by women and minority groups.
- Consult women and minority groups as well as men – in single sex focus group discussions if necessary – in the design and implementation of shelter programmes to ensure that these are appropriate, adaptable and functional.
- Avoid registering only the male head of household for shelter assistance. Do not exclude the registration of other adult family members or unaccompanied minors.
- Ensure that shelter distribution points and routes to them are safe and accessible for women, girls, and minority groups.
- Ensure that particularly vulnerable groups such as female headed households, older persons and people with disabilities have equal access to shelter items and ability to transport them.
Explore options for home delivery of shelter materials where necessary,
- Provide information on shelter distributions and other activities through a range of different communication methods (i.e. poster, radio, loudspeaker, TV, newspaper etc.) to ensure that information reaches everyone including illiterate people, people with disabilities, etc.
- Provide clear information explaining that no one has to pay or provide services/favours in exchange for receiving shelter-related assistance.
- Consult with the GBV sub-cluster to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors of violence.

Accountability, Participation and Empowerment

- Collect sex and age disaggregated data (SADD) for all groups in shelter activities in order to have a fuller picture of who is most affected, how, their needs and risks, and monitor their inclusion in shelter distributions and other activities.

- Ensure shelter assessment, distribution and other teams are staffed with both men and women and provide team training in gender and social inclusion.
- Involve chiefs, church and other male community leaders in gender training, emphasising their roles in protection and the prevention of gender-based violence and child abuse.
- Incorporate GBV prevention messages, including referral pathways, into community outreach activities.
- Ensure that shelter teams meaningfully consult with women and minority groups in affected communities, including women with disabilities and female-headed households.
- Ensure the meaningful representation of women and minority groups such as women and men with disabilities on shelter committees.
- Ensure that shelter kits, awareness material and training target women and girls as well as men and boys, and promote shared responsibilities of both women and men (fathers and mothers) in addressing shelter needs.
- Recognise the ownership rights of both male and female heads of household and prevent discrimination.
- Promote the active involvement of women (esp. FHHs) and girls, people with disabilities, and other minority groups in basic carpentry and build back safer (BBS) training, e.g. organise childcare or alternate sessions so women can actively participate in training.
- Monitor whether inequitable access to shelter facilities is causing tension or conflict within the community and with other surrounding communities.
- Ensure that emergency response workers are aware of the likelihood of heightened stress levels among community members and the increased risks of different forms of violence. Train workers and community partners to identify survivors of violence and refer them to appropriate support and service providers.
- Establish complaint mechanisms to receive and investigate allegations of intimidation, fraud, discrimination, violence and sexual exploitation and abuse experienced by women, girls, boys and men of different groups in receiving shelter assistance.
- Report and share shelter-related protection concerns with the Protection cluster, including the GBV and Child Protection sub-clusters as other actors may be able to provide assistance.

Food Security and Livelihoods (FSL)

The total damage to the agriculture sector is estimated to be approximately F\$120 million including crop, livestock and infrastructure damage. Crop damage is estimated at 94% of the total, with the remaining 6% for livestock and infrastructural damage. Cash crops such as yaqona, cassava and taro have been significantly impacted, while livestock impacted have mostly been smallholder poultry, dairy cattle and honey production. The cyclone has destroyed farms, gardens and markets as well as fishing boats and fishing gear, increasing food insecurity in the affected communities. Current monitoring of markets reveals a rise in prices. As occurred during previous cyclones and floods in Fiji, the cost of food will increase significantly impacting families in both affected and non-affected areas.

The extensive damage of farms, gardens and crops are having a profound effect on the food security and livelihoods of both women and men. Initial assessments indicate that approximately 1750 female market vendors whose livelihoods support an estimated 9915 individuals, and provide food for the wider community have been affected by the destruction of markets in Ba, Levuka, Rakiraki, Tavua, and Savusavu. Both women and men have lost their sources of revenue at a time when additional income is needed the most. Many women are caring for younger children who are at home because of school closures which increases their workload during the day and may also prevent them from returning to work resulting in lost incomes, as well as less time and energy to devote to rebuilding gardens. Given their roles and responsibility for household meals, women in particular will face considerable challenges and stress finding food, fuel and other household items needed to feed their families. The scarcity of food will lead to lower levels of energy and hunger can be expected to decrease tolerance levels and increase the potential for conflict in families and communities. Theft

of food and other items has been reported, including from families whose homes have been destroyed.

