



Republic of Fiji
Tropical Cyclone Josie and Tropical Cyclone Keni
Rapid Gender, Protection and Inclusion Analysis
April 2018



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Executive Summary

In early April 2018 TC Josie (Category 1) hit the western and central parts of Fiji causing flooding, particularly on the main island of Vitu Levu in the Western Division. One week later, on 10 April, Tropical Cyclone Keni passed close to Viti Levu as a Category 3 system overnight compounding the impact of TC Josie. In the Western Division, TCs Josie and Keni have affected an estimated 77,140 people while in the Northern division, 700 people are estimated to have been affected. The storm also affected the Eastern Division, particularly on Kadavu Island. There were 5 confirmed deaths¹ and one report of a missing person² from these events. Initial assessments report a total of 12,000 people sought shelter at 202 evacuation centres on the night of the storm in all divisions. As of 27 April, all evacuation centres in the Western and Northern Divisions were closed, while 21 evacuation centres were still in operation in Kadavu Province in the Eastern Division housing 476 evacuees³.

Key Recommendations

Safety & Protection

- Ensure humanitarian staff and volunteers are aware of the heightened risk of gender-based violence, as well as drug and alcohol abuse in some locations and how to respond appropriately using existing referral mechanisms.
- Establish child-friendly spaces to provide children a safe and supervised space for play and education during the school break and while waiting for schools to re-open.
- Provide psycho-social support (PSS) to both women and men to help people cope with trauma and ongoing stress to meet daily needs, as well as counselling for drug and alcohol abuse.

Food Security & Livelihoods (FSL)

- Ensure FSL distributions and activities target those most in need and consider special dietary and nutritional requirements of certain groups.
- Undertake outreach and provide support to ensure those most in need benefit from distributions of food, seeds, seedlings, cuttings and tools.
- Distribute seeds, seedlings and tools and other assets to female, as well as male farmers and fishers to support the re-establishment of livelihoods.

Water, Sanitation and Hygiene (WASH)

- Increase distributions of sanitary/dignity kits, including sanitary pads and undergarments, targeting individual women and girls, as opposed to households.
- Distribute appropriate menstrual hygiene and sanitation products for women and men with disabilities, targeting those most in need.
- Ensure safe and close access to water for women to minimise risks travelling to collect water.
- Prioritise the repair and construction of household toilets and bathing facilities, consulting women and girls and people with disabilities to ensure they are safe and uphold their dignity.
- Target men and boys, as well as women in hygiene messaging.

KEY FINDINGS

Safety and Protection:

- Concerns expressed by women regarding pre-existing domestic violence, exacerbated by alcohol and drug use particularly on Kadavu, and the psychological impacts on children
- Safety and security concerns raised around people having to move around in the dark

Food Security & Livelihoods

- Gardens and farms completely or partially destroyed resulting in increased stress for both women and men related to income and food security
- Impacts on income-generating activities for women (eg selling vegetables in the market, collecting and selling *kai*, beekeeping) and men (eg sale of crops and *yaqona*)

Water, Sanitation & Hygiene

- Safety risks for women and girls whose toilets were destroyed and for women travelling long distances to collect water (Kadavu)
- Specific needs for women and girls include clothing, sanitary pads and undergarments.
- Sexual reproductive health needs, including access to contraception unmet for some women (Western Division)

Shelter

- Not all ECs are disability accessible or have adequate privacy for women and girls
- People welcome increase of police presence in ECs

¹ Fiji National Emergency Operations Centre Situation Update to Inter Cluster 4 April 2018

² Fiji National Emergency Operations Centre TC Josie Situation Report #6 - 5 April 2018

³ Fiji National Emergency Operations Centre TC Josie Situation Report #32 - 26 April 2018

Shelter

- Ensure evacuation centres (EC) minimise protection risks and uphold the dignity of women and girls, persons of diverse sexual orientation and gender identity and expression and sex characteristics (SOGIESC)⁴, for example partitions and/or separate and secure sleeping areas.
- Ensure ECs meet the needs of people with disabilities, including sufficiently large and accessible toilets and separate and private spaces where requested.
- Promote EC management committees that are gender balanced, and include people with disabilities, child protection and SOGIESC representatives.
- Prioritise the shelter needs of the most economically and socially disadvantaged members of the affected population.
- Involve women, people with disabilities, people from the SOGIESC community and marginalised groups in key decision-making related to shelter.
- Build awareness among community members, leaders and police of potential risks for women and children staying with host families and monitor their safety and security.

All sectors

- Ensure distribution and post-distribution monitoring teams are gender balanced and include representatives of people with disabilities and SOGIESC.
- Speak with different members of the household (not just the head) and address differing needs and priorities.
- Identify who is affected, how they are affected and the barriers that certain individuals or groups face in accessing assistance.
- Inform and consult often, regularly and in meaningful ways with women, people with disabilities and those most affected and least able to participate.

⁴ SOGIESC or people with diverse 'sexual orientation and gender identity and expression and sex characteristics' is the preferred term/acronym for LGBTQI persons in Fiji.

1. Background and Context

Fiji is an archipelago of 332 islands (of which approximately 110 are inhabited), spread over a geographic area of almost 50,000 km². The country's population of approximately 884,887⁵ resides primarily on the two largest islands, Viti Levu and Vanua Levu. Fiji is located in the tropical cyclone belt, experiencing frequent cyclones characterized by damaging winds, rain, storm surges, and landslides, and is surrounded by the Pacific Ring of Fire which is associated with extreme seismic activity, volcanic activity, strong earthquakes and tsunamis. In addition, Fiji suffers from extreme events associated with climate variability, including sea-level rise, temperature extremes, flooding and droughts. In the past few decades, Fiji has been affected by multiple devastating cyclones, including the category 5 Tropical Cyclone Winston in 2016 which was the strongest cyclone ever experienced in the Southern Hemisphere, as well as significant flooding events resulting from tropical depressions. The effects of natural hazards in Fiji are far reaching and negatively impact lives, livelihoods and various vital social and economic sectors.

For a short summary of the gender context in Fiji, see CARE's Gender in Brief in Annex A.

1.1 Tropical Cyclones (TC) Josie and Keni

In early April TC Josie (category 1) hit the western and northern parts of Fiji causing flooding, particularly on the main island of Viti Levu in the Western Division. One week later, on 10 April, Tropical Cyclone Keni passed close to Viti Levu as a category 3 system overnight compounding the impact of TC Josie. In the Western Division, TCs Josie and Keni have affected an estimated 77,140 people, while In the Northern division, 700 people are estimated to have been affected. The storm also affected the Eastern Division, particularly on Kadavu Island. There were 5 confirmed deaths⁶ and one report of a missing person⁷ from these events.

