



Gendered Impacts of COVID-19 on Women in Fiji

Paper by the COVID-19 Response Gender Working Group.

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INTRODUCTION

On 11 March 2020, the World Health Organisation classified COVID-19 as a pandemic.¹ Pandemics affect men and women, boys and girls differently, as they often magnify all existing inequalities. A COVID-19 outbreak in Fiji will disproportionately affect women and girls with women at increased risk of infection, intimate partner violence, job losses and vulnerable work. This is coupled with, limited social protections and less access to formal safety nets, less access to finance, increased burden of unpaid care work, loss of livelihoods, and having less access to sexual and reproductive health services.

This guidance note intends to contribute to an effective, gender responsive and coordinated COVID-19 national response and recovery packages. It is also expected to inform relevant stakeholders of gendered challenges created by the COVID-19 pandemic while provide brief analysis and recommendations. The note sets out key principles, background information while highlights the gendered impacts of COVID-19 on selected sectors including agriculture, tourism and health as well as important issues such as violence against women and girls and the human rights of the most at-risk, marginalised and vulnerable groups.

BACKGROUND INFORMATION

Novel Coronavirus 2019 (COVID-19) is having a devastating health, economic and social impact globally. To date, Fiji has 18 confirmed cases. The Asian Development Bank (ADB) is projected that Fiji's economy to decline by 4.9% in 2020 under COVID-19. This projection assumes that the pandemic is contained and tourist arrivals resume relatively. The impact is expected to extend to supply chains, government revenue, remittances, business and consumer confidence, affecting all sectors, but in particular the tourism, transportation, manufacturing, retail, natural resources and agriculture sectors as well as Micro, Small and Medium Enterprises (MSMEs).² The Australia New Zealand (ANZ) Bank estimates that Fiji will lose about 25% of all jobs and there could be a need for a fiscal stimulus of at least 10% of GDP.³ COVID-19 is intensifying underlying inequalities in the economy, with women expected to be hit hardest through the economic and health crises.

Significant gender equalities exist in economic participation, protections and benefit sharing across the Fijian economy. It is likely the twin crises of Harold and COVID-19 will greatly amplify

¹ <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

² Asian Development Bank, March 2020, <https://www.adb.org/countries/fiji/main>

³ Australia New Zealand (ANZ) Bank Research, Pacific Insight, March 2020

these existing inequalities. In the medium and longer term, women in Fiji will need to be central to economic recovery plans, particularly in the tourism, transport, manufacturing and agricultural sectors where they are a considerable percentage of the workforce. Women owned or led MSMEs also play a critical role in inclusive and sustainable development and therefore, need to be supported to bear the impact of the pandemic.

The total population of Fiji stands at 884 887, with 50.7% men and 49.3 % women. Nearly half of the total population (44%) live in rural areas. People living with disability make up 12.8% of the total population (113,595). Labour force participation is 76.4% for men and 37.4% for women, while unemployment rates stand at 2.9% for men and 7.8% for women. In the latest IV mission, the IMF advised that lifting women's participation in the formal labour force should be a primary policy priority to improve overall growth prospects for the country. In terms of building back better women need to be front and centre of Fiji's economic recovery, particularly in burgeoning industries such as Information and Communication Technology (ICT) and green sector jobs.

Vast gender inequalities exist across every realm of economic participation in Fiji. The number of people employed in Fiji disaggregated by gender is 234,059 for men and 106,680 for women.⁴A large proportion of the population is concentrated in informal employment, comprising 48% of the population, with over two thirds of all informal workers coming from rural areas (67%).⁵19% of businesses are registered by women and most of which focuses on micro and small businesses.⁶Young women's participation is half that of young men, with women (15-34 years) having a labour participation rate of 33% compared with their male counterparts at 67%.⁷ 62% of Lesbian Bisexual and Trans (LBT) women and gender non-conforming people are unemployed and in precarious work.⁸

Voluntary membership of Fiji National Provident Fund (FNPF) comprises 52% male and 48% female members while compulsory membership stands at 59% male and 41% Female.44% of accounts have the balance of less than 10,000 FJD for within the age group of 50-54 years old. The FNPF pension includes 74% male and 26% female recipients.⁹

A total of 140,000 people in Fiji live in over 200 informal settlements.¹⁰ In Suva, an estimated 20% of the people live in informal settlements.¹¹Official statistics suggest poverty rates are highest in informal settlements, across all divisions in Fiji.¹²In the Central Division, the

⁴Population and Housing Census, Fiji Bureau of Statistics, 2017

⁵Ibid

⁶Women and Businesses in Pacific, Asian Development Bank, 2018

⁷Population and Housing Census, Fiji Bureau of Statistics, 2017

⁸DIVA for Equality, 'Unjust, Unequal, Unstoppable, Fiji LBT and GNC people tipping the scales toward justice, 2019

⁹Fiji National Provident Fund, 2019

¹⁰Asian Development Bank, Country Partnership Strategy: Fiji, 2014-2018: Poverty Analysis (Summary), 2017

¹¹IDM Fiji Study 2015-2016: Initial findings: 2017: <https://iwda.org.au/assets/files/IDM-Fiji-Final-Study-Report-31072017.pdf>

¹²Ibid

residential areas have the lowest poverty rates, averaging 7%, while the squatter settlements average a poverty rate of 38%. In the Eastern Division, no areas were designated as squatter settlements. In the poorest division, the Northern Division, even the more affluent residential areas, registered a poverty rate of 35%, and squatter settlements have poverty rates comparable with rural areas, at about 53%. Finally, in the Western Division, the squatter settlements have a poverty rate of 47%, which is slightly higher than the rural poverty rate.¹³

PRINCIPLES

-  **Human Rights Approach:** Whilst there is a strong economic argument for ensuring a gendered approach to the COVID-19 response, it is fundamental that national response is adherent to human rights law, which guarantees everyone the right to life, to freedom from violence, access to justice, to housing, food, water, sanitation, public education and health and to provide medical care to those who need it.¹⁴
-  **Whole of Government Approach:** Setting priorities and affective/coordinated gender responsive plans, budgets and outcomes across government institutions.
-  **Women Economic Empowerment Approach:** Ensuring women's access to and control over economic resources and power to make decisions that benefit themselves, their families and their communities.
-  **Inclusive and Targeted Approach:** That responses to COVID-19 demand understanding the lives of the individuals impacted in all their diversity therefore a gender-just socio-economic response would recognise the diversities between groups of women, throughout their lifecycles.

¹³Ibid

¹⁴Note: Human rights law also recognizes that in the context of serious public health threats and public emergencies threatening the life of the entire nation, restrictions on some rights can be justified only when they have a legal basis, are strictly necessary, based on scientific evidence and neither arbitrary nor discriminatory in application, are of limited duration, respectful of human dignity, subject to review, and proportionate to achieve the objective.

VULNERABLE & AT RISK POPULATIONS




COVID-19 exacerbates the current situation for women, girls, LGBTQI¹⁵ and others who are marginalised and vulnerable in Fiji. Each context is different, and various subsets of population within Fiji have different needs and capabilities, changing with unique, intersectional identities.

The most at risk and vulnerable are identified as below:

Women, women survivors of violence, children, people with disabilities, women and girls living in urban and rural and maritime settlements, older women, single mothers, LGBTQI people, sex workers, people living in poverty, young women, women and girls with limited access to technology and women who depend heavily on the informal economy and precarious work.





Informal workers, whether wage workers or self-employed, are among the population most at risk of losing their jobs and income during the crisis. They do not have secure employment contracts, and therefore usually do not enjoy workers' benefits and social protection. Developing effective response measures for informal workers such as sidewalk vendors, market sellers, those in precarious work, domestic household workers, nannies, household security guards, care workers and others can be challenging due to the fluid nature of these informal economies. Most informal workers are women, living and working within and between informal settlements, street locations and rural areas. Currently there is a lack of reliable data on exact needs and circumstances.

KEY RECOMMENDATIONS & INTERVENTIONS

-  **Ensure collection of sex, disability and age disaggregated data**, including on differing rates of infection, economic dimensions, care burden, and incidence of domestic violence and sexual abuse.
-  **Country specific gender, disability and inclusion impact analysis with contextualised response recommendations (Medium and Long Term).**
-  **Ensure development of long-term economic recovery plans, which address gender inequalities in the economy.** Recovery plans should include hard targets for women's participation, incentives to stimulate women's participation in potential growth areas (such as ICT and green growth jobs) and seed funding to women MSMEs

¹⁵Lesbian, Gay, Bisexual, Transgender, Queer and Intersexed community

and businesses. Ensure that any regulatory reforms include reforms that improve gender equality.

4.  Ensure Fiji Domestic Violence Helpline, Child Helpline, shelters and GBV related services for all victims of violence are well resourced in national budgets and identified as “essential services” are kept open and that law enforcement is equipped with procedures specific to COVID-19 to ensure greater measures of safe and compassionate responses.
5.  **Include diverse women’s leadership in response and recovery decision-making** at the local, municipal or national level. Ensure response is inclusive of civil society and women’s rights organizations.¹⁶
6.  Ensure introduction of social protection measures that reflect an understanding of all Fijian women and girls’ special circumstances **and recognise the care economy**.
7.  **Introduce specific/targeted social protection schemes:**
 - Prioritize women or women-headed households
 - Prioritize women and girls with disabilities, as well as older women
 - Prioritize women and girls living in urban/rural informal settlements
 - Prioritize benefits package for all community frontline workers, and especially healthcare workers, social workers and market vendors who are at greatest risk of infection. *Specific recommendations are included in the health section below.*
 - Relax requirements and expand the beneficiaries in **existing social protection schemes**. This includes increasing the value of support and refocusing existing social protection programs to address the most pressing needs. Examples of expanding existing schemes could include increasing the value of support given to pregnant women, providing unconditional cash transfers to poor households, and distribution of food vouchers (including ‘new’ households pushed into poverty through COVID-19).
 - In addition, consider the following to support **formal workers**: unemployment benefits package that is not limited to the Fiji National Provident Fund (FNPF); Pandemic leave of up to 21 days for carers to care for family members; childcare benefits (particularly for essential workers); Extending maternity leave for those

¹⁶The Ebola response benefited from the involvement of women’s rights groups/networks/organizations. This ensures a more robust community response as their considerable networks can be leveraged to disseminate and amplify social distancing messaging and encourage bi-directional information flow.

finishing maternity leave; temporarily contribute the worker's contribution to the FNPF or allow deferment of contribution with no effects on benefits.

- ❑ For **entrepreneurs and business-owners** (including women owned and led SMEs): Provide interest-free loans for the payment of wages of employees of business that have suspended their activities; provide reduced interest fee credit for women owned/led SMEs; defer loan repayments for 6 months.
- ❑ Consider the following to support **informal workers**: one off unconditional cash transfer to support basic needs (equivalent to one month's wage); income support for women (3 months (= 60% of Monthly Wage)); pandemic leave of up to 21 days to provide carers leave and to care for family members; food and hygiene supplies or food and hygiene vouchers for 30 days (equivalent to 150 FJD\$); financial incentives to microfinance institution to defer loan payments for 6 months, temporary employment opportunities for workers in the informal sector to take on temporary employment.¹⁷

RAPID GENDER ANALYSIS: KEY FINDINGS



1. AGRICULTURE

40% of rural women in Fiji work as farmers or workers on farms in the informal economy. Of this nearly 23% are involved in subsistence agriculture and 13% in wholesale and retail. There is a significant gap in rural women and men's income in Fiji – with women earning 25% less than men. Most rural women farmers aged between 40 and 65.¹⁸

85% of market vendors in Fiji are women¹⁹ with 61 % of those between the ages of 46 and 75.²⁰ 50% of Fiji's market vendors are selling what they produce (vendor farmers), with the rest selling what is purchased from wholesalers.²¹ 15% of women market vendors remain unbanked in Fiji. Women farmers and vendors' access to finance is limited and those that find themselves

¹⁷In Philippines, Informal sector workers who have temporarily lost their livelihood due to the enhanced community quarantine can apply for temporary employment program, limited to 10 days of work involving disinfection/sanitation of their houses and immediate vicinity. Beneficiaries will have orientation on safety and health, payment of 100% of the highest prevailing minimum wage, and enrolled to group micro-insurance

¹⁸Country Gender Assessment of Agriculture and Rural Sector, 2019, FAO

¹⁹ UN Women Fiji Multi country Office, March 2020

²⁰Country Gender Assessment of Agriculture and Rural Sector, 2019, FAO

²¹UN Women Fiji Multi country Office, AKVO data, 2019

cash-strapped often look to payday lenders or other accessible sources of finance, often charging upwards of 28% interest.²²

COVID-19 & POTENTIAL IMPACTS

Small-scale farmers, market vendors and fishers may experience COVID-19 related difficulties, preventing them from working their land, caring for livestock, or fishing. Many informal workers depend on public spaces and movement for their livelihoods, including supply chain distribution and traveling to markets to sell or buy produce and/or inputs. Restrictions that reduce mobility impact vendors source of livelihoods and lead to increased business costs.

Women farmers and market vendors are not covered by income protection, such as paid sick leave or unemployment benefits, and are likely to be very vulnerable during COVID-19.²³

For 77% of market vendors, vending is the only source of income on a weekly basis to cover business expenses and household basics.²⁴The majority have small savings (mostly used as weekly working capital) but not enough to withstand a major downturn in business activity for more than one or two weeks. This is the same situation for women farmers.

COVID -19: POTENTIAL IMPACTS ON WOMEN FARMERS & MARKET VENDORS

- Market vendors have elevated health risks²⁵ due to direct exposure to the public, coupled with limited WASH products/points, access to protective gear such as masks, gloves and sanitizers and entitlements that cover them for sick leave/benefits, particularly given age range.
- Significant income reduction and loss of livelihoods for women market vendors due to a range of factors, including possible price controls, higher input and supply chain costs, reduced market hours, reduction in customer demand and increased transportation/logistics costs.
- Significant income reduction and loss of livelihoods for women farmers (mostly small-farm holders) as they may not be able to bring their produce to market or sell to wholesalers due to lockdowns and supply chain disruptions.
- Increased economic vulnerability for women farmers and market vendors due to limited savings, pension contributions and access to financial resources.
- High levels of vulnerability and exposure to other risks including gender-based violence as well as food security and nutrition.

²²Women and Businesses in Pacific, Asian Development Bank, 2018 <https://www.adb.org/sites/default/files/publication/445821/women-business-pacific.pdf> p 39

²³For example, quarantines and lockdowns during the Ebola Virus Disease outbreak in Sierra Leone (2014-2016) led to a spike in poverty, hunger and malnutrition. COVID-19 pandemic – impact on food and agriculture, FAO, 2020

²⁴UN Women Fiji Multi country Office, AKVO data, 2019

²⁵Women's Resilience: Integrating Gender in the Response to Ebola, African Development Bank, 2016

SPECIFIC INTERVENTIONS & RECOMMENDATIONS

- Social protection schemes for women farmers and vendors.²⁶
- In lockdown areas, government interventions for direct purchase of produce from smallscale farmers at fair prices.
- Focus on improving food security through the scaling up of the existing Home Gardening program. Release a new *Farm Support Package* aimed at boosting the production of short-term crops for vendors and farmers through distribution of seeds, inputs and materials, complemented by gender responsive communication approaches. This should be mobilized immediately.
- Ensure markets have adequate spacing – ideas include decentralized Market (5-10 vendors per market) via expansion into tents and/or vendor roster as well as reduction in hours of operation.
- Provision of personal safety and WASH materials/facilities as well as PPE to market vendors.
- Ensure that there are accessible, safe and hygienic transport options for market vendors
- Encourage both elderly farmers and vendors to swap work with younger family members or friends
- Weekly Purchase Agreement with vendors and farmers to procure weekly stock “basics boxes” for vulnerable groups, such as people with disabilities, for delivery.
- Ensuring that women farmers and vendors are consulted on decisions that may impact them.
- Provision of line of credit to vendors and women farmers, noting that many will not meet formal bank requirements. This may require financial institutions to have a government guarantee in place in order to issue/extend credit.



2. TOURISM & TRANSPORT

Tourism continues to be one of the largest revenue earners and employers in Fiji. The industry creates a multiplier effect in the local economy, supporting business activity and livelihoods of many people working in other industries such as agriculture, transport, entertainment, the arts,

²⁶Cash transfers can be delivered to vendors (noting that many may not be registered). One method could include using lists of those that pay stall fees.

recreational activities, retail and restaurants. The tourism sector in Fiji directly and indirectly accounted for almost 40 % of GDP in 2016. It directly supports 42,500 jobs (13.0% of total employment) and contributes 119,000 jobs, around a third of all employment, to the economy indirectly (36.6% of total employment).²⁷

Women comprise a third of the tourism workforce. Most tourism jobs are at minimum wage level, including cleaners, restaurant staff, and receptionists. Only a quarter of managerial and professional level positions are held by women.²⁸

Tourism provides an important market for woman-owned micro and small enterprises, including eco-crafts, flowers for hotels, local artisanal food products, jewellery, handicraft and organic cosmetics. Women have been instrumental in the development of virgin coconut oil by-products and organic cosmetics for the growing spa and wellness segment of the tourism industry.²⁹ There is room for considerable future expansion of lucrative women-led, women-focused businesses in this sector but this could be heavily compromised if not factored into national travel and tourism response plans.

COVID -19:POTENTIAL IMPACTS ON TOURISM & RELEVANT SECTORS

- ❑ Tourism and air transport are expected to be the worst hit. On 20 March, Fiji Airways suspended 95% of its international flights until the end of May in response to travel restrictions and low demand. Other businesses that feed off tourism and transport, such as the wholesale and retail trade, will also struggle in near future.³⁰
- ❑ With minimal visitor arrivals for 1-3 quarters, tourist numbers could fall by an average of 23% (moderate) to 70% (worst-case) on an annual basis.³¹
A shock to the tourism industry would cause ripple effects in related industries and could significantly increase the poverty rate and exacerbate inequalities.

COVID -19: GENDERED IMPACTS ON TOURISM & RELEVANT SECTORS

- ❑ COVID 19 will impact women active in tourism and linked sectors disproportionately considering the high concentration of women as informal workers, self-employed workers/entrepreneurs and formal workers on minimum

²⁷ RESERVE BANK OF FIJI, Economics Group Working Paper Modelling Fiji's Tourism Arrivals, 2018

²⁸ Asian Development Bank, Fiji Country Gender Assessment, 2015

²⁹ Ibid

³⁰ Asian Development Bank, COVID 19 Analysis, 2020

³¹ ibid

wages who mostly lack paid sick leave, child care support or other forms of social protection including Pension Funds.

- ❑ Female- headed households linked to tourism and related sectors affected by COVID-19 could face a substantially elevated risk of falling into poverty, at least in the short-run.

SPECIFIC RECOMMENDATIONS&INTERVENTIONS

- ❑ In addition to the general recommendations made above, the government should consider financial/tax incentives for enterprises in tourism and related sectors to enable them to retain jobs/workers with focus for the lowest paid / self employed segment of the sector.
- ❑ Consider redeployment options for workers in tourism sector into other key sectors, which need workers – such as local food manufacturing and super markets.



3. HEALTH

Women comprise 63% of health workers in Fiji, comprising 55% of medical staff, 89% of nursing staff, 77% of lab workers and 98% of midwives. Women represent 43% of logistical staff and with men representing 57% of logistical workers³²Women are also the primary caregivers of sick family members, people with disabilities and the elderly in the family and community.

Non-communicable diseases are the main causes of death in Fiji as prevalence of obesity is as high as 20% among men and 41% among women.³³Global data confirms that underlying health conditions can exacerbate the impact of COVID-19 and increased risk of mortality, presenting another significant risk for Fijian women.

Breast and cervical cancers remain among the top five causes of death of women, with Fiji ranked 8th in the world for breast cancer mortality rates (per capita); and ranked 28th for deaths caused by cervical cancer.³⁴

Prevalence of anaemia in 15-24 year-old Fijians is high: 36.9% (males 29.2%, females 44.4%). Adolescent pregnancy rate reported at 19 per 1,000 among 10-19 years old. ³⁵

³²Ministry of Health and Medical Services, March 2020

³³Beijing+25 Report, Ministry of Women, Children and Poverty Alleviation (MWCPA), 2019

³⁴ Ibid

³⁵ Ibid

COVID -19: GENDERED IMPACT ON HEALTH

- ❑ More Fijian women than men will be on the frontline of the response to COVID-19. Women are the primary caregivers in the family, key health care frontline responders and essential service providers as market vendors, placing them at increased risk and exposure to infection.
- ❑ Global reports confirm violence against healthcare workers and essential service providers due to pandemic stress requires services to recognise this as a risk for women health workers.³⁶
- ❑ With a focus on responding to COVID-19, there is a risk for interruption to sexual and reproductive health services which could further strain limited access to sexual and reproductive health services.³⁷ Maternal mortality is a risk for pregnant women as they may lose access to vital health services.³⁸
- ❑ Less is known about these potential transmission routes for COVID-19 and the specific risk to pregnant women and their infants, but these groups are often particularly vulnerable to infectious disease threats.
- ❑ It is likely that rates of sexual activity in the lockdown period will increase, which has consequences for rates of unwanted pregnancies and overall ability for family planning. There are gendered public health concerns regarding contraception, especially for those women who are concerned that they will be prevented from using condoms by male partners. There are also likely global supply chain problems for most contraceptives including emergency contraception, antiretroviral for HIV/AIDS and antibiotics.

SPECIFIC RECOMMENDATIONS & INTERVENTIONS

- ❑ Ensure that the needs of women doctors, nurses, midwives and other frontline workers are integrated into every aspect of the response effort. This includes issues of gender specific Personal Protective Equipment (PPE) and bodily needs of women working for long hours in hospitals and institutions, strategies to support and ease the domestic care work burden of frontline care workers on long shifts, including those needing alternative accommodation to ensure they do not infect their children, spouse/partners and other family members in their homes.
- ❑ Ensure that menstrual hygiene products such as sanitary pads are available for female caregivers and frontline responders as part of PPE while arrangements

³⁶CARE Rapid Gender Analysis COVID-19 Pacific Region, Version 1, March 2020

³⁷Ibid

³⁸A huge surge in maternal mortality was recorded during and after the Ebola outbreak, as women stayed away from medical facilities due to quarantine restrictions or fear of virus transmission and were forced instead into riskier home births.

made for adequate breaks and approved safety routines for PPE re-use and/or replacement after changing sanitary pads on long shifts.

- ❑ Provision of compensation to public and private healthcare workers who contract COVID-19 while in the line of duty. In case of death, their families should be compensated.
- ❑ Provision of childcare benefits/services dedicated to health workers and essential service providers.
- ❑ Ensure that pregnant women, women in labour and delivery, and lactating women, including those under quarantine, have timely access to safe and quality healthcare including sexual and reproductive health services.
- ❑ Ensure that pregnant women with respiratory illnesses be treated with utmost priority due to increased risk of adverse outcomes. Antenatal, neonatal and maternal health units must be segregated from identified COVID-19 cases.
- ❑ Ensuring that women's and girls' choices and sexual and reproductive health and rights are respected regardless of their COVID-19 status, including access to free, quality family planning and reproductive health services (contraception, emergency contraception and others).³⁹ In addition, Rural Health Centers must be adequately stocked with family planning consumables and SRHR service providers resourced to continue clinical service provision.
- ❑ Ensure provision and availability of sanitary and hygiene pads for all women and girls including older women.
- ❑ Develop targeted communication campaigns with health messages on prevention measures for COVID-19, SRHR information, information for pregnant women and available resources/services. It is important that women are directly receiving this information.
- ❑ Ensure an interagency/whole of government approach to mental health and psychosocial responses, closely coordinated with the GBV and child protection sectors.

³⁹Hormonal pills, injectables, IUD's, similar family planning products and others



4. VIOLENCE AGAINST WOMEN AND GIRLS (VAWG)

Fiji is facing an epidemic of violence against women and girls in both public and private spaces. It has some of the highest recorded rates of VAWG globally, with almost 2 out of 3 women being subjected to physical or sexual violence in their lifetime (64%) and 44% of ever-partnered women having experienced physical attacks classed as ‘very severe’.⁴⁰In 2019 10 women in Fiji have been killed by their partners. Violence against women and girls is mostly perpetrated by intimate partners (boyfriends, partners or husbands). 1 in 5 Fijian women have experienced sexual harassment in the workplace. Over 84% of lesbians, bisexual and transgender masculine and gender non-conforming people in Fiji have experienced intimate partner violence, while two out of three young LBT people aged 18-19 years old have experienced homelessness due to their Sexual Orientation, Gender Identity and Expression and Sex Characteristics (SOGIESC). A 2019 study indicates that 82 of the 645 respondents have been sexually abused because of the SOGIESC, and of those, 52 of the 630 had been sexually abused by a family member⁴¹

Domestic violence (DV) and intimate partner violence (IPV) is underreported and the traditional silence around VAWG makes it difficult for Fiji’s women and girls to share and seek support about the violence they experience and for all community members to break this cycle. The shame and stigma associated with domestic and sexual violence means that survivors often experience a sense of isolation and fear of retaliation. For those women and girls who do seek to escape abusive situations or post-sexual assault care, they find that quality essential services are limited or unavailable, with urban women having the most access, even if to varied levels of care, particularly in the health sector.

COVID -19: POTENTIAL IMPACTS on WOMEN & GIRLS

- Intimate Partner Violence (IPV)/DV will increase greatly during the COVID-19 pandemic, creating a pandemic within a pandemic. The current favourable context for VAWG is exacerbated by the increase in household tensions resulting from the socio-economic and health impacts of the disease. For example, already there is an increase in calls to the toll-free DV hotline and anecdotal reports of increased physical, emotional, financial and sexual violence towards women and girls by husbands, fathers-in-law and fathers by women’s rights advocates.
- In addition to the expected increase/severity in VAWG, it is expected a greater complexity to the violence being perpetrated. For example, women who are suspected to have COVID-19 or to have however erroneously had exposure to the virus, may be faced with being thrown out onto the street amid lockdown.
- IPV and sexual assault is already under reported in Fiji and the public health strategies to contain COVID-19 (e.g. social isolation, curfews and restricted

⁴⁰FWCC Study

⁴¹ DIVA for Equality, UNJUST, UNEQUAL, UNSTOPPABLE: Fiji LBT women and gender non-conforming people tipping the scales toward justice’, 2019. <https://tinyurl.com/vyuc2ueg>

movement) can compound the difficulty in women accessing care and support. For example, increased use of coercive control whereby partners monitor and control their partners every movement, facilitated by the health response to the pandemic which is social isolation and quarantine measure. For example, women are finding it difficult to phone for help and abusers are taking advantage of isolation measures knowing that women are unable to call for help or escape.

- ❑ In Fiji, women are primarily responsible for procuring and cooking food for the family and increasing food insecurity may place them at heightened risk for IPV/DV.
- ❑ Other forms of GBV will also be exacerbated, for example, the economic impacts of the COVID-19 will place women and children at greater risk of exploitation and sexual violence.
- ❑ Decreased access to life-saving care and support to GBV survivors (i.e. access to police protection, safe shelter, clinical management of rape and psycho-social support/crisis counselling) may be disrupted as movement is restricted, increased control over women's movements is facilitated, and access to healthcare centers is unavailable due to the increased burden on the health sector as a result of COVID-19.
- ❑ Increased risk of racial and sexual harassment (both online and offline), with public information being shared in relation to COVID-19 infections could cause people to harass those that are identified with the illness.

INTERVENTIONS & RECOMMENDATIONS

- ❑ Rollout the adapted multi-sector COVID, Gender & Protection SOPs and referral pathways to ensure that frontline service providers can quickly adapt interagency coordination to support women, girls and families affected by gender-based violence.
- ❑ Ensure the Fiji Domestic Violence Helpline, Child Helpline, Mental Health Helpline, DV shelters and other GBV related social services for all victims of violence remain open, well-resourced and are identified as "essential services" in listings and that law enforcement is sensitized to the issue and the need to be responsive to calls.
- ❑ Increase dedicated funding for GBV services including shelters, counselling, and hotlines, including allowing for tech safe on-line counselling. These are services which are run, in many cases, by civil society organizations, and should be nation-wide, supporting a decentralized network of social service professionals who can support women, children and families.
- ❑ Provision of online legal/justice support and better coordinated safety and justice services by the police, courts and DPO.

- ❑ Dedicated funding to establish and maintain Women’s Shelters in Lautoka, Labasa and Sigatoka. These should be prioritized and designated as essential services and kept open, which may mean providing childcare to staff so they can work.
- ❑ Targeted counselling services for men to provide support for emotional health and relationship concerns for men affected by or considering using violence.
- ❑ Creation of GBV social protection scheme to support (Cash Transfer + Food Voucher) for the survivors.
- ❑ Scale-up GBV primary prevention approaches which includes national communications and information campaigns and family based and community social economic programmes (for example, integrating prevention measures including family based coping programmes + positive parenting + cash transfer)