Recommended Actions

Assessment

- Disaggregate beneficiaries by age and sex (# of households and household members by sex and age; # of single heads of household who are women and men; # of M/F unaccompanied children, elderly persons, persons with disabilities, the chronically ill; # of pregnant and lactating women by age)
- Collect data on specific support arrangements required for groups such as the elderly, people with disabilities or people living with HIV/AIDS to ensure they have adequate, dignified access to food security and livelihoods opportunities.
- Determine how food is shared within households - who eats first and most often – and the practices that may limit access to and control over food to women and minority groups.
- Determine the daily and seasonal activities of women, girls, boys and men in the production cycle of each of the major crops, as well as in fishing/aquaculture, forestry and natural resource harvesting.
- In order to Do No Harm, determine the protection and mobility issues, social norms and constraints that men/boys and women/girls as well as minority groups face in producing and acquiring food and generating income through agriculture. This includes the time and energy women/girls invest in non-farm activities and responsibilities compared to men/boys and the coping strategies adopted in response to TC Winston.

Access with Safety and Dignity

- Arrange FSL distributions and other activities so as to minimise increases to women's workloads - ensure that services are provided at times when women and minority groups can realistically access them and ensure that locations for shelter-related activities can be accessed by women and minority groups.
- Consult women and minority groups as well as men – in single sex focus group discussions if necessary – in the design and implementation of FSL programmes including work opportunities to ensure that these are appropriate.
- Avoid registering only the male head of household for FSL assistance. Do not exclude the registration of other adult family members or unaccompanied minors.
- Ensure that FSL distribution points and routes to them are safe and accessible for women, girls, and minority groups.
- Ensure that particularly vulnerable groups such as female headed households, older persons and people with disabilities have equal access to FSL items and ability to transport them.
Explore options for home delivery of FSL materials where necessary,
- Provide information on FSL distributions and other activities through a range of different communication methods (i.e. poster, radio, loudspeaker, TV, newspaper etc.) to ensure that information reaches everyone including illiterate people, people with disabilities, etc.
- Provide clear information explaining that no one has to pay or provide services/favours in exchange for receiving FSL-related assistance such as food, seeds, tools, cash, vouchers or livestock.
- Consult with the GBV sub-cluster to identify safe, confidential and appropriate systems of care (i.e. referral pathways) for survivors of violence.

Accountability, Participation and Empowerment

- Collect sex and age disaggregated data (SADD) for all groups in FSL activities in order to have a fuller picture of who is most affected, how, their needs and risks, and monitor their inclusion in FSL distributions and other activities.

- Ensure FSL assessment, distribution and other teams are staffed with both men and women and provide team training in gender and social inclusion.
- Involve chiefs, church and other male community leaders in gender training, emphasising their roles in protection and the prevention of gender-based violence and child abuse.
- Incorporate GBV prevention messages, including referral pathways, into community outreach activities.
- Ensure that FSL teams meaningfully consult with women and minority groups as well as with men in affected communities.
- Ensure the meaningful representation of women and minority groups such as women and men with disabilities on FSL committees and farmers' groups.
- Ensure that FSL kits, awareness material and training target women and girls as well as men and boys, and promote shared responsibilities of both women and men (fathers and mothers) in addressing FSL needs.
- Provide training for both women and men in establishment and maintenance of all types of FSL facilities including food banks and nurseries.
- Recognise the ownership rights of both male and female heads of household over FSL assets and prevent discrimination.
- Monitor whether inequitable access to FSL facilities is causing tension or conflict within the community and with other surrounding communities.
- Ensure that emergency response workers are aware of the likelihood of heightened stress levels among community members and the increased risks of different forms of violence. Train workers and community partners to identify survivors of violence and refer them to appropriate support and service providers.
- Establish complaint mechanisms to receive and investigate allegations of intimidation, fraud, discrimination, violence and sexual exploitation and abuse experienced by women, girls, boys and men of different groups in receiving FSL assistance.
- Report and share FSL-related protection concerns with the Protection cluster, including the GBV and Child Protection sub-clusters as other actors may be able to provide assistance.

SAFETY & PROTECTION CLUSTER

Lead: Ministry of Women, Social Welfare, & Poverty Alleviation

Co-lead: UN Women and UNICEF

Focal Point: Ela Tukutukulevu, Department of Social Welfare ela.tukutukulevu@govnet.gov.fj

Contact: Julie Buwawa Driso, UNICEF on jbuwawadriso@unicef.org

Key actions:

- Support national NGO and government actors to scale up protection activities and services targeting the most vulnerable including people in evacuation centres, host/extended families, informal accommodation and informal settlements
- Identify and address life-saving protection issues including child protection and gender based violence and establish referral and response mechanisms
- Provide a surge of specialist human resources to meet the need for technical support and coordination on gender and protection programming in response
- Ensure psychosocial support to vulnerable populations to reinforce resiliency

CHILD PROTECTION SUB-CLUSTER

Lead: National Coordinating Committee for Children (NCCC) spearheaded by the Ministry of Women.

