



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

April 2021



Cover page photo: Strong winds and floodwaters brought by Cyclone Ana have damaged critical infrastructure

Image: Live & Learn Environmental Education Fiji



This report was made possible with the financial support of the European Union through ECHO and Government of Australian through the Australian Humanitarian Partnership (AHP) Disaster Ready and TC Yasa response programs.

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## Abbreviations

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ADRA	Adventist Development and Relief Agency
AHP	Australian Humanitarian Partnership
BBS	Build Back Safer
CSEC	Commercial Sexual Exploitation of Children
CSA	Child Sexual Abuse
CRMT	COVID-19 Risk Mitigation Taskforce
DCOSS	District Council of Social Services
DDA	Detailed Damage Assessment
DFAT	(Australian) Department of Foreign Affairs and Trade
DPO	Disabled Persons Organisation
EFL	Energy Fiji Limited
FAO	Food and Agriculture Organisation
FCS	Food Consumption Score
FDPF	Fiji Disabled Peoples Federation
FNPF	Fiji National Provident Fund
FRA	Fiji Roads Authority
FWCC	Fiji Women's Crisis Centre
GBV	Gender-Based Violence
HIES	Household Income and Expenditure Survey
IDA	Initial Damage Assessment
LLEE	Live and Learn Environmental Education
LTDD	Leptospirosis, Typhoid, Dengue and Diarrhoea
MHMS	Ministry of Health and Medical Services
MOA	Ministry of Agriculture
MWCPA	Ministry of Women, Children and Poverty Alleviation
NCD	Non-Communicable Disease
PSS	Psycho-Social Support
RBF	Reserve Bank of Fiji
RPF	Rainbow Pride Foundation
SOGIESC	Sexual Orientation, Gender Identity and/or Expression and Sex Characteristics
SPREP	Secretariat of the Pacific Regional Environment Programme
SRHR	Sexual Reproductive Health and Rights
TC	Tropical Cyclone
TD	Tropical Depression
VAWG	Violence Against Women and Girls
WAF	Water Authority of Fiji
WHO	World Health Organisation

# Executive Summary

Fiji is facing unprecedented challenges as a result of the compounded effects of COVID-19, Tropical Cyclone (TC) Yasa and TC Ana. Prior to the pandemic and natural disasters, 30% of Fiji's population was estimated to be living in poverty, with many more undoubtedly on the margins.

People from all walks of life are doing their best to cope, with support being provided by multiple groups both within Fiji and overseas, but recovery efforts exist in a context of high levels of gender inequality and social exclusion. Women, people living in poverty, elderly populations, people with a disability, persons of diverse Sexual Orientation, Gender Identity and/or Expression and Sex Characteristics (SOGIESC) and any combination of these groups are bearing the brunt of the impacts. These inequities are the root causes of social vulnerability to disasters as they affect people's ability to anticipate, prepare for, survive, cope with, and recover from disasters. All humanitarian and development partners therefore must not simply manage disaster risk better but help address the root causes that drive risk and undermine resilience.

The need to address inequality and exclusion is particularly crucial in light of the long-term impacts of negative coping strategies including the consumption of cheap accessible unhealthy food, withdrawing children from school, or refraining from accessing health services to save money. In addition to increased stress and uncertainty having impacts on gender-based violence, mental health and abuse, results of negative coping mechanisms may also be associated with higher prevalence of malnutrition, non-communicable diseases (NCDs), child labour and poverty. The combined direct and indirect impacts of disasters and their associated consequences impact families and children in many ways, ultimately harming their socio-economic development.

These impacts will last long beyond the interventions of humanitarian actors. Relief initiatives are helping in the short term and Fijians are already demonstrating incredible resilience. However, without more strategic and targeted interventions to address systemic vulnerabilities and proactively build on successful initiatives, the impacts of the pandemic and cyclones will have intergenerational consequences. In addition, with extreme weather becoming the new normal as a result of climate change, the gender, disability and inclusion dimensions of the COVID-19 pandemic and cyclones will continue to affect Fiji's resilience into the future.

The unprecedented challenges illustrate that there is no gap between humanitarian response and development. All stakeholders therefore need to examine the basic principles that underpin the humanitarian sector such as the Sphere standards, one of the most widely referenced humanitarian resources globally, and standards set locally through the Cluster system. Agencies including the Water Authority of Fiji (WAF), Energy Fiji Limited (EFL) and the Fiji Military Forces that are not traditional humanitarian responders, should be supported to meet these standards while organisations involved in humanitarian work need to consider longer-term implications beyond initial relief and recovery operations. There is insufficient consideration of the most vulnerable, and feedback from community

## Key findings

- Response and recovery efforts exist in a context of high levels of gender inequality and social exclusion. Women, people living in poverty, elderly populations, people with a disability, persons of diverse SOGIESC and any combination of these groups are bearing the brunt of the impacts. These inequities are the root causes of social vulnerability to disasters as they affect people's ability to anticipate, prepare for, survive, cope with, and recover from disasters.
- The need to address inequality and exclusion is particularly crucial in light of the long-term impacts of negative coping strategies as well as the new normal of extreme weather due to climate change.
- The unprecedented challenges of the compounded effects of COVID-19, TC Yasa and TC Ana illustrate that there is no gap between humanitarian response and development, and organisations working in both areas need to be supported to take a wider perspective.
- The compounded effects of the repeated disasters will leave intergenerational consequences of entrenched inequality unless strategic support and investment are also used to continue to build community resilience and leave no one behind as envisioned by Fiji's National Development Plan 2017-2036.

members and humanitarian responders has demonstrated is that it is essential for all stakeholders to understand that blanket approaches without targeting the specific needs of marginalised groups - and involving them in the decisions that affect their lives - means that the most vulnerable will continue to be left behind.

The response to COVID-19, TC Yasa and TC Ana and recovery interventions cannot be siloed from the longer-term development agenda including the goals of addressing gender equality, disability and social inclusion.

## Key recommendations

1. Through consultations and partnerships with women, people living in poverty, elderly populations, people with a disability, people of diverse SOGIESC, design interventions that recognise the different ways in which disasters impact different groups in order to target activities to meet the specific needs of marginalised groups and reach the most vulnerable. This includes the collection, analysis and availability of gender, age and disability disaggregated data;
2. Consider and review interventions in light of the Sphere standards and standards set locally through the Fiji national cluster system and support the development of a Fiji-specific minimum standard for gender, disability and inclusion in emergencies. Consider expanding partnerships in protection and inclusion to support organisations that are not humanitarian agencies, e.g., WAF, EFL, development organisations to meet these standards;
3. Build awareness of responding agencies and local leadership that understanding gender, disability and inclusion issues is central to meeting needs. In particular, leaders need to recognise cases of extreme vulnerability in which specific people cannot cope and the increased burdens of care on women and girls after disasters;
4. Through leadership and coordination mechanisms, strengthen the capacity of community disaster committees to integrate gender equality, disability and inclusion in promotion of community self-reliance, development of preparedness and response capabilities and facilitation of community awareness activities.
5. Coordinate and collaborate as humanitarian responders and development partners to counter negative coping mechanisms that have long term implications for marginalised groups particularly those living in poverty, e.g., gaps in nutrition which will affect health, child development and so on;
6. Advocate for increased investment in durable and accessible shelter for the most vulnerable in order to build resilience to repeated natural disasters;
7. Support the establishment of community nurseries and seed banks to strengthen the agricultural safety net for subsistence farming families, many of whom are particularly vulnerable as they are at risk of food insecurity;
8. Assist communities to develop durable, accessible and sustainable water solutions that provide long term WASH to reduce burdens on women, people with disability, people of diverse SOGIESC after repeated disasters;
9. Collect and share good practices – e.g., traditional methods of food preservation, stories of *solesolevaki* to support marginalised groups - to inspire others to follow suit;
10. Increase awareness of the *Guide for Case Referrals of GBV survivors during Emergencies* and the *Community Response and Referral Guidelines for Responding to Cases of GBV and Child Welfare Reports during COVID-19*, in particular, the details of counselling services in order to counter the potential for conflict due to increased stress on numerous levels; and
11. Recognise and address gender issues involving men as well as women, as the impacts on men can have significant consequences for women, people of diverse SOGIESC and all other family members if they are not addressed, e.g., increased levels of violence.

# Introduction

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## Background to COVID-19, TC Yasa and TC Ana crises

The 2019-20 Household Income and Expenditure Survey (HIES) estimated that 30% of Fiji's population was living in poverty during the period from February 2019 to February 2020, with 62% of these residing in rural areas.<sup>1</sup> COVID-19 exacerbated this situation, with World Bank economic models estimating that all Pacific economies contracted in 2020, particularly those reliant on tourism. In 2020, Fiji's visitor arrivals declined by 84%,<sup>2</sup> the reduction in GDP was estimated to be close to 20%,<sup>3</sup> and business activity across most sectors was negatively impacted. One-third of the Fijian workforce or around 115,000 people lost jobs or had their hours reduced,<sup>4</sup> with unemployment claims in June 2020 nearly tripling the total for 2019.<sup>5</sup> Due to the extensive loss of income, many households have faced increased hardships and have reduced expenditure on food and non-food items. People in urban areas have been moving back to rural communities<sup>6</sup> where they can use available land.<sup>7</sup>

The year's unprecedented challenges continued until the very end, with Tropical Cyclone (TC) Yasa making landfall over Vanua Levu in Fiji's Northern Division on 17 December 2020. TC Yasa was not the only major cyclone for the year as TC Harold had hit Viti Levu and the islands to the east as a Category Four cyclone on 8 April 2020. A total of 250 evacuation centres had been opened in all four divisions of Fiji with over 186,000 people affected by TC Harold at a cost of around \$100 million.<sup>8</sup>

TC Yasa was a category five cyclone with winds up to 345 kilometres per hour. It caused the deaths of four people as well as major destruction to agriculture, livelihoods, and infrastructure. The Fiji Government estimated a loss of almost USD 250 million, with 139,000 people in 31,000 households - 16% of Fiji's population - directly affected. A total of 457 evacuation centres were opened in all four divisions of Fiji to shelter over 23,000 people. More than 8,000 homes were destroyed, over 90 schools damaged, and 25 health facilities across three of Fiji's 14 provinces were extensively damaged. Damage to the agricultural sector was estimated at over USD 72.5 million including 94% damage to crops which will create challenges to food security for affected areas.<sup>9</sup> People living on the coast, particularly poor and vulnerable households were worst hit by the cyclone and continue to face immense hardships due to the loss of houses and belongings and limited coping mechanisms due to low-income levels and badly affected livelihoods.