Initial assessments reported a total of 12,000 people sought shelter at 202 evacuation centres (ECs). By 12 April, the number of people staying in ECs dropped to 8,935 persons with the majority being in the Western Division (7,804). As of 27 April, all evacuation centres in the Western and Northern Divisions were closed, while 21 evacuation centres were still in operation in Kadavu Province in the Eastern Division housing 476 evacuees⁸.

The islands of Kadavu in the Eastern Division bore the brunt of TC Keni where more than 800 homes sustained damage, including 201 houses that were completely destroyed. Nine government buildings sustained damaged, along with the jetty in Vunisea the main town in Kadavu where the island's only airstrip is located. The government prioritised the repair of the jetty to facilitate delivery of relief supplies and personnel. Electricity and water connections were disrupted and ninety (90) roads across the country were closed as a result of damage to bridges and Irish crossings and landslides which significantly limited transport and mobility. Impacts vary in the affected areas of the different divisions, however initial assessments indicate WASH, health, shelter (particularly in Kadavu) and livelihoods needs are critical. With few roads, infrequent and generally expensive travel and shipping options, and a dearth of partners and services on the ground, emergency response on Kadavu presents a range of logistical challenges.

Lessons learned from TC Winston and previous disasters suggest a range of groups are particularly at risk to the impacts of TCs Josie and Keni, including children,⁹ elderly people, people with a disability or chronic illness, women¹⁰, persons of diverse sexual orientation and gender identity and expression and sex characteristics (SOGIESC)¹¹. Children living in squatter settlements, rural areas and low quality urban and peri-urban housing have been identified as being particularly at risk.

The Government of Fiji decided not to declare a State of Emergency and has demonstrated considerable capacity to carry out decentralised responses to these events, ensuring people's safety, undertaking initial assessments, repairing

⁵ Fiji Bureau of Statistics (FBoS, 2018). Population and Housing Census 2017

⁶ Fiji National Emergency Operations Centre Situation Update to Inter Cluster 4 April 2018

⁷ Fiji National Emergency Operations Centre TC Josie Situation Report #6 - 5 April 2018

⁸ Fiji National Emergency Operations Centre TC Josie Situation Report #32 - 26 April 2018

⁹ Fiji Post Needs Disaster Assessment, Tropical Cyclone Winston, February 20 2016:32

¹⁰ In terms of protection concerns, women are at an increased risk of gender-based violence during disaster times (UN Women, 2017. Regional Authorities Responding to Violence Against Women in Emergencies)

¹¹ SOGIESC or people with diverse 'sexual orientation and gender identity and expression and sex characteristics' is the preferred term/acronym for LGBTIQI persons in Fiji.

roads and bridges and cleaning up communities, schools and boarding facilities with support of police, military and the fire services and delivering emergency supplies of food and basic needs as well as health and safety messaging. In addition, the Water Authority of Fiji (WAF) and Fiji Electricity Authority (FEA) have been working to re-establish water and power supplies. Several national clusters, particularly the WASH and Nutrition Clusters have been meeting regularly to coordinate activities. The Safety and Protection Cluster has not been activated.

Several NGOs, CSOs and private sector companies have begun responding to affected populations distributing food and non-food items (NFI) including clothing, WASH, dignity and hygiene kits, emergency shelter materials, environmental cleaning kits), emergency water filtration, Information Education and Communications (IEC) materials and conducting hygiene promotion, as well as establishing child-friendly space kits and providing psychosocial support or counselling services. In a demonstration of women's solidarity, women market vendors from Nausori have given mattresses and food items to the female market vendors in Ba.

1.2 Rationale for Rapid Gender Analysis

This rapid gender, protection and inclusion analysis is designed to provide initial information about gender roles, responsibilities, capacities and vulnerabilities of women, men, girls and boys, people with disabilities, SOGIESC and other marginalised people prior to and after TCs Josie and Keni. It provides a snapshot of the different needs, capacities and coping strategies of particular groups in the affected communities and helps us to understand some of the key gender, protection and inclusions issues in the aftermath of the cyclones. Taking into consideration the rapidly changing context and limited information, this analysis seeks to understand how different groups might be impacted by recent events and provide practical programming and operational recommendations to meet differing needs, ensure we 'do no harm' and wherever feasible, identify windows of opportunity to advance gender equality.

This report will be shared with NGO and INGO partners to inform programming responses to the recent cyclones. It will also be disseminated widely to a range of stakeholders, including key government ministries and departments, national and regional humanitarian clusters, UN agencies and donors.

1.3 Methodology

The methodology for this rapid assessment included the collection and analysis of both primary and secondary data. Secondary data collection involved a review of background documentation, including lessons learned from TC Winston, as well as incoming assessment data, sitreps and media reports from TCs Josie and Keni. Primary data collection was undertaken on 16 and 17 April 2018 in the Western Division which consisted of interviews conducted with key informants and community members, as well as personal observation by assessors. The assessment team consisted of a total of eleven (11) assessors (6 female and 5 male) which included 7 staff members and 1 volunteer from Live and Learn, 2 MEAL staff from Save the Children, and 1 CARE Australia staff member.

Locations: Western Division: Nasolo, Nailaga, Matawalu (Ba formal *i-taukei* communities), Namasau, Tauvegavega, Bangladesh, Vutini, Vatulaulau (Ba informal settlements), Ba town, Lautoka, Namotomoto (Nadi), Narokorokoyawa, Koroiyaca and Natalau (Sabeto).

Total number of informants: 55 (34 female and 25 male), aged between 21-78 years, including people with disabilities, pregnant woman, female single heads of household, community women's leaders, *Turaga ni Koros*, village and church leaders, women market vendors' association representatives, DISMAC members, community health workers, NGOs and key government representatives. Government agencies, NGOs and CSOs consulted included Commissioner Western, Ministry of Women, Children and Poverty Alleviation, Ministry of Agriculture, Housing Assistance and Relief Trust (HART), Empower Pacific, Fiji Women's Crisis Centre, Fiji Red Cross Society, Save the Children Fiji, fem'LINK Pacific and Reproductive Health Association of Fiji.

The analysis also draws on initial findings from rapid protection assessments undertaken on Kadavu by staff from the Departments of Women and Social Welfare of the Ministry of Women, Children and Poverty Alleviation. Data from these assessments is in the process of being compiled by NDMO into a full report together with findings from other sectoral assessments.

2. Key Findings and Recommendations

During the primary data assessment, key informants identified a range of groups who might be particularly at risk and require special assistance. Initial data suggests increased risks for people with disabilities; the elderly or widowed or those with chronic illnesses; young children; school aged children and especially girls ages 13-17; pregnant or breastfeeding women; female heads of households; single mothers, particularly those with large number of dependents; and people from the SOGIESC community. Anecdotal evidence suggests adolescent girls from families struggling to recover may also be at increased risk of sex trafficking or early marriage (especially Indo-Fijian families in parts of the Western Division).