The Director of the Department of Social Welfare chairs the meetings.

Co-lead: UNICEF

Contact: Laisani Petersen, UNICEF on lpetersen@unicef.org

Key actions:

- Share information
- Coordinate interventions, avoid duplication and ensure timely response
- Develop a harmonised approach and tools, and seek consensus on issues
- Create partnerships and linkages for better prioritization of available resources
- Commit to and endorse minimum standards for protection interventions
- Monitor progress and report on activities and needs
- Identify protection concerns and contribute to advocacy initiatives which address them
- Coordinate capacity building efforts

The Child Protection sub-Cluster is meeting bi-weekly for now and provides updates and recommendations on child protection to the Safety & Protection Cluster.

GBV SUB-CLUSTER

Lead: Ministry of Women, Children and Poverty Alleviation Co-Lead: UN Women

Contact: Raijeli B. Mawa, Acting Director for Women at raijeli.mawa@govnet.gov.fj

Key actions:

- integrating the Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Actors across the cluster system (i.e. health, WASH);
- establishing standard operation procedures (SOPs) for responding to cases of gender-based violence, including referral pathways
- Carrying out, in collaboration with the National Child Protection Sub Cluster, more in-depth assessments to identify factors that increase women and children's vulnerability to violence, gaps in services, and obstacles to service delivery and survivors' access to services.
- Developing and disseminating key messages related to GBV prevention and response.

All actors involved in Fiji specific GBV response and prevention should be attending and coordinating with the national GBV Sub cluster. The sub cluster meets weekly and provides updates and recommendations on GBV to the national Safety & Protection Cluster.

PEOPLE WITH DISABILITIES

Representatives are attending cluster, sub cluster & working group meetings

Contact Lanieta Tuimabu, Fiji Disabled People's Federation, on lanietatuimabu@fdpf.org

Kata Tawaka, Pacific Disability Forum on manager@pacificdisability.org

PSYCHOSOCIAL SUPPORT (PSS)

A PSS sub-cluster has been established under the Health Cluster led by the Ministry of Health.

Contact Ron Sharkey, Ministry of Health, Ron.Sharkey@health.gov.fj

Fiji Women's Crisis Centre (FWCC)

Suva: 331-3300 / 920-9470

Nadi: 670-7558 / 740-4760

Ba: 667-0466 / 923-9775

Rakiraki: 669-4012 / 912-9790

Labasa: 881-4609 / 937-7784

Empower Pacific

Lautoka: 625 4226

Nadi: 623 3934

Suva: 310 0191

Labasa: 881 3111

Medical Services Pacific (MSP)

Child Help Line – 1325 (free)

Adult Counselling Hotline – 5640 (free)

LIFELINE Fiji

National Crisis Intervention Helpline

132454 (free)

INFORMAL CASH AND VOUCHER WORKING GROUP

Contact Michael Arunga, OCHA on arunga@un.org

FIJI NATIONAL CLUSTER SYSTEM FOR DISASTER MANAGEMENT

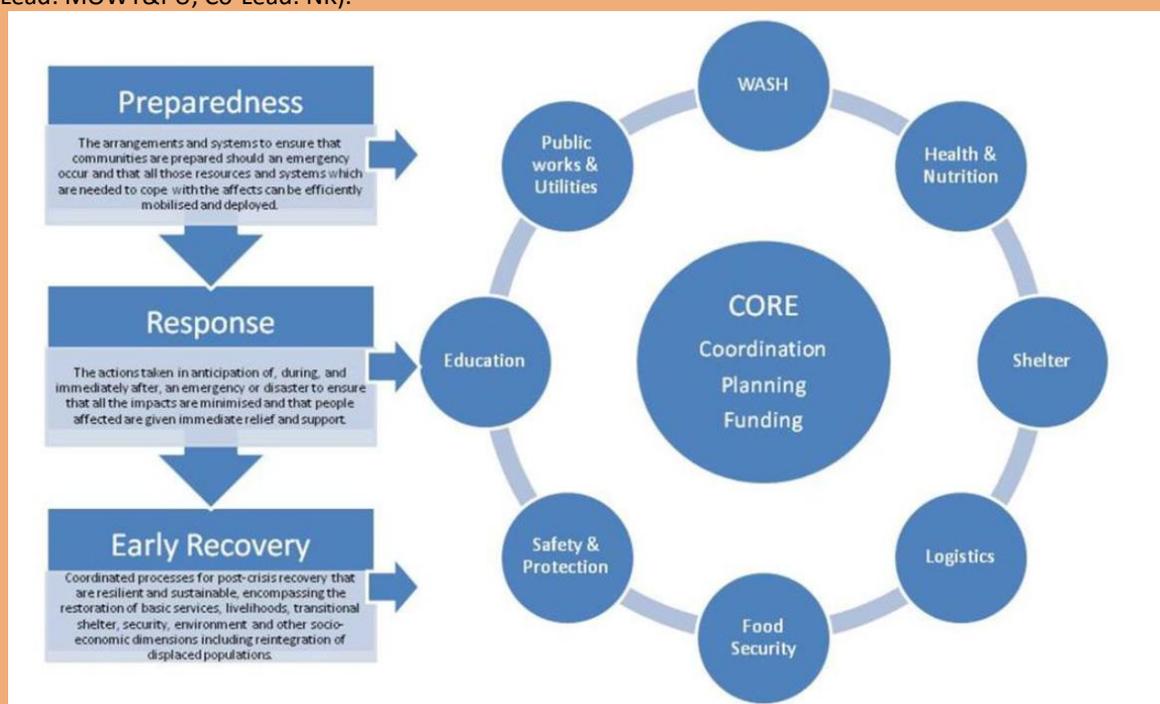
Coordination in emergencies is vital. Appropriate coordination results in fewer gaps and less overlaps. It allows for a more coherent and complementary approach, and encourages different partners in the response, preparedness and recovery phases of disasters to work together for better collective results.