The Government issued a Declaration of a State of Natural Disaster for the entire country on 16 December 2020 for 30 days and on 15 January 2021 it was extended for a further 30 days for the Northern Division.<sup>10</sup> In the midst of this extension, while Fijians were still reeling from the impacts of TC Yasa, Fiji was hit again - by TC Ana on 31 January 2021. The Category Two cyclone brought winds of 140 kilometres per hour, and as a tropical depression before developing into a cyclone it had already brought torrential downpours of rain that caused flooding and other damage.<sup>11</sup> A further 20-day extension of the Declaration of State of Natural Disaster for the North indicated the severity of the situation for Fijians in the Northern Division who had been struck by two disasters in less than two months.<sup>12</sup>

*"The destruction of TC Yasa had stretched our meagre resources to the limit and the humanitarian needs on the ground elevated again due to the recent devastation caused by TC Ana," said Minister for Disaster Management Inia Seruiratu.*

TC Ana's major flooding and associated hazards such as landslides caused widespread devastation across all four divisions of Fiji. Multiple rivers burst their banks and many areas were inundated with floodwater, leaving people stranded and requiring help to move to evacuation centres or high ground.<sup>13</sup> It was a harsh reminder that La Niña is underway in the Pacific. The Secretariat of the Pacific Regional Environment Programme (SPREP) had confirmed in October 2020 that countries in the South-West Pacific including Fiji would become more prone to flooding and landslides and tropical cyclones would be more likely to form further west during this time.<sup>14</sup>

The adverse weather conditions are also a reminder of the realities of climate change. Despite the adoption of global agreements to tackle climate change and disasters in 2015, communities and livelihoods continue to be destroyed by stronger and more frequent storms, rising seas, more frequent flooding, storm surges, and longer droughts.<sup>15</sup> Displacement is another consequence, and the government has identified 43

communities that need to be relocated to higher ground with six of them having been fully or partially relocated.<sup>16</sup>

As TC Ana slowly left Fiji waters, another cyclone - category one TC Bina - was approaching from the northwest.<sup>17</sup> It was soon downgraded to a tropical depression but the day after TC Ana there were more than 10,000 people staying in 318 evacuation centres around the country as strong winds and flash flooding remained a concern.<sup>18</sup> Although the first term of the school year had only begun on 19 January 2021, schools in the Northern Division were closed the following week on 28 January.<sup>19</sup> All schools nationwide were closed for the first week of February and over 14,000 people were taking shelter in evacuation centres, many of which were schools.<sup>20</sup>

TC Ana left a trail of destruction on multiple islands after heavy flooding and destructive winds brought down trees, power poles and weak structures. According to the Fiji NDMO, the damage to critical infrastructure such as roads and jetties was more severe as a result of TC Ana. A total of 317 items of Fiji Roads Authority (FRA) infrastructure was affected by TC Ana compared to 185 for TC Yasa.<sup>21</sup> The major road networks around Vanua Levu were rendered largely inaccessible, thereby hampering initial relief efforts. Cyclone response activities were also affected by yet another tropical depression - TD09F - on 9 February 2021 which caused the Maritime Safety Authority of Fiji to issue a directive for all maritime transport to the Northern Division and surrounding islands to be suspended due to damaging winds.<sup>22</sup>

The massive flooding and landslides experienced around the country also created safety concerns and accessibility issues for utility companies including the Water Authority of Fiji (WAF) and Energy Fiji Limited (EFL) as it affected their ability to reach affected areas and start repairs. Power and water outages affected much of the country's efforts to clean up and return to normalcy, with some areas on Vanua Levu remaining without electricity and/or running water for weeks. The WAF urged people to boil all drinking water.<sup>23</sup>

The floods also escalated the incidence of Leptospirosis, Typhoid, Dengue fever, and Diarrhoea (LTDD), communicable diseases which are common after cyclones. Despite the Ministry of Health and Medical Services (MHMS) sending teams around the country to educate people on reducing their risks and to promote clean-up campaigns, there was an outbreak of leptospirosis. From 1 January to 6 February 2021 there were 160 cases of leptospirosis, 53 cases of typhoid and 335 cases of dengue fever.<sup>24</sup> These resulted in 10 suspected leptospirosis deaths and two deaths from typhoid.<sup>25</sup> The MHMS emphasised the need to maintain control of these diseases as they prepared for COVID-19 vaccinations.<sup>26</sup> Frontline workers have been the first 6,000 recipients of the 12,000 doses of the AstraZeneca vaccine that arrived on 7 March. This is the first batch of the vaccines received through the COVAX Facility, a global initiative aimed at ensuring access to vaccines by low and middle-income countries. Fiji is the first Pacific island country to receive the vaccines and will receive 108,000 doses under this Facility.<sup>27</sup>

In addition to natural disasters, the impacts of COVID-19 continue to be felt. A further 2,000 hotel workers who have been on leave without pay since April 2020 are expected to be made redundant.<sup>28</sup> As well, the potential for lockdown or other precautionary measures due to outbreaks still exists. For example, the COVID-19 Risk Mitigation Taskforce (CRMT) announced the suspension of all inbound passenger flights to Fiji from 24 to 28 December 2020. This enabled the MHMS to review border quarantine processes after the discovery of a more contagious strain of the novel coronavirus in the United Kingdom,<sup>29</sup> a strain which has reached Australia and New Zealand.<sup>30</sup> However, quarantine measures have been proven to be effective as Fiji has only had 63 cases in total, with seven active cases, 54 recoveries and two deaths as of the beginning of March 2021<sup>31</sup> after over 29,000 tests.<sup>32</sup>

While people's needs for support have increased exponentially, Fiji has been unable to increase spending to respond to the health or the economic impacts of the COVID-19 pandemic and repeated cyclones. After adjusting for inflation, spending in 2021 will be about the same as it was in 2019. In comparison, developed countries have been able to engage in spending splurges to protect their citizens against the downturn, with Australia increasing its spending by about 39% in 2021.<sup>33</sup> The main reason for this is that government tax revenue has halved.<sup>34</sup> To pay for operating expenditure, the Government plans to borrow more this year.<sup>35</sup> Borrowing will be increased by a factor of almost five, and Fiji is funding the majority of its 2021 expenditure by borrowing 55%.<sup>36</sup>

Community and diaspora support and donor assistance have been critical, and workers with superannuation have been allowed to withdraw some of their funds, raising concerns for their retirement.



Over 5,500 members of the Fiji National Provident Fund (FNPF) have accessed their accounts under the TC Yasa relief assistance and almost \$8 million has been paid out.<sup>37</sup>

COVID-19, TC Yasa and TC Ana have shone a light on and exacerbated Fiji's pre-existing inequalities. Women, alongside people living in poverty, elderly populations, people with a disability and people of diverse SOGIESC have borne the brunt of the impacts.

Acknowledging that gender inequalities exist before disasters and are rooted in negative gender stereotypes and power imbalances, the Government of Fiji has increasingly recognised gender equality as a priority in humanitarian actions for response and recovery. The National Humanitarian Policy was developed to align with social welfare policies, including in relation to gender, disability, vulnerability, child protection, discrimination and poverty alleviation. Other key policies, plans and legislation, include the National Disaster Management Act (1995); National Disaster Risk Reduction Policy; and Fiji's 5-Year and 20-Year National Development Plan. A 2012 study on gender and disaster management found that in many cases women are relatively active in disaster preparedness but rarely consulted for planning and policy making. Various civil society organisations (CSOs) and gender advocacy groups continue to advocate for changes in government policy, legislation and the implementation of stated gender commitments. Gender advocacy groups continue to highlight the need for policies and legislation that substantively address gender, including in relation to food and supplies. This includes the collection and analysis of data disaggregated by sex, age, disability and other factors in order to specifically identify and address gender-specific needs and those of vulnerable groups; and the explicit recognition and support of women and women's CSOs as active agents in preparedness plans, relief, rehabilitation and reconstruction, encouraging action at all levels - national, divisional, district, municipal and community.

Women comprised 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. Women were also heavily involved in tourism-related enterprises including floriculture, local food products, jewellery, handicrafts, organic cosmetics, spas and massages.<sup>38</sup>

The 30% of Fiji's population living in poverty prior to the pandemic (62% of whom reside in rural areas) already lacked the resources and support to cope with adversity. The poverty rate is expected to rise to well above 30% as the negative impact of COVID-19 continues through 2021. In addition, due to TC Yasa, TC Ana and repeated flooding, growth in the agriculture sector is forecast to weaken, contributing to an increase in food insecurity and further aggravating poverty.<sup>39</sup> This aligns with the Climate Vulnerability Assessment which estimated that the economic losses due to tropical cyclones and floods force an average of roughly 25,700 people per year into poverty.<sup>40</sup>

Many people living in poverty are not employed in the formal sector. Even before COVID-19, Fiji's labour market was characterised by underemployment, high levels of informality, and gender disparities in employment outcomes. The informal economy was around 66.2% of the overall economy; with more than half of informal workers being women, and 70% of them only having primary education. The informality was most prevalent in agriculture (24%), domestic workers (22%) and wholesale and retail (14%).<sup>41</sup> Women and other marginalised groups generally employed in the tourism sector or the informal economy are most at risk of a reduction or loss of income and many lack access to social protection and safety nets such as superannuation.

The World Report on Disability states that *"In many countries data on the employment of people with disabilities are not systematically available and in low-income and middle-income countries, the availability of data continues to be limited, despite recent improvements. In many of these countries, a significant proportion of people work in the informal economy, and so do not appear in all labour market statistics. Nor are they covered by employment legislation."*<sup>42</sup> As such, the impact of COVID-19 and the cyclones on the livelihoods of people with disability is less reported and visible. A survey conducted by the Fiji Disabled Peoples Federation in 2020 on knowledge, attitude, and the practices pertaining to the COVID-19 amongst people with disabilities stated that *"majority of persons with disabilities have challenges in economic sustainability during the COVID-19 restrictions."*<sup>43</sup> Coupled with ongoing cyclones, the impact on people with disabilities is heightened. At the seventh Pacific Resilience Partnership webinar<sup>44</sup>, the Executive Director of the Spinal Injury Association of Fiji, and President of the Fiji Disabled People's Federation stated that *"...progress in terms of increasing awareness and employment opportunities for persons with*

*disabilities but noted that there was still more work to be done in terms of inclusive disaster preparedness. For instance, some evacuation centers remain inaccessible for persons with disabilities.”*

People of diverse SOGIESC face widespread discrimination and violence in many countries leading to adverse economic and human impacts. This discrimination and violence lead to exclusion which has adverse impacts on both the lives of sexual and gender minorities as well as on the communities and economies in which they live and work. Findings from a research project in Fiji highlight that “discrimination and marginalisation in education, workplaces, and families that undermines livelihoods development, increase the impact of stresses and shocks during disasters and reducing capacity for recovery.”<sup>45</sup> Increasing evidence indicates that sexual and gender minorities achieve lower education outcomes due to discrimination, bullying and violence; higher unemployment rates; and a lack of access to adequate housing, and health services and financial services. As a result, sexual and gender minorities are likely overrepresented among the poorest 40% of the population.<sup>46</sup>

A United Nations report described the disproportionate impact of the COVID-19 pandemic on the most vulnerable and marginalised groups; the same applies to the impacts of cyclones. Women, children, older people, young people, persons with disabilities, persons of diverse SOGIESC, single and women-headed households, and poor households are among the worst affected and are also those who are least able to cope. Many are struggling to feed their families and keep a roof over their heads at a time when paid employment has become harder to find, food gardens are being devastated by repeated disasters, and support systems have been stretched in unprecedented ways. In addition, as emergency measures such as lockdowns, curfews and school closures restrict autonomy and mobility, women and those with caring and housekeeping responsibilities have been burdened with increased unpaid responsibilities.<sup>47</sup>

There is also an increased incidence of social issues such as land conflicts as well as thefts of high value crops and livestock<sup>48</sup> despite a nation-wide 10pm to 5am curfew that was put in place on 30 March 2020.<sup>49</sup> Although the curfew was revised to 11pm to 4am on 22 June 2020,<sup>50</sup> the Government has advised that it will remain in place for the foreseeable future.<sup>51</sup>

The Fiji Women’s Crisis Centre (FWCC) has reported that the frequency and intensity of violence against women has increased since the onset of the pandemic due to the combination of unemployment-related stress and social confinement, compounded by women’s lack of access to the formal justice system. The FWCC’s toll-free national helpline recorded a 300% increase in domestic violence-related calls one month after curfews and lockdowns were announced, weapons such as knives are now being used in addition to punching and kicking, and there have been cases of women and children forced into sex work.<sup>52</sup>

*Experts describe the trend as “a crisis within a crisis” and warn that unless urgent action is taken, the social fabric of the region is at risk.*

According to the FWCC, despite Fiji’s progressive domestic violence legislation, including the Domestic Violence Restraining Order and No Drop Policy meaning that authorities will investigate even if a woman withdraws the case or there is a reconciliation, the legislation does not protect women when implementers in the system of courts, police stations and medical services have discriminatory attitudes.<sup>53</sup>

Child protection is also a major need in Fiji. The US Department of State Trafficking in Persons Report 2020 found that children may be forced to sell sex on the street by their families or family friends or forced to have sex to cover their family’s rent or other costs. A situational analysis of Commercial Sexual Exploitation of Children (CSEC) and Child Sexual Abuse (CSA) conducted in Fiji over a decade ago, highlighted the urgent need for child protection.<sup>54</sup> Furthermore, the practice of sending children to live with relatives or friends in larger towns and cities can place some children at risk of domestic servitude or forced sex in exchange for food, clothing and shelter.<sup>55</sup>

In response to COVID-19, TC Yasa and TC Ana, people across the country - community groups, friendship groups, religious groups, civil society organisations (CSOs) and the private sector - rose to the challenges. They supported an increase in farming productivity and the strengthening of the communal safety net, and helped communities cope through practices such as land sharing, *solesolevaki* (collective community effort), barter systems, and provision of relief supplies to vulnerable households.<sup>56</sup> While this show of solidarity is not reflected in official statistics, it has been critical to maintaining social cohesion and building resilience. Fijians overseas have also made a vital contribution, as remittances for 2020 rose to its highest

level ever. The total of \$652.75 million means that remittances have replaced tourism as Fiji's main income earner last year.<sup>57</sup>

Responses to the pandemic and cyclones have understandably highlighted the need to contain infections and revive the economy. However, the compounded effects of the repeated disasters will leave intergenerational consequences of entrenched inequality unless strategic support and investment are also used to continue to build community resilience and *leave no one behind* as envisioned by Fiji's National Development Plan 2017-2036.

## Objectives and Methodology of the Gender, Disability and Inclusion Analysis

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The Gender, Disability and Inclusion Analysis process builds upon CARE's global Rapid Gender Analysis process and methodology. The CARE RGA uses an abridged version of the CARE Good Practices Framework: Gender Analysis as its analytical framework to identify the different needs of people of all genders, ages, and abilities during a crisis, and explores the impact of a crisis on gender roles and relations both in the public and private spheres.<sup>58</sup> For Fiji, the process, methodology and tools have been adapted to be inclusive of people with disabilities and persons of diverse SOGIESC. Additionally, in Fiji, CARE is working with local Disabled Persons Organisations (DPOs) and organisations that work with persons of diverse SOGIESC to support the adaptation of tools and data collection.

The objectives of the Gender, Disability and Inclusion analysis is to use findings and recommendations to:

- Inform the program activities of response partners to ensure that all activities are inclusive of concerns related to gender, protection, people with disability and people of diverse SOGIESC.
- Be a publicly available document which can be used as an advocacy tool to highlight specific gender and protection issues and the needs of affected populations.

The methods for this assessment included the collection and analysis of both primary and secondary data. Primary data collection (through interviews) was undertaken between January-February 2021 by assessment teams from Live and Learn Environmental Education (LLEE), Rainbow Pride Foundation (RPF), Adventist Development and Relief Agency (ADRA), Fiji Disabled People's Federation (FDPF) and CARE in the Pacific. All CSOs are partners under the DFAT-funded Australian Humanitarian Partnership (AHP) program. The primary data collection focussed on six core areas of inquiry; (1) roles and responsibilities; (2) WASH; (3) Food Security and Livelihoods; (4) Shelter; (5) Safety and Protection (including health) and (6) Coping Mechanisms.

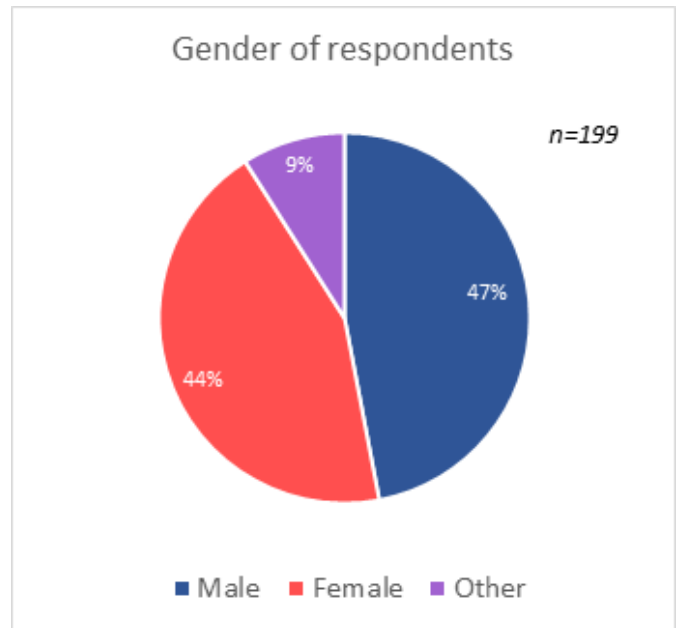
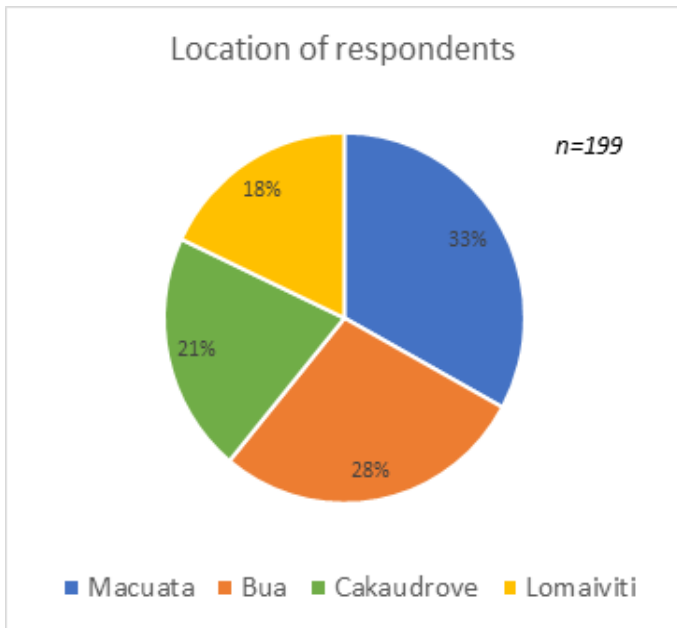
Secondary data collection involved a review of background documentation, including lessons learned from previous cyclones as well as incoming assessment data from Government, RPF, FDPF, NDMO and Cluster situation reports (sitreps) as well as media reports from COVID-19, TC Yasa and TC Ana.

A data analysis workshop with all partners was held on 12 February 2021 to review all primary and secondary data collected, discuss findings, determine key themes and formulate recommendations. Although the primary data was collected prior to TC Ana, secondary data and discussions during the data analysis workshop also took into account the effects of TC Ana which compounded the impacts of TC Yasa. The second half of the workshop included representatives from the Ministry of Women, Children and Poverty Alleviation (MoWCPA), UN Women, International Planned Parenthood Federation (IPPF), Save the Children Fiji (SCF), Medical Services Pacific (MSP), Fiji Red Cross, Fiji Women's Rights Movement (FWRM), Fiji Council of Social Services (FCOSS), Pacific Women Shaping Pacific Development, Fiji Women's Fund, National Council for Persons with Disabilities and Empower Pacific.

**Ethical considerations:** Informed consent was provided by all survey respondents and 'Do no harm' principles were adhered to. Everyone involved in the assessment undertook the [Fiji Code of Conduct for all Workers in Emergencies](#) in addition to their own agency Codes of Conduct.

## Survey Respondent Demographics

A total of 199 people partially or fully completed the survey.



**8%** of surveyed households' members were said to have some level of disability (83 people)

### Most common types of disability



Difficulty walking or climbing stairs



Difficulty seeing

**83%**

of the people with disabilities are 18 years and over

## Demographic Profile

### Sex and age disaggregated data

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

According to the 2017 Population and Housing Census,<sup>59</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). However, these figures have undoubtedly changed as a result of the rural drift that has occurred since the onset of the COVID-19 pandemic. 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>60</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.

Global estimates of the numbers of people of diverse SOGIESC vary for a number of reasons including differences in the definitions of who is included, differences in survey methods, and a lack of consistent questions asked in a particular survey over time. The lack of data makes it difficult to fight exclusion. In the United States an estimated 3.5% of adults identify as lesbian, gay, or bisexual and an estimated 0.3% of adults are transgender.<sup>61</sup>

In 2018, the Fiji labour force participation rate was 58.1% and the employment-to-population ratio was 54.6%. Both these rates are more than 34 percentage points higher for men than for women. The total unemployment rate in 2016 was 4.3%, and the youth unemployment rate was 18.76%, with the female youth unemployment rate 12 percentage points higher than the male rate. The proportion of youths aged 15-24 years not in education, employment or training was 20.1% in 2016.<sup>62</sup> Employment is heavily reliant on services and agriculture which have both been impacted by the COVID-19 pandemic, TC Yasa and TC Ana. At the end of 2018, 74% of adults in Fiji had a formal bank account of which 44.9% are women and 55.1% are men.<sup>63</sup> Labour participation rates for people with disabilities are not known. Fiji's social protection system combines a household poverty benefit, non-means tested individual disability allowance, and transport concessions for eligible people with disabilities.<sup>64</sup>

Before COVID-19, Fiji's labour market was characterised by underemployment, high levels of informality, and gender disparities in employment outcomes. The informal economy was around 66.2% of the overall economy with more than half of all informal workers being women, and 70% only having primary education. The informality was most prevalent in agriculture (24%), domestic workers (22%) and wholesale and retail

(14%).<sup>65</sup> The percentage of female headed households is 11-12%.<sup>66</sup> While the informal sector was already extensive, it has increased greatly due to the large number of formal sector workers who moved into the informal sector after losing their jobs.<sup>67</sup>

The 2019-2020 Household Income and Expenditure Survey (HIES) conducted from February 2019 to February 2020 provides a snapshot of poverty prior to the impact of COVID-19. Using a national basic needs poverty line (BNPL) of FJD2,179.39 per adult equivalent (PAE) per year (or FJD8717.56 per year for a household with four adults equivalent), the number of individuals living in poverty is estimated to be 29.9%. This equates to 258,053 individuals, or 45,724 households (22.9% of all households) living in poverty during the survey period. Out of the four divisions, the Eastern division recorded the highest poverty rates with 42.7%. The rates of poverty in Northern and Western divisions are estimated to be around 35.2% and 32.4% respectively. Of the total population, the incidence of poverty in rural areas is twice the rate of poverty in urban areas. Out of all the people who have been defined as living in poverty, around 62% live in rural areas. The incidence of childhood poverty is prevalent as 34% of children under the age of 15 are living in poverty.<sup>68</sup> These latest poverty figures show that poverty reduction had stagnated over the past six years as the poverty rate was 28.1% in 2013-2014.<sup>69</sup>

## 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 the unprecedented impacts of COVID-19, TC Yasa and TC Ana 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 stretched, 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

A study conducted by ADRA and CARE on gender and food security in Vanua Levu (2019), Fiji's second largest island, found that women generally have long days and get up earlier and go to bed later than men. Some, but not all, husbands occasionally help their wives, for example when they have too much work or are ill. Men generally have more leisure time than women and some drink kava in the evenings. Women's relaxation time in the evenings often involves carrying out other activities such as childcare, other household chores, or income-generating activities. While the presence of young children generally results in heavier workloads for mothers, older children often help to relieve the workload, particularly during school breaks and holidays where they take on gender-designated roles that align with those of their parents. As children move out of the house, and increasingly away from the community altogether, some women find their workload increases without the extra hands to help around the house. For church functions, community and family events and religious holidays women come together to prepare and cook food, collect firewood, do extra cleaning and decorate, and perform various other tasks. Although this adds to women's workload, they are generally considered enjoyable due to their social dimension. Men also carry out a range of tasks to prepare for these events but may have more time to relax and enjoy the occasion since women are largely responsible for serving food and cleaning up afterwards.<sup>70</sup>

The study also found that both women and men carry out physically arduous and time-consuming tasks. Some of the more difficult tasks undertaken by men, such as preparing land or harvesting crops and sugar cane are mainly seasonal and have a fixed timeframe, whereas most activities carried out by women are done on a daily basis throughout the year. Both women and men face increased workloads during extreme wet and prolonged dry seasons and after disasters and carry out a range of tasks that typically align with their normal gender-differentiated roles. In the dry season women collect extra water for drinking and other household chores and spend more time watering the garden. In settlements where water quality is poor, women are generally responsible for filling containers with rainwater and may be assisted by children. Men also help to collect water when supplies run low or they hear a cyclone warning, and in the rainy season collect extra firewood, dig drains for gardens and fields and around houses, cut cassava plants and harvest extra root crops. Household relations can deteriorate following extreme or prolonged weather events as workloads increase, food production slows, and savings are used to buy food.

Similar to previous cyclones, survey respondents reported that the division of labour between women and men, girls and boys does not appear to have changed after cyclones Yasa and Ana. Another study found that 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>71</sup> The extensive damage to houses, farms, and water and power systems caused by TC Yasa and TC Ana has increased everyone's workloads. However, women continue to be regarded as largely responsible for food, water, caregiving (of children, ill or elderly family members, and people with disabilities) and household work. Women's workloads have been further increased by damaged roads and limited transportation that kept most people at home as the increased number of meals eaten at home increases the time required for food preparation. With water systems severely affected, the time and effort required to collect water was also said to have increased particularly when water sources are far from home. Many women were also said to be drying clothes and bedding in the sun only for them to get wet again with next downpour if they were not quick. A number of female survey respondents described feeling a sense of hopelessness from simple tasks becoming time-consuming, tiring and repetitive. Although many households have been working together to address their new challenges, others described the extra burdens on women to manage food rations for their families as well as any additional people sheltering with them after the loss of their own homes.

Although some women are joint decision-makers with their husbands, general expectations of gender roles also do not appear to have changed. At community level, men are the focal points and targeting of beneficiaries is often based on data obtained from District Officers, *Turaga ni Koro* or village headmen, and/or District Advisory Councillors, the vast majority of whom are men. After TC Yasa, CSO responders<sup>72</sup> reported that a number of *Turaga ni Koro* did not have profiles of their communities and more often it was the community nurses who had up-to-date data, but were not consulted during targeting of beneficiaries. When assessment teams are mainly composed of men who go into communities and speak with other men, the perspectives and insights of women risk being omitted. This is illogical when it is women (including widows and female-led households) who are more likely to be aware of the specific needs for food, water, hygiene, children, people with a disability, the elderly and other marginalised community members for whom they provide care. Timely sharing of data and coordination of information was also said to be an issue that affected decision-making.

Men in Fiji are often expected to be breadwinners and heads of households, with reports that some widows wrote down their son's names as household head rather than their own. Even though many women earn money, traditional perceptions persist.

*'Men are the main breadwinner of the family and women also work to supplement the main source of income,' said a women's representative in Labasa<sup>73</sup>*

Because men are traditionally regarded as the primary decision-makers, women generally have less access to resources including key productive resources such as transport, technology, agricultural extension services, markets, etc.<sup>74</sup> However, being the 'head' of the household comes with its own pressures as men are also often expected to be responsible for houses, key farm assets including tools, and cash crops. These gender roles will result in increased workloads – and pressure - for men in response and recovery involving the rebuilding of houses, replanting of cash crops and replacement of lost assets.

The enormous loss of jobs and income-generating activities as a result of the pandemic and two cyclones means that some men have felt lost from being unable to fill their expected roles, with the potential for increased tensions and violence. However, the 11pm curfew has meant that many men have been unable to socialise and drink kava with their friends to the same extent as before and this was said to have had positive benefits for family time.

In regards to decision-making within households, survey respondents revealed that the person who pays the bills usually makes the decisions and that unequal power relations can be a cause of conflict, e.g., when food is withheld from those who are not contributing financially. People of diverse SOGIESC reported facing further discrimination when they are not income earners.

People with a disability frequently lack decision-making power and were largely excluded from response activities. While they are increasingly being represented on committees, their ability to influence decision-making remains questionable. People of diverse SOGIESC reported receiving little or no information or warning in regards to the cyclones. Lack of access to information limits agency and decision-making power.

CSO responders asserted that District Officers, *Turaga ni Koro* and Advisory Councillors need to better understand the diversity of disabilities - that it extends beyond visible physical disabilities - and their own unconscious biases regarding people with a disability as well as women, people of diverse SOGIESC, youth, different ethnicities and other marginalised groups. Inclusive coordination is necessary for authorities to better address the needs of informal settlements, particularly those in remote rural areas that often miss out. CSO responders also highlighted that as most humanitarian workers from government and civil society are often *i-Taukei*, they need to be mindful of how they can best serve Indo-Fijians in affected communities.

At the community level, many decision-making groups and committees such as disaster committees and women, church and youth groups were observed to be inactive after TC Yasa as they were waiting for the situation to normalise. Some women's groups were reported to have lost their assets for income generating projects such as mat-weaving and baking. It was reported that settlement settings differ from villages in that villages have an established hierarchy and community structures.

## Water, Sanitation and Hygiene (WASH)

Fiji's water sector continues to face important gaps in the delivery of water supply and sewerage services despite some improvements. Access to piped water services is widespread in urban areas but remains limited to less than half of the rural population. Sewerage service coverage remains 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>75</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>76</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 and clean-up after cyclones. The 15% of women who never or rarely have enough water for personal use<sup>77</sup> are at particular risk as are people with disabilities.

People with disabilities require hand-washing stations that are nearby, safe and accessible. However, the WASH needs of people with disabilities are often neglected during the design and construction of WASH facilities.<sup>78</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>79</sup> These challenges are exacerbated for women and girls with disabilities when it comes to menstrual hygiene management. Assessments following TC Harold in 2020 found that WASH facilities were too far from homes of persons with disabilities<sup>80</sup> and the Fiji Disabled People's Federation has noted that access to WASH facilities continues to be a major challenge, particularly as toilets that had existed were destroyed by TC Yasa and TC Ana.

Although the Water Authority urged people to boil water for drinking, this adds to women's workloads, especially as many kitchens in affected areas were damaged or destroyed by TC Yasa and TC Ana. It was noted that the flooding and continuous rain after TC Ana meant that much firewood was wet. Boiling water was also challenging for families with limited supplies of gas and kerosene, little money to buy extra fuel, and limited transport to shops due to landslides and damaged roads. Despite the challenges, 65% of survey respondents thought their household could access enough water including for hygiene needs.

CSO responders to TC Yasa reported that rehabilitation of water systems was a priority in many villages that mobilised their water committees quickly. Despite their efforts, repair of pipes and water tanks damaged by the cyclone took time, up to a month in some cases, and in the meantime, people were accessing untreated water from rivers and streams. Community members who were part of the assessment reported that a number of boreholes were contaminated with debris and dead livestock. The Fiji NDMO had later issued advisories on health and safety around dead livestock.<sup>81</sup> While trucks were carting water to



affected areas, difficulties were faced by those in remote rural areas, including informal settlements, unreached by water trucks and without nearby rivers or streams. The difficulty of reinforcing COVID-19 and health messages around handwashing without access to water was noted by CSO responders.

The extensive damage to WASH facilities required sharing of bathrooms and toilets. WASH is regarded as a priority need by 76% of survey respondents. The lack of WASH facilities, has created challenges of access and safe access for children, women, people with a disability, and the elderly, particularly at night. With Fiji's high levels of NCDs, many survey respondents discussed caring responsibilities for parents and other people recovering from strokes, heart conditions and amputations and their difficulties with access to WASH facilities.

Survey respondents also reported that WASH committees in communities are largely composed of men. Due to the physical nature of the work and traditional perceptions, rehabilitation of water systems is largely seen as a man's role. In addition, survey respondents reported that water filters were distributed and accompanied by training on their use; however, most participants of these training sessions were men, despite expectations of women to be responsible for drinking water for their families. Awareness-raising was highlighted as a need with distribution of purification tablets in order to clarify usage, prevent wastage and promote storage safety.

A number of CSO responders described scarce clean drinking water being used for kava. While this created tensions in some areas where it was more often the men drinking kava, *talanoa* around the *tanoa* (yarning around the grog bowl) was also viewed as a coping mechanism for people, providing psychosocial support (PSS) to each other through sharing stories and laughter.

After cyclones Yasa and Ana, the Ministry of Health reported concerns about untreated water sources and damage to sanitation facilities which often lead to Leptospirosis, Typhoid, Dengue and Diarrhoea (LTDD) and their concerns were validated by an outbreak of leptospirosis. From 1 January to 6 February 2021 there were 160 cases of leptospirosis, 53 cases of typhoid and 335 cases of dengue fever<sup>82</sup> which resulted in 10 suspected leptospirosis deaths and two deaths from typhoid. The majority of deaths were those of young men who are often tasked with outdoor clean-up of farm compounds and drains.<sup>83</sup>

Needs for women and girls include clothing, sanitary pads and undergarments and particularly disposable sanitary pads as water supply to many households was cut off, some for extended periods of time. Disposable pads were identified to be an important Menstrual Hygiene Management (MHM) need for 80% of survey respondents, while washing and disposal facilities were seen as the next most pressing MHM need. Reusable pads were seen as important for later stages once water was restored. Persons of diverse SOGIESC reported being left out of distribution of hygiene kits and other NFIs.

## Food Security and Livelihoods

Food security and livelihoods have been severely impacted by the triple blows of COVID-19, TC Yasa and TC Ana, with each blow further compounding the impacts of the previous disaster. Fiji's tourism sector which accounted for almost 40% of GDP had already been devastated before the cyclones. The sector directly supported 42,500 jobs (13% of total employment) and indirectly contributed 119,000 jobs to the economy (37% of total employment). Women comprised a third of the tourism workforce, mostly minimum wage level including cleaners, restaurant staff, and receptionists.<sup>84</sup> After losing their jobs, many tourism workers moved back to the villages to reduce their expenditure and focus on farming.

The agricultural sector plays an important role in Fiji's economy. It offers both employment and opportunities for sustaining livelihoods, and there are strong linkages between the sector and the rest of the economy. Agriculture accounts 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.<sup>85</sup>

A study on gender and food security in Fiji found that women and men cooperate in productive activities but generally have different roles and responsibilities. Men tend to operate and manage larger-scale plantation agriculture where they grow crops like dalo, cassava, ginger, kava, pineapples, and papaya and/or work in sugar and rice production, while both men and women work for cash in planting and harvesting for large market operations and sell produce at local markets. Women are largely responsible

for most family food production, although men may also be involved, and men usually clear and prepare land and build fences. In some locations, agricultural activities are done interchangeably by men and women. There are also differences based on ethnicity with Fijian women of Indian descent generally doing less agricultural labour than iTaukei women. Provision of technology, training, and subsidies for agriculture tends to be targeted toward men, especially those producing cash crops.<sup>86</sup>

Fishing beyond the reef is mainly considered the domain of men, while women tend to concentrate their fishing activities and collecting seafood within lagoons and inshore areas. In many parts of Fiji, women fish regularly to feed their families using lines or nets and glean reefs for shellfish, octopus and seaweed and collect mud crabs and other seafood from mangroves and coastal areas. As with land-based resources, women have varying ownership and user rights to fishing grounds and marine resources based on their location of birth, marital status and husband's clan.<sup>87</sup>

In regard to livelihoods, approximately 85% of men of both ethnicities reported earning their own income, while 68% of iTaukei women and 22% of women of Indian descent reported earning their own income. Most agricultural and fishing activities done by women are for household consumption. Evidence suggests women spend more time than men on work overall, have fewer hours in paid work, and in general have less discretionary time than men.<sup>88</sup>

The Northern and Eastern Divisions of Fiji which were heavily impacted by both TC Yasa and TC Ana are predominantly characterised by subsistence agricultural and fishing communities. The Ministry of Agriculture's (MOA) Detailed Damage Assessment (DDA) found that over 78% of affected households were classified as subsistence farmers.<sup>89</sup>

Overall damage to the agriculture sector is estimated at FJD 147.5 million with 94% attributed to crop damage and 5% to livestock. The most significant economic loss to the affected area comes from a single crop. Yaqona or kava represents 85% of the value of all crop losses which is a loss of over 109 million FJD from the rural economy of the affected areas. While yaqona is largely grown for household consumption, it is also used by subsistence farmers as an important source of cash income when required. Its three to four-year growing period means that it will take time to recoup the economic loss from yaqona.<sup>90</sup> In terms of farm area, the TC Yasa DDA also recorded a total of 5,085.7 hectares of crop farm area damaged at different levels ranging from 25-100%. This represents damage to 64% of the total crop area that was planted in the assessed areas. The damaged area accounts for 83% of total crop plants in the ground before TC Yasa. It remains to be seen how much of the remaining 17% was then affected by TC Ana in January.

The five most cultivated food crops include dalo (taro), cassava (manioc), kumala (sweet potato), vudi (plantain) and eggplant and all of them reported extensive damage ranging from 54-73%.<sup>91</sup> As a result, the supply of fresh produce and processed agricultural commodities for export is expected to fall drastically over the next eight months, particularly dalo and cassava. Local demand for these crops will rise as supply reduces and cost is likely to increase making it less affordable for vulnerable households. As the provinces of Bua and Cakaudrove are the major suppliers of yaqona and dalo, the impact of the cyclones will greatly affect the supply of these two major export commodities in coming months.<sup>92</sup>

There are gendered implications of the damage as cash crop planning and harvesting of yaqona, dalo, and cassava are generally considered to be mainly men's roles while maintenance of market and subsistence gardens is mainly women's roles. (It must be noted that variations to these roles may always be found depending on factors including age, geography, culture, ethnicity and whether one is residing in one's original village or in the village of one's spouse).<sup>93</sup> In addition to the gendered division of labour in agriculture, as the growing periods for yaqona, dalo and cassava are much longer than fast-growing vegetables, women will be able to recover more quickly in terms of both subsistence for their families and income-generation from sales of any surplus. Issues over control of income may provide a source of tension and conflict within households.

Furthermore, survey respondents reported that due to lost livelihoods, many men are now unable to fulfil their expected roles as breadwinners for their families. This has increased levels of tension and pressure at the same time that the curfew has prevented many men from drinking kava to the same extent as before. As socialising around the kava bowl provides the opportunity for men to share their frustration and anxiety with their peers, not being able to do so may increase the potential for violence.

Market analysis conducted by the MOA in January 2021 showed the significant impact of TC Yasa on volume and price of produce in the two markets in the Northern Division. The price of the main-consumed root crops, vegetables and tree crops had increased with a decline in volume. The number of market vendors decreased by 64% in Labasa and by 42% in Savusavu as compared to the previous month. This has particularly affected women's livelihoods as 80% of market vendors in Labasa and 77% in Savusavu were comprised of women.<sup>85</sup>

The TC Yasa DDA also found that cyclone damage exacerbated vulnerabilities created by the economic impact of COVID-19 as there were early signs of negative coping mechanisms which will be harmful in the long-term. Households headed by women, families with disabilities and children under five were identified as already experiencing challenges before TC Yasa. Agriculture provided a safety net for the many people who had lost their jobs as a result of the pandemic but were able to return to their villages to plant crops for subsistence and sale. With the extensive damage to agriculture, this social safety net was eroded by TC Yasa and the impacts were worsened by TC Ana less than seven weeks later.

The more than 11,000 subsistence households who experienced damage of 75% and over to their crops and livestock are of immediate concern as they are at high risk of food insecurity in coming months. Within this group are an estimated 1,907 households that have a family member with a disability and 668 households headed by women who mainly relied on the agriculture sector for their livelihoods. For semi-commercial farmers, 2,883 households of which 118 are headed by women, reported over 75% damage to their crops and/or livestock.<sup>94</sup>

Further compounding the negative impact on coastal subsistence agricultural communities and the islands of the Northern Division is the damage to fishing equipment and boats reported through the Ministry of Fisheries Initial Damage Assessment which amounts to an estimated one million FJD.<sup>85</sup>

Access to food security and livelihood interventions was disclosed to be an issue for people with disabilities, particularly due to the difficulties with transportation due to damaged roads and bridges. Due to limited mobility, people with a disability are often dependent on their carers and some family members were said to be using disability allowances for themselves. Lack of access to essential infrastructure in informal settlements also restricts women from participating in income-generating activities and/or aggravates their existing time poverty. In addition, many response activities were said to still be taking a blanket approach without targeting interventions to ensure access, dignity and participation of people with a disability.

While the distribution of food rations was appreciated, blanket approaches in distribution were seen as inequitable as many people are far more disadvantaged and require additional support to meet their needs. While 93% of survey respondents regarded food security as a priority need and 63% highlighted livelihoods as a priority need, food insecurity and loss of livelihoods are not experienced in the same way by everyone. Furthermore, some remote areas, particularly informal settlements, were not included in the initial distribution of food rations due to inaccessible road networks. Land ownership was regarded as a concern for people in informal settlements who do not own the land and therefore are unable to make decisions for increased resilience.

Survey respondents revealed that many people were making use of their available resources and trying to use them before they decayed. Many were also trying to replant vegetables quickly after TC Yasa but found a shortage of seedlings. In other areas, some dead livestock was left lying around as farmers wanted them to be seen and counted in the Initial Damage Assessment; this created health risks. Another challenge reported was a few cases of assessment teams putting additional pressure on affected communities by asking for uprooted crops including kava plants. With large numbers of people turning to planting as a result of COVID-19 and many others replanting after TC Yasa, distribution of seedlings was vital. However, issues with supply due to the large demand were reported.

As food preparation is often traditionally regarded as the domain of women, there was some pressure on women to preserve food and also to ensure that everyone was fed. Due to insufficient food rations in some areas, particularly for households that were sheltering others, women were said to be sacrificing their meals for children. Straight after the cyclone, CSO responders saw that the focus was on instant or fast food such as noodles, milk, coffee as many kitchens had been damaged or destroyed. Since then, the priority has largely continued to be filling stomachs rather than good nutrition due to the destruction of gardens and an

increase in the price of vegetables as a result of reduced supply. Many families have had to get used to the rice and flour distributed in food packs rather than the traditional staple of root crops.

In the Northern Division, many people may not have had full-time paid jobs or been involved in large-scale cash crops but still had access to income-generation by working as occasional labourers or marketing vegetables or fruit twice a week. COVID-19 and TC Yasa affected their access to cash at a time when it is most needed. In recognition of the need, more than 19,000 families received digital cash transfers of FJD100 a month for the four months from December 2020 to March 2021. This programme was a partnership between Save the Children Fiji, Fiji Council of Social Services and Vodafone Fiji.<sup>95</sup>

The survey conducted by CSO partners in affected communities found that:

- 94% of respondents lived in permanent shelter prior to TC Yasa but this dropped to 35% after TC Yasa
- 15% of households were hosting others
- 29% had more than one family in their household
- 23% said their household had received shelter assistance (5% didn't know)
- 33% said that shelter assistance reduced their risks
- 8% of respondents had received BBS training with 12% not sure

## Shelter

TC Yasa had made landfall over Bua Province on 17 December 2020, causing extensive damage in Bua and parts of Macuata and Cakaudrove provinces. The Category Five cyclone also caused damage in the Yasawa, Lomaiviti and Lau group of islands. The day after TC Yasa made landfall on 17 December 2020 there were 23,479 people taking shelter in 457 evacuation centres around the country. The breadth of TC Yasa's impacts is demonstrated by the fact that evacuation centres were needed in all four of Fiji's divisions: 75 evacuation centres in the Northern Division (with 3,534 people), 139 evacuation centres in the Central Division (5,258 people), 192 evacuation centres in the Western Division (12,396 people) and 51 evacuation centres in the Eastern Division (2,291 people).<sup>96</sup>

By 28 December, the Commissioner Northern confirmed that initial damage assessments had been completed and found that 1,500 homes were destroyed while 6,000 homes were partially damaged by Cyclone Yasa in the Northern Division. Military personnel were carrying out fast fixes on islands in the Northern Division to ensure that families had a roof over their heads to protect them from the adverse weather conditions being experienced. A total of 80 evacuation centres were still active, 68 of which were schools. Authorities were aiming to hand over the schools to the Ministry of Education in time for the new school year to commence on 18 January 2021.<sup>97</sup>

Three weeks after TC Yasa more than 3,000 people remained in evacuation centres across the north with many of the worst-affected being from some of the country's poorest areas. This number was unlikely to reflect the true number of homeless as many crowded in with family or returned to severely damaged homes.<sup>98</sup> In the Northern Division 26 evacuation centres were still active on 9 January, with the military continuing to carry out quick fixes on damaged homes and to construct temporary homes for evacuees during work on permanent fixes.<sup>99</sup>

In the midst of this response, plans for detailed assessments and other activities had to be postponed due to the imminent threat of another cyclone. TC Ana followed a similar path to TC Yasa but made landfall in Ra on the main island of Viti Levu on 31 January 2021. TC Ana entered Fiji waters as a Category Two cyclone and brought a lot of rain causing widespread flooding across the Central, Western and Northern Divisions. Within the day 7,612 evacuees were sheltering in 204 evacuation centres across Fiji.<sup>100</sup>

Impacts of TC Ana were felt across the whole country but worst impacted were the communities in the provinces of Macuata and Cakaudrove that were still recovering from TC Yasa. Fiji was in a situation of having to combine early recovery for TC Yasa with a response to TC Ana.<sup>101</sup>

The day after TC Ana there were 10,259 people staying in 318 evacuation centres as strong winds and flash flooding remained a concern. Once again evacuation centres were needed around the country with 74 evacuation centres in the Central Division (with 1,230 people), 75 evacuation centres in the Western Division (2,530 people), 155 evacuation centres in the Northern Division (5,766 people), and 14 evacuation

centres in the Eastern Division (733 people).<sup>102</sup> The following week 14,322 people were taking shelter in 406 evacuation centres across the country, 132 of which were schools.<sup>103</sup>

While the Minister for Disaster Management stated that more than 8000 homes were destroyed,<sup>104</sup> a detailed damage assessment report is yet to be released. In the meantime, the Fiji Red Cross and CSOs have provided shelter kit assistance to affected communities for immediate temporary shelter. In regards to women's roles in shelter repair or rebuilding, more women are being trained on rebuilding skills under a partnership between the Ministry for Women and Habitat for Humanity.<sup>105</sup>

Issues raised by survey respondents included: the difficulty of trying to rebuild their homes with no means of financial support, especially after the loss of their livelihoods; the expense and difficulties of getting building materials and transporting them from town; the risks created by damaged homes that were open to mosquitoes and continuous rain that soaks clothes and bedding repeatedly; and damaged kitchens that make food preparation challenging. Survey respondents also reported that many people were rebuilding with minimum resources and reconstructing the same weak structures as before which increased their vulnerability to future disasters. Safety and security were key concerns, with measures such as locks and burglar bars seen as necessary to prevent theft. While many spoke of sharing work and hosting other families, they also raised the reality of having less space and privacy. The lack of shelter and privacy and crowded living arrangements can lead to a heightened risk of violence and exploitation of women and girls and marginalised and vulnerable groups.

The survey respondents recognised the specific support needed for vulnerable groups as many of these were members of their own families. This includes elderly people in ill health and dependent on social welfare, people with a disability including those recovering from strokes or amputations, pregnant women struggling with increased workloads and their nutritional needs, girls and women at risk of sexual abuse and assault, and single mothers without a partner to help rebuild homes. In addition, widows were seen to be more vulnerable, particularly those who were not originally from the village as they often have influence over community decisions that affect their lives.

Survey respondents disclosed that people of diverse SOGIESC encountered many of the same issues of damaged houses and lack of privacy as many live with friends or family. Some were interested in attending shelter training but may not get the opportunity if there are discriminatory attitudes. After TC Yasa many people of diverse SOGIESC, particularly those living in settlements, did not go to evacuation centres as they lacked access to information, didn't hear about cyclone warnings and feared further discrimination.

CSO responders who participated in the TC Yasa response noticed many of these issues and others. They recognised the lack of privacy from men, women, and children sleeping in the same space; however, they also noted that in one evacuation centre that was managed by the Community Disaster Committee, a separate sleeping space was provided for women including pregnant and breastfeeding women. Concerns were raised about insecure evacuation centres - some of which were damaged or destroyed and caused risks of injury - as well as evacuation centres that were inaccessible and/or unsafe for people with disabilities and people of diverse SOGIESC.

Survey respondents disclosed that gender and inclusion issues were not a priority for community members as they were focussed on survival and meeting their basic needs. Also noted was the observation that many children were left unsupervised while their parents were busy rebuilding. In some areas, Save the Children's child-friendly spaces kept children engaged and provided them with school supplies as much of their own had been destroyed by the cyclone. Women-friendly spaces established by UNFPA<sup>106</sup> were also seen in some communities where counselling and childcare were sometimes provided. Increased resilience was said to be evident in a number of communities due to lessons learned from TC Winston in 2016 and this was demonstrated by milling of fallen trees that enabled quicker rebuilding in some areas.

Survey participants reiterated that more women, people with disabilities and persons of diverse SOGIESC need to be part of Community Disaster Committees to ensure that their voices are heard and their needs better addressed.

Additional gendered implications of rebuilding homes and rehabilitating farms stem from men's expected responsibilities for shelter and protection of their families. These gender roles will result in increased

workloads in response and recovery as well as pressure on men to improve the situation at a time when they can least afford to do so, due to lost livelihoods.

## Safety and Protection

It is well-known that 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>107</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>108</sup>

Women with disabilities are more vulnerable to all forms of violence and abuse than other women. Data from UNFPA reveals that women and girls with disabilities face up to 10 times more gender-based violence than those without disabilities.<sup>109</sup> Women with intellectual disabilities and psychosocial impairment are particularly vulnerable to physical and sexual violence. Studies show that women and girls with disabilities are two to three times more likely to be victims of physical and sexual abuse than women without disabilities.<sup>110</sup> Children with a disability are also up to four times more vulnerable to physical and sexual violence.<sup>111</sup> 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>112</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>113</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>114</sup> Children with disabilities are at increased risk of child protection issues without the protective and social environment of a school and linked services.

The increase in gender-based violence (GBV) and violence against children in emergency settings has been widely documented globally. In Fiji, the national domestic violence helpline recorded a 300% increase in domestic violence-related calls one month after curfews and lockdowns were announced in March 2020. The Fiji Women's Crisis Centre (FWCC) reported that the frequency and intensity of violence against women have increased since the onset of the pandemic due to the combination of unemployment-related stress and social confinement, compounded by women's lack of access to the formal justice system. Weapons such as knives are now being used in addition to punching and kicking, and there have been cases of women and children forced into sex work.<sup>115</sup>

When survey respondents were asked who community members go to for help with their safety concerns or experiences of violence, most survey respondents said *Turaga ni Koro* (village headman) or village nurse/community health worker. Serious cases are reported to the police or the *Turaga ni Koro* is expected to report them to the police. However, it was disclosed that the police often sweep issues under the carpet, do not take cases seriously and/or the information is not kept confidential. For others, the police and government agencies are seen as the last resort when the community and their priest is unable to resolve the matter. Other survey respondents referred to the priest, District Advisory Councillor, friends who can advocate for them, the Red Cross, Crime Committee, *mata ni tikina* (district representative), DPOs, and NGOs including MSP and DIVA. A few survey respondents said that they would need to go to town which is too far and that sometimes they do not go to anyone at all.

Survey respondents discussed the potential for violence due to reasons including disputes over food and women constantly thinking about the new school year while men were just drinking kava. Another source of stress was access to health facilities, particularly when transport was expensive and extra challenging for those needing to travel by boat. Survey respondents in some areas benefited from visits by nurses or

doctors and preferred to wait for these. While many replied that they were able to access their local health centres, these were found to be inadequate for serious conditions and when medical supplies are unavailable.

Counselling is regarded as a major need as TC Yasa impacted people's lives and created much trauma. The majority of survey respondents said that there was no counselling support available in their community. Those who were able to access counselling received it from MSP, Empower Pacific, the Fiji Corrections Office, RPF (referral to MSP) and the Labasa Women Crisis Centre – although this was said to only be for women. Many of the survey respondents disclosed gratitude to CSO responders for visiting to allow them to speak to someone other than their household occupants. Survey respondents revealed that some community awareness had been done by the police and chiefs on the referral pathway (for GBV).

CSO responders who participated in the TC Yasa response reported that women were more likely to seek counselling while men were expected to '*toughen up*'. This is particularly concerning given the major need for counselling for men. Their inability to fulfil their expected roles as providers and protectors of the home and family may be affecting their mental health. In addition, while many men use kava drinking as a form of PSS to share their frustrations and concerns with their peers, the curfew has cut short their time for socialising. This may have served to increase levels of tension and pressure, thereby increasing the potential for violence. Although women also drink kava, it was agreed that they do not do it to the same extent as men for reasons including their expected role of caring for children.

The CSO responders recognised the increased tensions and anxiety from lack of resources including medication and pressure on host families. Survey respondents reported that the ongoing impacts of COVID-19 followed by TC Yasa have created a sense of despair and trauma from repeated blows without being able to recover. Investment into psycho-social support (PSS) was seen as vital due to the extent of the need.

Some survey respondents of diverse SOGIESC revealed that household members were understanding of their identity and fully supported them. In contrast, CSO responders noted that some people of diverse SOGIESC experienced stigma in evacuation centres but did not report it for fear of further victimisation.

Additional safety and protection issues recognised by CSO responders regarding evacuation centres included: concern over unsupervised children who were removed from household norms and routines; lack of access to sanitation facilities for people with disabilities; the need for a separate space for women and children; and the need to constantly reinforce hygiene and safety messages. Attitudes toward safety presented another concern as some people thought there were no risks because they were all neighbours from the same community.

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, and CSO responders noted the inaccessibility of such schemes for many people due to factors including the requirement of a bank account into which allowances may be deposited and the expense and difficulty of travelling to town to reach banks, particularly after cyclones. Programs include a Poverty Benefit Scheme for destitute families (FJD 35-127 per month), Care and Protection Scheme to support disadvantaged children (FJD 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 (FJD 50 per month), and bus fare concession for senior citizens aged 60 years and above and people with disabilities (FJD 40 per month).<sup>116</sup> At the end of January 2021, the MWCPA reported that 43,909 people were being assisted through the Social Pension Scheme, 22,450 families are being assisted through the Poverty Benefit Scheme, 7,815 people are being assisted under the Care and Protection Scheme and 8,716 people are receiving the Disability Allowance.<sup>117</sup>

However, the government has implemented cost-cutting measures including the halving of the bus fare concession to FJD 20 a month. The limitations of these schemes are concerning as 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>118</sup>

## Coping mechanisms

Survey respondents reported a variety of mechanisms to cope with the upheavals in their lives as a result of TC Yasa, coupled with COVID-19 and TC Ana. Meditation, prayer and church services are common as is spending time together as families to tell stories, share support and encouragement, have discussions and seek advice from the elderly. Many others discussed drinking kava as a means of peer support to share what happened to them during TC Yasa. Additional coping mechanisms include: working together through *solesolevaki* on a common crop rehabilitation plan; repairing homes to try to return to normal; budgeting to live within their means and to save; continuing to farm and fish; selling livestock to meet their daily needs and fund home repair; trying to get good pay from work; and depending on social welfare assistance and support from NGOs. While some are socialising with friends to play cards and listen to gospel music, others are using negative coping mechanisms such as drinking and smoking both cigarettes and marijuana. These can create additional health risks and social issues in the long term.

Some people are coping by applying the lessons learnt from previous cyclones in regards to building resilient houses and planting resilient vegetables and crops during specific seasons. Mindsets were also said to be changing in regards to taking heed of warnings and not leaving cyclone preparation until too late. A few were not coping as they did not know what to do and have no money, food or water. Remoteness, particularly for informal communities, was seen as a major barrier as respondents described how people near main roads received much assistance but they did not get anything or receive any visitors apart from officials taking photos and measurements.

CSO responders observed how disasters brought people together for *solesolevaki* or communities working together for the common good including to help themselves by using locally available material such as fallen trees to rebuild. In some areas those who returned to their villages to live as well as those on holiday used their knowledge and skills to help their villages. While many people had already been forced to use their money more wisely with the COVID-19 pandemic, remittances from family, friends both within Fiji and abroad were said to be a big source of support. Religious organisations from all religions were another major source of support as they mobilised to distribute relief items including food packs.

While kava drinking may have been a means of sharing PSS for men, it was also seen as a means to use kava that had had to be harvested quickly. Women were said to be more likely to share their experiences while doing chores such as washing at the river. Additional coping mechanisms include bartering for necessities, selling handicrafts and other items to earn money, and using social media to stay in touch and know what was happening. In the immediate aftermath of TC Yasa, survey participants reported that the Red Cross used phones and credit so that people could reconnect with their family members.

For some people with a disability their means of coping was to talk with friends and neighbours but it was noted that their comfort in sharing depended on the person and whether s/he is supportive. Others were pragmatic in saying that they had no choice but “to get on with rebuilding their lives with what they have.” Some people of diverse SOGIESC coped by calling and visiting each other to smoke or play cards together. Others met to drink alcohol at hotels because their homes were damaged and the hotels provided a safe space in the absence of bars and nightclubs, which are still closed as a result of restrictions due to the COVID-19 pandemic.

These findings were similar to a United Nations report on the socio-economic impact of COVID-19 on Fiji<sup>119</sup> indicating that the same coping strategies used to deal with the pandemic also apply after cyclones. The impact assessment found increased social cohesion and cultural participation that is helping to build community resilience. Social cohesion has occurred as many families moved back to villages and rural areas and have come together as communities to address their challenges, although this has also created some negative aspects.

The UN report also found that social and cultural participation and inclusion are essential to Fijian wellbeing and form the backbone of relationships, which have underpinned the development of a solidarity economy. Despite the solidarity economy, many young people expressed fear of being arrested by police for sharing information online and reported that everyone was worried about their safety. Many people surveyed reported stress due to COVID-19 and requested a range of support services. Social media has played a key role in the solidarity economy, with Facebook pages such as *Barter for Better Fiji* enabling exchanges



of goods, services and information. Although support through solidarity is not reflected in official statistics, it has been critical to maintaining social cohesion and building resilience.

Coping mechanisms may be positive or negative, with those that are negative having longer-term impacts. Some households have resorted to negative coping strategies such as reducing their food intake or refraining from seeking needed services. These factors have a range of secondary effects, with increases in stress and uncertainty having anticipated impacts on gender-based violence, mental health and abuse, and a loss of income in the long term being associated with higher prevalence of NCDs or child labour. The combined direct and indirect impacts of disasters and their associated consequences impact families and children in many ways, ultimately harming their socio-economic development.<sup>120</sup>

Coping mechanisms are also gendered. For example, a household refraining from seeking services such as healthcare to reduce expenditure places a heavier burden on women and girls to provide care, and some women were said to be sacrificing their food so that children could have more to eat. In addition, CSO responders noted that kava drinking as a coping mechanism was more evident for men while women were more likely to share experiences while doing chores such as washing clothes at the river. Men are also more likely to use harmful coping strategies such as drinking and smoking while women generally have less leisure time to engage in these activities due to their expected gender role of providing care for children and others. Women were also said to be more likely to seek counselling support. In contrast, norms of masculinity often require men to be strong, self-reliant and to not express emotions; therefore, adversities like the widespread economic insecurity and its multiple stressors present challenges for men's mental health.<sup>121</sup> This may lead to the increased levels of GBV that are common after disasters.

Some households may resort to child labour as a coping mechanism, with children engaging in economic activities reported to use the money to buy food for the family or help address the need of younger siblings. Child labour has a direct link to education outcomes, leading to school drop-out or lower school attendance – 18% of children working in Fiji's tobacco industry have reported missing school occasionally due to work obligations. School dropouts in Fiji increase from primary to secondary education – many who drop out before completing their studies tend to fall into low-paid jobs or hazardous occupations.<sup>122</sup>

Some households may also resort to commercial sexual exploitation of children. The most common forms of child sexual exploitation are prostitution, pornography and sex trafficking - often children involved in any of these activities are involved in all of them. In Fiji, the person who facilitates the exchange is usually known to the victim or survivor. The main drivers for child sexual exploitation are poverty, homelessness and living away from parents. The impacts of disasters are disproportionate for children of marginalised groups who are already more vulnerable to child labour. Furthermore, forms of abuse may change, with a possible increase in online sexual exploitation of children.<sup>123</sup>

Despite the many challenges, many people in affected areas remain upbeat about their resilient agriculture and the lessons learned from previous disasters that they have managed to apply. Some villages have organised collectively to be less dependent on tourism and the cash economy with communal planting and rotating gardens enabling everyone in the village to tend a plot, thereby ensuring that everyone has food and shelter. Furthermore, the traditional safety net of community support remains, with Fiji's remittances from family and friends overseas rising to its highest ever level in 2020. A total of FJD 652.75 million was received which is an increase of 11% from the previous year. According to the Reserve Bank of Fiji, remittances over the past ten years averaged FJD 433.2 million, equivalent to 4.7% of GDP. Although the flow of remittances fell markedly from February to April 2020 with the onset of the COVID-19 pandemic, it picked up as the Fijian diaspora increased its assistance to families at home in their time of need, resulting in remittances replacing tourism as the major foreign exchange earner in 2020.<sup>124</sup>

## Recommendations

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This Gender, Disability and Inclusion Analysis should be updated and revised as the crises unfold and relief efforts continue. Up-to-date analysis of the shifting dynamics within affected communities allows for more effective and appropriate programming and will ensure that both humanitarian and long-term development responses to COVID-19, TC Yasa and TC Ana are tailored to meet the specific and different needs of marginalised groups. It is recommended that organisations continue to invest in gender, disability and inclusion analysis, that new reports are shared widely and that programming be adapted to the changing needs.

1. Through consultations and partnerships with women, people living in poverty, elderly populations, people with a disability, people of diverse SOGIESC, design interventions that recognise the different ways in which disasters impact different groups in order to target activities to meet the specific needs of marginalised groups and reach the most vulnerable. This includes the collection, analysis and availability of gender, age and disability disaggregated data;
2. Consider and review interventions in light of the Sphere standards and standards set locally through the Fiji national cluster system and support the development of a Fiji-specific minimum standard for gender, disability and inclusion in emergencies. Consider expanding partnerships in protection and inclusion to support organisations that are not humanitarian agencies, e.g., WAF, EFL, development organisations to meet these standards;
3. Build awareness of responding agencies and local leadership that understanding gender, disability and inclusion issues is central to meeting needs. In particular, leaders need to recognise cases of extreme vulnerability in which specific people cannot cope and the increased burdens of care on women and girls after disasters;
4. Through leadership and coordination mechanisms, strengthen the capacity of community disaster committees to integrate gender equality, disability and inclusion in promotion of community self-reliance, development of preparedness and response capabilities and facilitation of community awareness activities;
5. Coordinate and collaborate as humanitarian responders and development partners to counter negative coping mechanisms that have long term implications for marginalised groups particularly those living in poverty, e.g., gaps in nutrition which will affect health, child development and so on;
6. Advocate for increased investment in durable and accessible shelter for the most vulnerable in order to build resilience to repeated natural disasters;
7. Support the establishment of community nurseries and seed banks to strengthen the agricultural safety net for subsistence farming families, many of whom are particularly vulnerable as they are at risk of food insecurity;
8. Assist communities to develop durable, accessible and sustainable water solutions that provide long term WASH to reduce burdens on women, people with disability, people of diverse SOGIESC after repeated disasters;
9. Collect and share good practices – e.g., traditional methods of food preservation, stories of *solesolevaki* to support marginalised groups - to inspire others to follow suit;
10. Increase awareness of the *Guide for Case Referrals of GBV survivors during Emergencies* and the *Community Response and Referral Guidelines for Responding to Cases of GBV and Child Welfare Reports during COVID-19*, in particular the details of counselling services in order to counter the potential for conflict due to increased stress on numerous levels; and
11. Recognise and address gender issues involving men as well as women, as the impacts on men can have significant consequences for women, people of diverse SOGIESC and all other family members if they are not addressed e.g. increased levels of violence.

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