2.1 General impacts

When asked about the impact of the cyclones and how it had affected them and life in the villages, many community members noted the effect on houses and household items, and mud in the villages and houses when flood waters receded. Many village leaders emphasised that although they had encountered flooding in the past, these recent floods were the worst in many years (or ever). As the cyclones followed each other so quickly many communities were unable to cope and get all their belongings to higher ground. Electrical appliances, clothes, sleeping materials and kitchenware were damaged or swept away by the floods. One woman noted that all her household items including clothing, TV, radio, gas stove and all her food items were completely ruined, and her voter registration ID lost. Another noted that school uniforms, stationary, children's shoes and e-ticketing cards were lost or ruined. Many people reported that their main sources of livelihoods have been severely affected as root crops were swept away by the floods or buried in mud, silt and debris. Several people also expressed grave concerns about an increase in diseases linked to the leaking of sewerage water.

Many informants reported that food and non-food item distributions had already taken place in their communities. These early response efforts were undertaken by the government, the Fiji Red Cross Society, Habitat for Humanity Fiji and other INGOs and local NGOs. In addition, small cash donations, mattresses, and school stationary have been distributed to some vulnerable families.

2.2 Gender roles and responsibilities

During and after the cyclones, there appears to be minimal and only temporary changes in the roles and responsibilities of women, men, girls and boys.

At **household** level, as the cyclones approached women took the lead, or assisted with, preparing the house for evacuation and moving families to evacuation centres. Women noted that since the cyclones they have experienced significant increases in workload. One interviewee noted that women are taking on a large burden to try and feed their families given the serious impacts on their husbands' source income. They note spending a lot of time cleaning and scrubbing the house and washing many loads of dirty clothing and bedding. Several women also noted spending more time and effort to earn money as food production and local markets had been disrupted by the disaster. To differing degrees, men have been assisting with tasks normally reserved for women. Both women and men noted that men have been helping with the cleaning of houses especially in areas where farms have been completely damaged and they are not yet able to return to work on the land. In areas where men are still able to work on their plantations however, gender roles and responsibilities have stayed much the same as before with men working the farms while women clean the home, prepare food and do laundry. Beyond the initial clean up, the gender division of labour and unequal workload for women has in most cases reverted to the norm. As one woman stated there *'are no changes in the roles for women, they do the same things they always do just more and longer'*.

At **community level**, there were various examples of women members of **disaster committees** taking on specific roles and responsibilities during the disaster, such as identifying pregnant women, elderly women and people with special needs. Several men noted that women add value to these committees by providing a different perspective for disaster management. One male village leader commended women for taking part in disaster committee decision-making as they are *'able to view things in much finer detail than men'*. One interviewee attributed some of the increase in women's participation in disaster preparedness activities and response to the initiatives of women's clubs which aim

to strengthen the role of women in decision making. She explained that in her opinion, the difference can be seen because in *'times like these women have been more forthcoming when compared to previous year'*.

2.3 Safety and Protection

The assessment found various good practices of actions taken by communities and individuals to ensure safety and security. This included for example, solar lighting and generators for some evacuation centres, separate toilets and bathing facilities with locks and the prioritisation of women, children and elderly people by community disaster committees and police. Although a range of good practices were reported and lessons learned from TC Winston have resulted in an increased focus on the protection of at risk groups, gaps remain.

During assessments, safety and security concerns were raised around people having to move around in the dark without assistance, particularly those with specific challenges. For example, a pregnant woman noted concern for the safety of her unborn child as she had to move around in a rush and risked falling trying to get to safety. Some people indicated they did not have adequate access to radio messages because they had used their batteries for lights at night as the village night lighting had not been repaired since it was damaged during TC Winston. Lighting is but one important measure to ensure people's safety, particularly those with constrained mobility, and to decrease protection risks for women and girls. A sustained focus on protection is needed and counselling services should be offered to both women and men and people of all ages to help them cope with shocks and support their recovery as they rebuild their homes and livelihoods.

Gender-based violence (GBV)

Assessments did not indicate any specific incidents of gender-based violence or sexual exploitation and abuse related to the cyclones and there is no data indicating a rise in reported cases. However, given the high domestic violence rates in Fiji targeted particularly at women, girls and those from the SOGIESC community¹² it can be assumed that gender-based violence is taking place all the time everywhere, within and outside homes and communities. In Assessments from Kadavu highlight women's serious concerns regarding pre-existing domestic violence and the risk of sexual violence against women and girls due to men's use of alcohol and drugs. Financial stress for those struggling to recover and rebuild livelihoods, along with pressures among people living together in host families are likely to heighten tensions and increase the risk of gender-based violence for women and girls.

In areas assessed in the Western Division young girls were encouraged to travel in groups during the power outage after the cyclone and there is considerable awareness among both women and men about GBV and services available to survivors of domestic and sexual violence. Many people referred to The Fiji Women's Crisis Centre and it is encouraging that their services are widely known. However, awareness and access to services may not extend to more remote interior areas in the Western Division or on Kadavu. Few service providers for survivors of gender-based violence are available on Kadavu and in recognition of this gap Empower Pacific has deployed staff to provide emergency counselling services.

Child protection

There were no reports of children left unaccompanied during the height of the cyclones or in ECs and assessments indicate that children knew which homes to go to during these events demonstrating a good understanding and successful sensitisation of prior preparedness activities. Interviewees reported that the supervision and safety of children, particularly younger children has been prioritised by parents, extended family members and police and public announcements in the media and in evacuation centres have also served to reinforce this messaging. However, actual practices relating to 'appropriate child supervision' (including for children and youth of different age groups) varies widely.

During times of disaster people are generally occupied sourcing food, securing homes, cleaning up and looking for items that can be salvaged. While this takes place, parents and caregivers tend to neglect the whereabouts and activities of children and youth and the resulting lack of adult supervision can increase risks to children. There are

¹² Oxfam 'Down By The River Addressing the Rights, Needs and Strengths of Fijian Sexual and Gender Minorities in Disaster Risk Reduction and Humanitarian Response' 2018 Page 8.

reports of girls and boys playing unsupervised and one of the assessment teams observed children bathing in rivers close to roads without supervision placing them at risk of drowning, as well as road accidents. Assessments in Kadavu highlight some children are engaged in income generating activities due to the high agricultural workload on families following the cyclones, with children observed traveling long distances to and from farms to carry uprooted *yaqona* plants back to the village and prepare them for market. Several schools on Kadavu have structural damage while others are unhygienic. Some children have not returned to school as they are cleaning up or assisting with cleaning up homes and communities or helping parents with other recovery activities. There are concerns that some children may drop out of school in order to help their parents earn or save money. Risks remain for children who remain outside a safe and supervised environment, particularly those whose parents and family members are occupied cleaning up, repairing homes, replanting gardens and recovering livelihoods.

People living with disabilities

During assessments in the Western Division there were multiple stories of pre-identified individuals who were provided with special assistance during the cyclones to ensure they were taken to a safe place. In many cases, government and individuals made special efforts to ensure everyone at risk received appropriate care. For example, in the Western Division, a woman who was 8 months pregnant and her 3-year-old son with a disability were moved to the local hospital for safety purposes with assistance from the Emergency Operations Centre. In one village, a female elder said the need for women or girls living with disabilities was fully met and supported by members of the village and the community disaster committee. Several examples were given of individuals helping those more vulnerable and young people assisting with the evacuation of the elderly and people with disabilities. People also noted that neighbours are helping each other and people are coming together to put in a communal effort to clean up villages. One key informant noted the need to distribute mobility devices and some wheelchairs were lost in the flood.

It is important to consult people living with disabilities and the elderly themselves about their needs and experiences. In addition to numerous examples of good practice, some people living with disabilities and the elderly had different stories to share. During the assessments, some people living with disabilities reported safety issues related to their limited mobility and ability to get to safe places. During one interview a woman with a physical disability reported being evacuated with some difficulty at a very late stage with flood waters rising to her waist and was referred for counselling and follow up health services. Elderly people also noted difficulty walking in the wet weather and people using crutches struggled to use them in the flood waters. These initial assessments, coupled with the large and growing number of people with disabilities in part resulting from the country's NCD epidemic, suggest increased efforts are needed to ensure the needs of these individuals and their caregivers are being fully met during and after disasters.

Persons of diverse sexual orientation and gender identity and expression and sex characteristics (SOGIESC)

The needs of SOGIESC persons were not specifically identified by any of the interviewees.¹³ When probed, a government representative noted being unaware of any cases of discrimination against SOGIESC people in ECs or in communities following the cyclones and highlighted that the safety and security of these individuals should be considered equally important. Although the specific needs of these individuals were not identified by any collect data from SOGIESC persons or obtain updates from the representatives during the assessment of the interviewees, this should not preclude the existence of unique or specific needs or concerns. Ongoing efforts are required to ensure the needs of this diverse group of individuals are met following disasters.¹⁴

¹³ Despite various efforts, the assessment team in the Western Division was unable to collect data from SOGIESC persons or obtain updates from Rainbow Pride and initial findings in Kadavu suggest these individuals were not assessed. Given the rapid nature of this assessment, it also was not possible to interview sex workers and homeless people who also tend to face discrimination and may have a range of unmet needs.

¹⁴ <https://www.devex.com/news/new-report-reveals-lgbtq-communities-forgotten-in-cyclone-winston-recovery-92174>

Recommendations for Safety and Protection

Gender Based Violence (GBV)

- Ensure humanitarian actors (NGOs, government and private sector) are aware of the heightened risk of gender-based violence as they carry out response and recovery activities and how to respond appropriately using existing referral mechanisms (see Annexes B and C).
- Put in place mechanisms, including awareness-raising for staff and volunteers and codes of conducts to will prevent sexual exploitation and abuse (PSEA) related to distributions and other response activities.
- Provide ongoing counselling and support services to assist survivors of gender-based violence and support positive conflict resolution in the family throughout the recovery period.

Child Protection

- Establish Child-Friendly Spaces to provide children a safe and supervised space for play and education while waiting for schools to re-open.
- Disseminate child protection in emergencies messaging in all forms of media, and include messages targeted at youth and highlight specific risks for adolescent girls.

People with disabilities and other needs

- Conduct outreach to identify, inform and gather feedback from people with all types of disabilities and the elderly, who may have unequal access to information, distributions and complaint mechanisms.
- Engage disability people's organisations and networks to draw on their contextual expertise.

Persons of diverse sexual orientation and gender identity and expression and sex characteristics (SOGIESC)

- Ensure SOGIESC inclusion by consulting with SOGIESC informants, networks and partners to assist in the identification of specific post-disaster needs.

2.4 Food Security and Livelihoods (FSL)

Due to flooding and damage caused by the cyclones many gardens and food crops have been partially damaged or destroyed. Many people's vegetable gardens are ruined and people noted that food prices have increased in the affected areas. Some people also reported having to travel further to access food. People with limited food security and livelihood options have had to rely on food rations distributed by government and NGOs. Food assistance has been delivered in initial waves of relief distributions. During assessments, many people in affected communities indicated they had received support from government and were generally satisfied with the type of support received. People noted a range of types and quantities of food distributions including: food rations to last a family for up to a week; food rations that is expected to last families 2-3 weeks; and the provision of cooked food. In some ECs children under 5 yrs also reportedly received Weetbix and milk, however other informants noted the lack of food for infants and healthy food options such as fruit and milk products for young children in food rations adding that young children were mainly eating rice. One of the interviewees recommended the provision of school lunches. One woman reported that female-headed households in particular could not buy essential food for infants and toddlers as banks were closed during the flooding.

Disaggregated data is not available to indicate whether this assistance specifically reached female-headed households, people with disabilities or with chronic illnesses, pregnant or breastfeeding women, SOGIESC or other groups. In general most children are eating what adults are eating (mostly rice, noodles, dhal, tinned meat) and some people noted that these diets lack vegetables and dairy products. Several people expressed concern about the special dietary needs of children and that they receive all the necessary nutritional requirements. Although some people reported equal access to **food distributions** throughout the village, others who struggled with food security prior to the cyclones remarked that food was only given out to people whose crops had been destroyed and sometimes received more than one distribution while they had not considered or consulted others who might also need food rations. One interviewee noted that minor arguments sometimes occurred between villages around perceived or actual inequalities related to food distributions.

In terms of **income and livelihoods**, male and female farmers in the affected areas have been particularly and severely impacted, with vegetable gardens, cash crops and livestock all being affected. Many families depend on vegetable farming, especially cassava and dalo for an income and some of these plantations have been completely destroyed by the floods. Some women's roadside stalls have been damaged, as have pawpaw, plantain and bananas crops they usually sell. Women reported having to uproot vegetables and root crops to sell before they rot, adding that income from these sales would only last a maximum of two weeks. One market vendor stated that people since the flooding are buying cheap flour and rice and not the usual vegetables and root crops and she has had to increase her prices to make a profit. For subsistence farmers whose gardens and crops have been damaged or destroyed, it is an especially dire situation as they are unable to feed their families or make even small amounts of money. It also means that these families now have to buy less nutritious food from shops and supermarkets instead of living off their own farms and rely heavily on food assistance from government and NGOs.

For some women sales of 'kai' or fresh water mussels and crab has been severely disrupted as they were either buried in the soil or washed away by fast running flood waters. Women noted that it may take some time before the populations of these animals recover. Poorer widows and single mothers who rely on these resources for income have been particularly impacted and many now depend on food rations.

Women stated that any savings for themselves or their families are now being redirected to rebuilding and other expenses. As one interviewee noted, the number of cyclones and flooding events in 2018 alone indicate the critical need for women (and men) to pursue a range of alternative livelihoods.

Recommendations for Food Security and Livelihoods (FSL)

- Ensure food security and livelihoods distributions and initiatives target families and individuals most in need, for example pregnant and breastfeeding women, people with compromised immune systems and chronic illnesses, the elderly, female-headed households and families with young children.
- Undertake outreach to ensure those most in need benefit from distributions of food, seeds, seedlings and cuttings and tools. For example, take measures to provide additional support for people with limited mobility (eg pregnant women, elderly, ill, people with dependents or small children); disabilities (visual, hearing or intellectual as well as physical impairments); or people who may otherwise be marginalised (e.g. SOGIESC).
- Ensure food distributions provide healthy food options and provide additional messaging including support for healthy eating and hygienic food preparation.
- Distribute seeds, seedlings and tools to female, as well as male farmers to support the re-establishment of livelihoods.

2.5 Water, Sanitation and Hygiene (WASH)

Water

During assessments both women and men raised concerns regarding access to clean water. There is ongoing messaging and widespread awareness about the need to boil water in households and many women were mobilised inside evacuations centres to boil water. Although women noted that they understand the health risks and have been boiling water, some women stated that boiling water following a disaster adds to their workload and can be also challenging if there is limited supplies of gas and kerosene or little money to purchase extra fuel. Some women reported receiving purification tables, however some noted their supply is finished and the water was still considered unclean. Some people noted that disaster committees tried to preposition these tablets or source them after the disaster but were unable due to limited supplies. Additional concerns related to poor water quality and sanitation included concerns for children's health, as well as impacts on women's workload given that women are generally responsible for water collection. Assessments in Kadavu highlighted that one woman had to walk 3-5 km to collect clean water from a stream.

Sanitation and Menstrual Hygiene

Clean water is particularly needed to maintain the hygiene of menstruating women and girls. Main needs specifically stated by women and girls include clothing, sanitary pads and undergarments and requested these be included in

hygiene and dignity kits. The contents of kits distributed differ but it is recommended they cater for larger families, and those living with host families (as more women and girls per household) as some include only one menstrual sanitation pack per household. Various people stated that more WASH and dignity kits are needed overall. Given the need for more sanitary pads and underwear, it is likely the specific hygiene needs of women and girls using wheelchairs (eg. more absorbent pads and/or adult diapers) would also be a pressing need. The need for adult diapers among the elderly was also raised by several interviewees.

Health and Hygiene

People in villages reported different health problems such as stomachs, itchy skin, diarrhoea, fevers and flu-like symptoms related to the flooding and lack of clean water. Skin diseases among children was mentioned by several people. Some of these health concerns were immediately countered by actions from community nurses including awareness-raising and the dissemination of information. One village elder also mentioned other diseases, which are currently active and putting pressure on the medical system such as meningococcal disease and meningitis. People noted that purchasing medicine is expensive and some elderly people are unable to afford medicine they have been directed to buy from the pharmacy. Women's Weather Watch reported that in some health facilities medical stocks has run out and supplies are needed to respond to anticipated cases of illness.¹⁵ The increase of families with sick children increases financial stress as well as women's workload as they are generally responsible for caring for children, elderly persons and family members who fall ill.

Sexual and Reproductive Health (SRH)

Needs identified for **mothers** included formula for babies, clean water and diapers. People report that these items have been distributed to some people but not to everyone. In certain cases, communities were very well prepared to take care of **pregnant women**. In one case, a woman was close to giving birth and relevant authorities contacted medical staff to go and check on her. Although the women in this case said she did not require the additional assistance, it is a good example of pro-active action taken and different options presented to those with particular needs. One interviewee raised a concern for low income pregnant women because if they do not have money to go to hospital if they become ill. Missing contraception injections may also be a concern for some women in affected areas who are busy cleaning up their homes, washing clothes, and finding food. In addition, women facing financial difficulties will find it particularly challenging to prioritise and pay for this additional expense.

Recommendations for Water, Sanitation and Hygiene (WASH)

- Include sanitary pads and undergarments in WASH and dignity kits, targeting individuals as opposed to household to meet the specific menstrual hygiene needs of women and girls.
- Address the specific sanitation and menstrual hygiene needs of people with disabilities.
- Target men, as well as women and children with hygiene promotion and encourage shared roles and responsibilities.
- Consult with a range of people to identify and address specific needs and ensure distribution and post-distribution monitoring teams are gender balanced and include people with disabilities and SOGIESC.
- Restock medical health facilities with basic medicines and provide outreach to affected areas with basic medicine and contraception to ensure women (and men) can access reproductive health care.

2.6 Shelter

Evacuation Centres (ECs)

In the Western Division village disaster teams quickly moved families who live along river banks to safety and interviewees stated that an increased number of families moved to ECs compared to past natural disasters. Assessments in Kadavu however highlight the need to significantly strengthen preparedness activities and evacuation centres as some collapsed during the height of the storm forcing people to flee and risk their lives to find emergency shelter. This situation poses a significant risk for people with limited mobility due to age, disability, pregnancy or who care for dependents young or old.

¹⁵ Women's Weather Watch: Community Recovery Begins 11/04/18

In the Western Division, people spent one or more nights in evacuation centres. Arrangements within and around the ECs differed according to type of building and size of the community. Many ECs are community hall and consist of one open space where people stayed. One interviewee described the ECs as having an *'overall atmosphere of fun'* with activities for the kids and families able to have their own corners. Sleeping arrangements are sometimes organised by family and therefore women and men mixed together, grouped as a family unit while others are organised according to gender with women and girls on one side of the hall and men and boys on the other. In the Western Division, particularly in the larger urban centres there were reports of some evacuation centres being overcrowded.

Most of the interviewees noted evacuation centres contained at least two or more toilets, separated by sex. A few noted that the evacuation centre had only one toilet which was shared between women and men. One informant noted security risks for children going to the toilets at night in ECs that lacked proper lighting. All interviewees noted that bathrooms had locks and were generally considered safe and well maintained. None of the village hall evacuation centres had options for privacy, for example to get dressed or change clothes.

In terms of **safety and protection**, no evacuation centres were reported to have any **women's safe spaces**. One interviewee mentioned the need for women's safe spaces to allow women's organisations to highlight the needs of (young) women. No reports of sexual harassment or abuse were reported in relation to the evacuation centres, however serious cases of gender-based violence have been reported during previous disasters in Fiji.¹⁶ To date disaster relief efforts have focused exclusively on short term relief and have not focused on raising awareness on gender-based violence or special needs.

One **police officer** was assigned to each evacuation centre and this was widely welcomed by people in various communities. Police officers worked in 12-hour shifts to monitor conflict related issues. Informants reported that police and those looking after ECs took their responsibility for safety and security seriously and were aware of the risks of gender-based violence and the need to protect children, especially young ones. Generally, people were very happy to have the police stationed at ECs and reported that their presence generally increased the safety around villages and made them feel more secure, though one interviewee questioned whether one police officer was sufficient. Police have been sharing referral information with communities who need special attention including medical care, spiritual counselling and psychological support. Some reported this was the first time that the Fiji police force was constantly present and the strict movement of people in and out of evacuation centres was enforced to ensure a safe environment. Safety messages from the police and over the radio emphasised important measures to keep people safe and secure around evacuation centres, including restricting the consumption of grog and alcohol, and supervising children at all times. Several people reported that police in urban ECs located homeless people (who were assumed to use alcohol and drugs) in separate rooms at the request of parents to ensure the safety of children and families.

Assessments in the Western Division found that **children** in some village hall evacuation centres had a small space where they played cards during the floods. Children were sometimes tasked with activities such as cleaning up some of the rubbish in and around the centres. Families cooked their own food outside on the hall porch, men were tasked in gathering food, while women cleaned the hall and put bedding out in the sun.

Several people shared accounts of **people living with disabilities** staying in ECs. Often these individuals were helped by disaster teams or neighbours to make it to the centre. However, while some village halls have disability accessible toilets, not all ECs are accessible or have amenities suited for people with disabilities. Several people with disabilities noted they were more comfortable staying with relatives, and that the local evacuation centre did not have enough space to move a wheelchair around and for them to go to the toilet.

Government is promoting self-recovery and as such encourages ECs to close – particularly schools – to support communities return to normalcy. However, for some people and particularly the most vulnerable members of society it is not clear where they go once ECs are closed as some houses are still not suitable to live in or were destroyed in the flooding. In addition, follow up may be required to ensure the basic needs of **homeless women and men** are being met, including counselling and health services for those who were living rough before the cyclones and may be

¹⁶ UN Women Fiji, THE 2012 FIJI FLOODS GENDER SENSITIVITY IN DISASTER MANAGEMENT, page 13

subjected to ongoing discrimination and marginalisation. More data and follow up is needed to ensure the basic needs of these individuals are being met.

Host Families

Not all affected people stay in evacuation centres. Some **people living with host families** will stay for short or longer periods depending on the condition of their homes. In assessed areas in the Western Division some families stayed with family members for several nights while some children stayed longer with relatives while parents cleaned up or rebuilt their homes. Some interviewees noted that in some cases an average of 5 families stayed in a 3 -bedroom house and all used a single bathroom and toilet. Staying with host families, particularly for extended periods of time increases the risk of sexual violence for women and children, as well as the workloads of women and girls who are usually responsible for maintaining the home and feeding guests. In some cases, people staying with relatives may not have received assistance and lack food, clean clothing and other NFIs. Several people assessed noted their disappointment regarding the distribution of aid mainly in ECs, while the needs of other affected people in communities, including themselves, remain unmet.

Recommendations for Shelter

Evacuation centres and host families

- Ensure back up lighting is available in all evacuation centres.
- Minimise protection risks and support the privacy and dignity of women and young girls and SOGIESC persons in ECs. For example, include separate and secure sleeping areas, or separate spaces using sheets or *sulus* for single mothers, pregnant and breastfeeding women, and others who may require it.
- Establish EC management committees that are gender-balanced and include people with disabilities, child protection and SOGIESC representatives and design arrangements based on consultations with a wide range of evacuees of all ages.
- Adapt all ECs to meet the needs of women and men with disabilities, including sufficiently large toilets with locks and emergency lighting and separate spaces that ensure privacy and uphold dignity.
- Post enough police officers at evacuation centres relative to the number of evacuees and assign both women and men to be responsible for safety and security in informal village ECs.
- Devise strategies to address the needs of homeless people before, during and after disasters and ensure their dignity is also being upheld and they receive extra support where required.
- Build awareness among community members, leaders and police of potential protection risks (particularly of sexual violence) for women and children staying with host families and monitor their safety and security.

Emergency shelter and recovery

- Prioritise shelter for the most economically and socially disadvantaged members of the affected population, including but not limited to: people with disabilities, the elderly and chronically ill, single female-headed households and families with large number of dependents.
- Identify and address the shelter needs of people who were homeless prior to the cyclone and integrate counselling and other health and support services.
- Involve women and marginalised groups in key decision-making related to shelter.

3. Additional recommendations for gender-sensitive programming

Assessments and monitoring

- Recruit female staff and volunteers and aim for gender-balanced assessment teams, recognising that it is usually better for women to consult directly with women.
- Ensure assessment teams have people with disabilities and SOGIESC representatives and/or partners have expertise in these areas.
- Speak with different members of the household (not just the head) and record differing needs and priorities.
- Interview men and women separately and consult women, girls, people with disabilities, SOGIESC and marginalised groups in separate spaces.
- Communicate the results of assessments and PDM to women, men and identified sub-groups in the communities.
- Share data and the results of assessments with the Safety and Protection, WASH, FSL and Shelter Clusters and other relevant stakeholders.
- Consult regularly with all, but especially members of marginalised groups to monitor for any unintended outcomes related to the activities (including changes in gender or social relations) and address any negative effects in a timely manner.

Targeting

- Identify who is affected, how they are affected and the barriers that certain individuals or groups face in accessing assistance.
- Prioritise the people and households that are most in need and least able to recover using a cross-section of criteria and socio-economic data including, but not limited to gender, age, HH size, dependency ratio, economic status, livelihood options and any other critical risk factors as identified by the community.

Access with safety and dignity

- Ensure assistance meets the needs and priorities of women and men and people with different types of disabilities identified through direct consultation with these individuals.
- Ensure distribution and post-distribution monitoring teams are gender balanced and include or consult with people with disabilities and SOGIESC.
- Consider providing more or different types of NFIs and hygiene kits to elderly or women, girls, men and boys with disabilities, large families or other groups in response to their unique needs.

Accountability, participation and decision-making

- Establish a range of confidential, accessible and responsive community feedback mechanisms based on preferred methods identified by women, men, elderly, people with diverse disabilities and SOGIESC and ensure these are well understood by all.
- Identify female responders who women and girls in the community can contact to provide feedback.
- Consult often, regularly and in meaningful ways with women and those most affected and least able to participate (including but not limited to single mothers, older widows and women with disabilities, SOGIESC, caregivers of people with disabilities and the elderly).
- Develop explicit strategies to support the meaningful participation and decision-making of women and marginalised groups in every step of the intervention. This may include pro-active outreach to people who have limited mobility or people lacking the confidence to input directly into these processes. Conduct outreach to gather feedback from individuals who may have limited mobility or are unable to access regular complaint mechanisms.
- Ask people what they are interested in doing rather than automatically assume which tasks women, men or SOGIESC should undertake and encourage people to take on non-traditional roles where feasible.
- Provide equal opportunities for women, especially single mothers of young children and female-headed households, to participate in activities (be it farming or shelter construction). Consider the possibility they may lack confidence, have heavy workloads and competing priorities and identify strategies to facilitate their meaningful participation (e.g. separate training sessions or arranging child care).



Fiji

- Population Sex Disaggregation: 51% male to 49% female¹
- Population Age Disaggregation: <5yrs 10% (5% female and 5% male); 5-19yrs 29% (14% female and 15% male); 19-64yrs 57% (28% female and 29% male); >65yrs 5% (3% female and 2% male)¹
- Average household size: 4.6 (i-Taukei 5.1; Indo-Fijian 4.0; Other 4.7)¹
- Female headed households: 11-12%¹
- Under 5 Mortality rates: 17 per 1000 live births ¹
- Maternal Mortality rate: 26 per 100,000 live births ¹
- Rate of Domestic Violence: 72%¹
- Proportion of the population with a disability: 1.4%¹

Gender in Brief

Introduction: Similar to other Pacific Island countries, gender equality in Fiji is complex and multi-dimensional due to colonial and religious history, different ethnicities, socially and culturally assigned gender roles, the country's geography, and a turbulent political context of four coups between 1987 and 2006. Fiji's two largest islands – Viti Levu and Vanua Levu – constitute 87% of the land. The population of Fiji was 837,300 as of 2007, spread across four divisions and 14 provinces, with more than three quarters of the population living on Viti Levu. The population is made up mainly of two ethnic groups, i-Taukei (indigenous Fijians, 57% of the total population), and Indo-Fijians (37%). The demographic profile is changing due to migration and variations in fertility rates among different groups. In recent years there has been an increase in outmigration from Fiji as well as an increase in rural to urban migration. An estimated 49% of the population lives in rural areas¹⁷, 44% of whom live in poverty¹⁸. A report on poverty and household incomes shows a dramatic drop in available income in rural areas – that of -14% between 2002 and 2008.¹⁹ Fiji can be characterised as a patriarchal society (although there are some matrilineal societies such as on the island of Rotuma) in which women continue to face inequalities in all spheres of life: social, cultural, economic and political. Fiji has a 2016 Human Development Index Report rating of 91/188 countries in comparison with Solomon Islands at 156, Timor-Leste at 133, Vanuatu at 134, and PNG at 154.²⁰ The Gender Development Index ranking is not available for Fiji.

Gender Roles and Responsibilities: In Fijian households women and men work together to achieve shared goals but usually perform different tasks in the household and community, according to their gender. Many of these socially pre-determined gender roles were influenced by colonial authorities and Christian missionaries. Employment for both men and women is mainly in the informal sector: 57% of employed men and 64% of women hold informal-sector jobs, such as subsistence farmers, sugar cane growers, and house cleaners.²¹ In addition, women are largely responsible for caring of children, elderly and the ill, cooking, and preparation of food and gifts for ceremonial, religious and community occasions. Men play a larger role in community decision-making and are more involved in cash crops including sugar cane and kava. In both urban and rural households, women and girls do the vast majority of unpaid domestic work. The Asia-Pacific Human Development Report cites recent research that puts the value of unpaid household work at almost FJD480 million (US \$237 million).²² During emergencies, time becomes a precious resource and tensions often arise from women having to support family needs almost single-handedly while men concentrate on activities such as house building and wider community work.

Education and Economic Empowerment: Women in Fiji earn less than men in the formal sector and hold fewer positions than men across all occupational categories, except for clerical jobs. Gender inequalities are evident in relation to economic opportunities such as women's difficulty in accessing bank loans as many do not own land or property required for security. Underemployment tends to be much higher for women (74%) than men (28%) although women's participation in higher skilled professions and the public sector has increased²³. The number of women involved in private enterprises as business owners is

¹⁷ 2007 Population and Housing Census <http://www.statsfiji.gov.fj/latest-releases/key-stats>

¹⁸ 2007 Population and Housing Census <http://www.statsfiji.gov.fj/latest-releases/key-stats>

¹⁹ Narsey, W.; Raikoti, T. & Waqavonovono, E. *Preliminary report: poverty and household incomes in Fiji in 2008-09*. Fiji Statistics, 2010

²⁰ 2016 Human Development Report <http://hdr.undp.org/en/composite/HDI>

²¹ Asian Development Bank, (2016), Fiji Country Gender Assessment 2015, p. xiv.

²² Asia-Pacific Human Development Report, UNDP 2010: p. 63

²³ Fiji Gov of, Ministry of National Planning Suva MDGs: 2nd Report, 1990–2009. Report for the Fiji Islands 2010

almost on par with men²⁴. Many Fijian women sell prepared foods and baked goods, and run small shops. Women are increasingly engaged in self-employment, but make up only 20% of the registered micro and small businesses in Fiji²⁵. Informal businesses can be attractive to women because they provide flexible working arrangements and have lower entrance requirements. However, the unregulated nature of these businesses also poses risks to women's personal safety, job and food security. Fiji has a high youth literacy rate (99.5%) with universal access to primary and lower secondary education²⁶. Fiji has succeeded in achieving gender equality in primary and secondary school enrolments and completion rates. Women and men tend to be channeled into different tracks at the secondary level and in technical and vocational training and gender segregation also occurs in the fields of study at the tertiary level.

Participation and Policy: Fiji's governance structures generally follow patriarchal patterns and regardless of ethnicity men tend to dominate leadership and decision-making across various levels of society. During the period of interim government (2006–2014), there was only one woman on the 12-member ruling council of ministers.²⁷ Following the 2014 elections there are eight women in the 50-member Parliament, holding 14% of seats including the Speaker of the House. This can be compared to 11%, 7% and 11% after the 2006, 2001, and 1999 elections respectively. Fiji has multiple local governance structures including municipal and provincial councils, district committees and rural local authorities. Women's representation and participation in formal local government planning and decision-making is extremely low resulting in services largely designed and managed by men²⁸. Women are unequally represented in the workforce of local government and the majority hold support positions such as administration, clerical, and finance. As of 2009, less than 25% of local government employees were women, and on two councils women's percentages were as low as 7.6%. For senior management positions in the local government workforce, women represented less than 8%.²⁹ The *iTaukei* chiefly system within villages is generally patriarchal with limited roles in decision-making for women. Chiefs are predominantly male, with 7% female chiefs and 8% of women positions holding landowning units³⁰. Wives of chiefs often play key roles in the community. But numbers of women on village governance committees are generally low. There is considerable variation among households decision-making practices in Fiji, which are the result of a complex interplay of factors including age, education, ethnicity, geographic location, and income level. In many families men are considered the head of the household and decision-making is largely based on traditional gender roles with men making most key decisions and women's decision-making limited to the care of children, domestic concerns or for management of particular natural resources. However, in some families shared decision-making is the norm.

Gender Based Violence and Protection: Fiji has one of the highest levels of domestic violence in the world. Studies show that up to 72% of women aged 18-64 years have experienced at least one or more form of physical, sexual, or emotional violence, by their husband or partner in their lifetime³¹. The most prevalent form of sexual violence is child sexual abuse with 16% of all women sexually abused when they were children under the age of 15³². In 2010 the Government of Fiji, to eliminating violence against women, has established Zero Tolerance Violence Free Communities Program and implemented a Women's Plan of Action (2010-2019), including a component on violence against women, aiming at eradicating it³³. The formal justice system includes a number of mechanisms to respond to violence against women. The police has a 'no drop' policy for domestic violence complaints, designed to ensure that complaints of domestic violence are investigated and proceed to court, and to remove possible pressure on women to drop complaints. However, women in rural areas have difficulty accessing the formal justice system, which is largely urban based³⁴. While the legal system in Fiji offers protection to women, it often fails to enforce women's rights. Fiji reported to the Committee on the Elimination of All Forms of Discrimination against Women in 2000 & 2010 expressing continuing concern in the area of gender-based violence. Across Melanesia, violence against women and girls and perceptions of male masculinity result in high incidences of gender based violence³⁵. This also affects trans people who face harassment, discrimination and violence but feel unable to report this to a homophobic and transphobic police force and the small scale island social space makes it difficult for lesbian, gay, bisexual, transgender and intersex people to be open and challenge social discriminatory norms and violence.³⁶

Gender in Emergencies: Women and girls in areas affected by disasters usually face greater challenges related to WASH, protection, shelter and food security and livelihood. Following Cyclone Winston (2016), women looked after the sick and elderly, they helped one another source food and water, and provided one another with support³⁷. Cyclone Winston created greater financial uncertainty for women, with many now left in charge of the household as men went off to work to rebuild in the aftermath

²⁴ *Fiji Markets Profile*, UNWomen 2009

²⁵ Fiji Gov, Ministry of National Planning Suva MDGs: 2nd Report, 1990–2009. Report for the Fiji Islands. 2010, viii, 30-31

²⁶ UNDP Human Development report 2011

²⁷ Asian Development Bank, (2016), Fiji Country Gender Assessment 2015, p. 65

²⁸ 'Local Government: Servicing Whom?' Fiji Strengthening Women in Municipal Governance Project Position Paper

²⁹ IWDA, UNDEF, and CLGF. 2010. *Creating Space on the Mat*. in Asian Development Bank, (2016), Fiji Country Gender Assessment 2015, p. 67

³⁰ Asian Development Bank, (2016), Fiji Country Gender Assessment 2015, p. 67

³¹ *Somebody's Life, Everybody's Business!*

³² Ibid and Live and Learn-CARE Rapid Gender Analysis – TC Winston, Fiji, 2016

³³ UN WOMEN, Global Database on Violence against Women

³⁴ DFAT Fiji country report

³⁵ <http://www.ncbi.nlm.nih.gov/pubmed/19588605>

³⁶ <http://ilga.org/wp-content/uploads/2016/02/Shadow-report-12.pdf>

³⁷ OCHA, March 2016, Women's voices in Humanitarian Action



CODE OF CONDUCT FOR ALL WORKERS IN EMERGENCIES

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

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

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

Referrals for Gender Based Violence, Children at Risk and People Living with Disabilities in Fiji (April 2018)

People who experience **gender-based violence** (such as rape, sexual assault, domestic violence, exploitation, stalking, verbal abuse) should be referred for appropriate assistance for their safety, health, and psychological wellbeing.

Children (under age 18) at risk of harm should be referred for care and protection. Interviewing or documenting their situation should only be done by trained people, in the presence of an adult or caretaker chosen by the child.

After disasters, **people living with disabilities** can be at risk, especially if they are separated from their care-giver. To protect their safety and dignity, people living with a disability in need of urgent assistance should be referred for help.

GUIDELINES FOR RESPONDERS





- Always observe **CONFIDENTIALITY, SAFETY, RESPECT, AND DIGNITY**
- No decision is made without the **INFORMED CONSENT** of the person in need
- Have discussions in private settings with same-sex staff
- Be patient, be a good listener and don't judge
- Don't press for information if the person doesn't want to share
- Ask only relevant questions, don't make the person repeat their story
- Do not laugh, show disrespect or disbelief; **NEVER** blame the survivor
- Always prioritize the safety and security of the person in need, as well as involved staff, volunteers and service providers

Benefits in seeking assistance

- Access to medical care within 5 days for emergency contraception and prevention of sexually transmitted infections, and to have injuries treated
- Access to emotional and psychosocial support
- Survivor can request a forensic report be made and file a case with police

Risks of seeking assistance

- Safety risk from exposure to further risk of harm
- Compromised privacy and confidentiality
- Possible inappropriate treatment by service providers
- Incident reported to others without consent (police, community leaders, etc.)

IF THE SURVIVOR HAS GIVEN INFORMED CONSENT FOR REFERRAL: (Informed consent means the person agrees to seek assistance and understands what is involved, including the benefits and risks)		
If there is an immediate risk to the safety of the person in need:	For sexual and/or physical violence: Ensure immediate access to health services (within 5 days or 120 hours)	For people in need, including women, children and people living with disabilities: Prioritise Safety & Security
 Prioritise Safety and Security	 Contact LIFELINE FIJI on 132 454 (free) 331-300 / 920-9470 (Suva) 670-7558 / 740-4760 (Nadi) 667-0466 / 923-9775 (Ba) 669-4012 / 912-9790 (Rakiraki) 881-4609 / 937-7784 (Labasa)	
 Contact the local police post If not available or not accessible contact the local chief, community or church leader to intervene 	<p>Alternatively, refer the person to:</p> <p>Domestic Violence Helpline 1560 (free), Child Help Line 1325 (free) or the nearest hospital Fiji Women's Crisis Centre 331-3300 or 926-9470 Medical Services Pacific 991-0894 (Suva) or 828-0308 (Labasa) Reproductive & Family Health Association Fiji 330-6175 Empower Pacific 776-0018 (Nadi), 7730-0010 (Lautoka), 778-0015 (Suva) and 776-0017 (Labasa) They will know what to do to assist the survivor, for example safe spaces for women and children, post rape and health services, counselling or psychosocial support, police and legal services where required.</p>	

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About CARE

CARE works with poor communities in developing countries to end extreme poverty and injustice.

Our long-term aid programs provide food, clean water, basic healthcare and education and create opportunities for people to build a better future for themselves.

We also deliver emergency aid to survivors of natural disasters and conflict, and help people rebuild their lives.

We have 70 years of experience successfully fighting poverty, and last year we helped change the lives of 72 million people around the world.