Disaster Management Clusters have been adopted for Fiji to improve coordination. The Clusters are groups of organisations working in the main sectors of humanitarian action. Clusters provide a clear point of contact and are accountable for adequate and appropriate action. They create partnerships between international humanitarian actors, national and local authorities, and civil society.

A global cluster system has been in place for some time, strongly supported by the United Nations and partner organisations. Clusters have also been implemented at the Regional level, represented by the Pacific Humanitarian Team (PHT).

The Fiji National Clusters have been closely based on the global and regional clusters. The adoption of similar clusters means that there is better understanding of the role of each cluster, providing ready access to terms of reference and standard operating procedures. It also means that there is more potential for assistance for partnering, training and funding.

Eight National Clusters have been adopted. These are illustrated in Figure 1 below. They are: **Health & Nutrition** (Lead: MOH, Co-Lead: WHO), **Shelter** (Lead: MOLGUDH&E, Co-Lead: IFRC), **Education** (Lead: MOE, Co-Leads: UNICEF, STC), **Food Security** (Lead: DOA, Co-Lead: NK), **Safety & Protection** (Lead: MOWSW&PA, Co-Lead: NK), **WASH** (Lead: MOH-EH, Co-Lead: UNICEF), **Logistics** (Lead: MOF – FPO, Co-lead: NDMO), **Public Works & Utilities** (Lead: MOWT&PU, Co-Lead: NK).



CODE OF CONDUCT

FOR ALL WORKERS IN EMERGENCIES

This Code of Conduct has been developed for agencies and other actors that are involved in emergency response and reconstruction activities after an emergency. They have a duty of care to affected women, girls, boys and men of all ages and a responsibility to ensure that they are treated with dignity and respect. All workers should ensure that certain minimum standards of behaviour are observed, regardless if the person is on or off duty.

In order to prevent sexual exploitation and all forms of abuse including sexual, physical, emotional and neglect, the following core principles should be respected by anyone engaging in humanitarian assistance or taking part in reconstruction activities in Pacific Island countries:

- All workers have to ensure assistance is delivered in a way that is safe, respectful, with dignity, and equally accessible to women, girls, boys and men of different ages and abilities.
- Sexual exploitation and all forms of abuse by workers providing humanitarian assistance constitute acts of gross misconduct and are therefore grounds for termination of employment.
- Sexual activity with children (persons under the age of 18 years) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief regarding the age of a child is not a defence.
- Exchange of money, employment, goods, services or false promises for sex including sexual favours or other forms of humiliating, degrading or exploitative behaviour is prohibited, including favouritism or procurement of such services for third parties. This includes exchange of assistance that is due to beneficiaries.
- Sexual relationships between humanitarian workers and affected women, girls, boys and men, are strongly discouraged since they are based on inherently unequal power dynamics. Such relationships undermine the credibility and integrity of humanitarian aid work.
- Where a worker develops concern or suspicions regarding sexual abuse and exploitation or other forms of abuse by a fellow worker, whether in the same agency or not, he or she must report such concerns via established reporting mechanisms.
- Workers providing humanitarian assistance are obliged to create and maintain an environment which prevents sexual exploitation and all forms of abuse and promotes the implementation of this Code of Conduct. Managers at all levels have particular responsibility to support and develop systems which maintain this environment, including referrals to counselling and rehabilitation services for employees.

Place and Date:

Name and Signature:
