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Introduction

At first glance, it might seem that the Pacific Island Countries (PICs) have escaped the worst impacts of the Covid-19 pandemic. Together, the PICs have recorded few Covid-19 infections. Fiji, for example, has recorded only 18 cases, of which only 3 remain active (at the time of writing, 15 May). Despite being relatively sheltered from the direct health effects to date, Fiji is, however, experiencing strong economic headwinds.

The country announced a substantial Covid-19 Response Budget on 26 March, an economic package worth FJ$1.0 billion ($0.44 billion), equivalent to 8.7% of its GDP. Fiji’s economy is expected to shrink by at least \(-4.3\%\) in 2020, tax revenues for the August 2019 – July 2020 financial year have been revised downwards by 34.4% from the original forecasts and the near total shutdown of international tourism puts an estimated 118,500 jobs at risk.

In addition to the economic toll of Covid-19, Fiji must also deal with the aftermath of Tropical Cyclone Harold, which struck the country as a Category 4 storm on 7 and 8 April, completely or partially damaging 2,740 houses, damaging school facilities and disrupting agricultural production. As a result, Fiji declared a State of Natural Disaster twice in April – one for the effects of the cyclone and another for the Covid-19 pandemic.

The impact of Covid-19 on Fiji is common to the wider Pacific region as well as many other Small-Island Developing States (SIDS) worldwide, particularly for countries where tourism makes a large contribution to the national economy.

This briefing note reviews gender-related actions resulting from the impact of (and policy responses to) the Covid-19 pandemic. It focuses on Fiji as an upper middle-income Pacific Island Country (PIC). PICs are highly varied, yet face common challenges from relatively similar situations. Gender based gaps are wide throughout the region. From 153 countries ranked on the scale of their gender based gaps, the World Economic Forum Global Gender Gap Index 2020 places Fiji (103), Vanuatu (126) and Papua New Guinea (127) all in the bottom third. Other similarities to the current situation include a very high prevalence of gender-based violence (with nearly two thirds of women in Fiji experiencing physical and/or sexual violence by an intimate partner), stark disparities in the labour market (across Melanesia, women hold only a third of jobs within the formal economy), relatively low numbers of Covid-19 infections (with a number of countries yet to record a single case) and similar responses to Covid-19 (such as curfews and restrictions on movement). This review of gender-related actions can, therefore, provide insights for a wider range of situations.

We first outline the current situation in Fiji, including the impact of Covid-19 on existing women’s support groups and trajectories for gender norm change, as well as on gender-based violence, public health concerns and women’s economic empowerment.

Background to the current situation in Fiji

Fiji recorded its first positive case of Covid-19 on 19 March 2020 and has, to date, recorded a total of 18 positive individuals. As of 15 May, only 3 active cases remain – a reflection of Fiji’s highly effective and early campaign to isolate, test, trace and treat potential cases. A suite of other complementary health measures have been implemented to prevent the further spread of Covid-
19, including the closure of all schools since 20 March, a nationwide overnight curfew since 30 March, bans on inter-island travel from 29 March to 26 April. There was a total lockdown of non-essential businesses and all travel in and out of Fiji’s two largest urban centres Suva (from 3 April to 17 April) and Lautoka (from 19 March to 7 April. International borders were closed and all social gatherings banned from 3 April (a restriction that has since been relaxed to allow groups of 20 people or fewer to gather (from 27 April).

In comparison to many other countries in the Pacific region, Fiji has entered the Covid-19 headwinds in a reasonable position. It has one of the most developed economies in the region and is classified as an upper middle-income country. The World Bank Group (WBG) estimates that GDP per capita in 2018 was $6,267 (at current prices). Tourism is the main driver of the economy, supporting an estimated 118,500 jobs and providing 34% of Fiji’s GDP in 2017. In 2018, Fiji recorded 870,000 international visitor arrivals to a country with a population of around 885,000. The Asian Development Bank (ADB) estimates that 56.9% of its people live in urban areas that have less traditional gender norms than rural communities. The ADB also estimates that the labour force is 356,700, with far greater labour force participation rates among men (76.4%) than women (37.4%). This may reflect norms that identify males as family breadwinners.

The ADB reports that 28.1% of the population lived below the national poverty line in 2013, and that the under-5 mortality rate stood at 26 deaths for every 1,000 live births in 2018. The WBG reports that the 2018 total fertility rate was 2.8 births per woman, that there were 49 births for every 1,000 adolescent girls aged 15-19 and that 100% of births were attended by skilled health professionals. The maternal mortality rate in Fiji is estimated at 30 deaths per 100,000 live births.

Non-communicable diseases (NCDs) – including cardiovascular diseases, diabetes, cancer, and chronic respiratory diseases – are responsible for the single largest share of premature mortality in the Pacific. In Fiji, NCDs are estimated to account for 84% of all deaths (5,500 deaths out of a total of 6,500 in 2016), of which 42% (2,300) were female. The high prevalence of NCDs increases the risks of severe illness and fatalities should Covid-19 become widespread.

Fiji was ranked at 103 out of 153 countries in the World Economic Forum Global Gender Gap Index 2020. Within this evaluation, Fiji does particularly well on women’s health (ranked at number 41) and education (51), but relatively poorly on their economic participation and opportunity (123). Fiji received a rating from the OECD’s Social Institutions and Gender Index (SIGI) of 24.7% in its 2019 evaluation. While a more detailed breakdown is not available, Fiji performs favourably when compared to other countries in the Pacific with their considerably higher scores (representing wider gender gaps), including Samoa (42.5%), the Solomon Islands (51.0%) and Papua New Guinea (54.2%).

Fiji is a multi-ethnic and multi-religious society. Its two main ethnic groups are iTaukei (indigenous Fijians, who make up 57% of the population) and Fijians of Indian descent (37%). While the vast majority of people are religious, multiple branches of Christianity, Hinduism and Islam are practised.

The ADB’s 2015 gender assessment for Fiji reports that gender bias remains a challenge across various sectors, that gender-based violence (GBV) is prevalent and that gender inequality remains rooted in traditional norms, customs and models of decision making. A Fiji Women’s Crisis Centre survey in 2013 found that 43% of women had been socialised to accept violence against women as acceptable in certain circumstances, but that their acceptance decreased as their education
levels rose. There may be some variation in violence against women across ethnic groups, with the ADB reporting that Fijians of Indian descent may be more likely to believe that discipline is the responsibility of a woman’s in-laws, while iTaukei Fijian families may be more likely to coerce women to use traditional forms of reconciliation that rarely deliver any substantive justice.

The Pacific has one of the lowest regional rates of representation of female parliamentarians in the world. As of January 2020, women accounted for just 8.6% of all parliamentarians across the region. In Fiji, 10 of the country’s 51 parliamentarians are women (19.6%): one of the highest percentages in the region, but one that is still a long way from equal representation. As a result, CARE’s rapid gender analysis for Covid-19 in the Pacific region raises concerns that Government decisions about Covid-19 preparedness, response and resource allocations may be made almost entirely without women. Outside politics, non-governmental structures are predominantly religious or centred on the hierarchies around traditional chiefs. Both are mostly male dominated, with few – but notable – exceptions of female leadership.

Reported impact of Covid-19 on women’s support groups

The Ministry of Women, Children and Poverty Alleviation is leading the coordination of Fiji’s social protection programmes. The Government has anticipated pressures on these programmes as a result of Covid-19 and increased the Ministry’s funding by 12.5% (FJ$16million) in the Covid-19 response budget, announced on 26 March 2020. This brings total funding for the August 2019 – July 2020 financial year to FJ$144million, the highest allocation the Ministry has ever received directly from Government.

The Minister has stated that the largest portion of the Ministry’s total budget allocation is for the administration of the nation’s core Social Protection Programmes. These are: a general social pension scheme for elderly people with no other form of pension; a means-tested family poverty benefit scheme paid to the nominated head of each recipient household; a child care and protection allowance for single mothers, deserted spouses, widows, prisoners’ dependents and children in state care; a disability allowance scheme and a food voucher programme for rural pregnant mothers who attend rural health clinics regularly for pre-and-post natal care, regardless of their family income level.

On 3 May 2020, the Ministry announced its formation and leadership of two Working Groups as part of a gendered response to Covid-19. The first is a Gender Based Violence (GBV) Working Group, which will conduct ‘rapid / internal gender analysis on the impact of Covid-19 on all Fijian women and girls’. Other members include the Fiji Women’s Crisis Centre (FWCC) and UN Women. The group works with frontline service providers who are signatories to the Fiji National Service Delivery Protocol for Responding to Cases of GBV.

The second is a Covid-19 Response Gender Working Group, which aims to advance the ‘prevention and response to Violence against Women and Girls during emergencies’. Other members of this group include representatives of civil society and women’s rights organisations, UN Women and the ADB.

Both working groups face challenges in scaling up rapidly enough to meet the potential increase in demand for their services. Covid-19 presents responding agencies with a combined challenge: how to respond to more requests for help over an unusually wide geographic area while maintaining
pre-existing commitments? For example, some people working in industries severely affected by the economic downturn have returned to homes in more rural areas, putting more pressure on local food production. This effect has been seen elsewhere in the region. In Samoa, for example, many workers in the tourism industry have returned to their home villages.

While Fiji implemented total lockdowns of its two cities for a relatively short period, the curfew and social distancing measures have been nationwide. Physical distancing measures, including overnight curfews and temporary lockdowns have now relaxed. However, the short timeframe between the announcement and implementation of lockdown measures has raised challenges for service agencies, including getting food and hygiene stocks to agencies in the lockdown areas and providing service support to those on opposite sides of a lockdown boundary.

As a result of physical distancing measures, service providers have often been unable to provide services to victims in person. The FWCC, for example, has not been able to utilise traditional consultation methods such as interpreting body language, or accompany people in person to go to key service agencies, such as the police or hospitals. There have also been reports of cases of domestic violence taking longer to be processed by the judiciary as they adjust to new measures, and cases have been re-prioritised. This has been one knock-on effect of strict enforcement of an overnight curfew, which saw over 1,800 arrests in the first 20 days of curfew. The Legal Aid Commission of Fiji has responded by waiving its usual requirements for those facing domestic violence, such as having to take a means test or even having to fill out any pre-requisite information forms, to reduce barriers to legal assistance.

The two Working Groups have already rolled out virtual training packages to rapidly train key actors on GBV and child protection and how to respond to and refer cases safely and appropriately. The Ministry contracts out two 24/7 toll-free helplines; the national child helpline and the national domestic violence helpline. Both numbers are being publicised through social media campaigns, TV and radio adverts, and national SMS message blasts to all mobile numbers. The FWCC, which operates the national domestic violence helpline, has reported a spike in all calls recorded since the first case of Covid-19 was confirmed on 19 March and throughout the subsequent lockdown restrictions.

The FWCC appears to have responded effectively to the increased number of calls effectively. This may reflect an ‘offsetting’ effect, whereby less consultation time is spent in person and more staff time is spent on answering calls to the hotline. The impact on service users of the shift from personal interaction to phone consultations is not yet clear. However, the FWCC has raised concerns that donor funding may be redirected away from their service as a result of Covid-19 and has announced that 75% of its government-allocated budget for the domestic violence helpline is yet to be released (with only three months of the financial year remaining).

Fiji Women’s Fund, a relatively large funding mechanism that is an initiative of the Australian Government’s ‘Pacific Women Shaping Pacific Development’ (Pacific Women) programme, is adapting to assist its recipient organisations. This includes re-programming to respond to Covid-19-related needs and support for core funding of recipients to enable them to pay staffing costs. Pacific Women supports almost 160 partner organisations across 14 PICs and reports that many of them are adapting their programming as a result of Covid-19. Throughout the region, measures undertaken by Pacific Women supported organisations include the creation of Covid-19 infographics that facilitate access to crisis centres, women’s support agencies providing referral and consultation services through Facebook Messenger and arts groups to creating short Covid-19 awareness videos that are shared on social media.
Most women’s support groups seem to have expanded their service provision to meet at least some of the additional demands resulting from Covid-19 responses. This is a welcome achievement, stemming from a relatively coordinated and well-funded and gender-aware response to the challenges posed by Covid-19. However, there is little evidence at this time on whether agencies are able to meet the huge increase in needs in full. The sheer scale of the challenge reinforces the need for funding agencies to commit resources well beyond the immediate health impacts of Covid-19.

**Gender-based violence**

Women’s human rights groups in Fiji have issued a joint statement on their deep concerns about the heightened risk of GBV and abuse as families practice social distancing and isolate themselves in response Covid-19. According to FWCC research from 2013, 64% of women in Fiji have experienced intimate partner violence and 71% have been physically and/or sexually abused by either a partner or non-partner since they were 15 years old. This joint statement was issued before the Ministry confirmed a rise in the number of calls to the domestic violence helpline. The Minister for Women, Children and Poverty Alleviation has stated that there were 87 calls to the helpline in February 2020, rising to 187 calls in March (a 215% increase in the space of one month) and 527 calls in April (a 282% increase over March and April, and a 606% increase since February). In all, 66% of the callers were women and 44% were men (data taken directly from announcement with figure totalling 110% perhaps due to multiple callers per case), with 54% of the calls related to domestic violence. Close to 50% of the cases reported are linked to Covid-19 issues, such as restrictions on movement and economic strains on families. Close to 75% of women callers reported physical violence. In a positive sign of wider societal awareness, 10% of all calls to the domestic violence helpline during this period were from bystanders who wanted information on how to help women and girls.

The FWCC has reported that the increases stem from both new cases of violence in relationships and, where violence was already present, an intensification of that violence. The FWCC has also recorded a minority of calls relating to rape, attempted rape and child abuse.

One key driver of violence against young men is reported to be the economic downturn, resulting in young male labourers who are now unable to meet family expectations to find work. The promotion and public de-stigmatisation of support services may explain a partial rise in their calls to the helpline, for example. However, this will have been offset by lockdown measures that make it more difficult to make calls in privacy. Overall, the sheer scale of this increase indicates a grave rise in domestic violence as an unintended consequence of Covid-19 prevention measures.

Like many other countries, Fiji has used security forces to help coordinate, deliver and enforce Covid-19 response measures. The Fiji Women’s Crisis Centre has voiced concerns about the heightened machismo that has resulted from this and UN Women notes that this tendency across the wider Asia Pacific region could have serious implications for peace and security, and for the rights of women and girls. The UN comments that many Covid-19 measures reflect a governance context similar to that seen during conflicts, which can have profound and disproportionate impacts on women and girls, amplifying pre-existing inequalities. These measures may, for example, result in the greater sexual exploitation of women. As pointed out by Julia Smith in 2019,
the securitisation of international responses to outbreaks represents a ‘failure of global policies to include gender reinforces a policy context that ignores how women, men, and other groups experience outbreaks and responses differently’.

One unintended consequence of Fiji’s internal travel restrictions; both on inter-island transport (29 March to 26 April) and to or from the two largest urban centres Suva (from 3 April to 17 April) and Lautoka (19 March to 7 April), is that survivors of violence have had reduced options to seek refuge elsewhere.

Another issue that is putting pressure on families – often a trigger for GBV – is the potential loss of remittances from the many Pacific islanders who have migrated to work overseas: an estimated 4.3% of the population of the PICs (although this percentage fluctuates across the different countries). Pacific islanders form a sizable diaspora, particularly in New Zealand and the USA, and are a significant source of remittances: an average of 2.3% of PICs GDP. It seems likely that the 20% global fall in remittances predicted by the World Bank and the stagnation of regional seasonal worker schemes will reduce remittances to families throughout the Pacific. In turn, this negative income shock can be expected to lead to a spike in GBV. One dampening factor could be that jobs that generate remittances tend to be in the sectors for essential workers, such as agriculture and care giving. As a result, the remittances of those who were already working in these sectors may be relatively isolated from the negative income shocks caused by Covid-19.

Health concerns

In March, the Ministry of Health and Medical Services was assigned an additional budget of FJ$40 million to mount an emergency response in light of Covid-19. This represents 11% of the Ministry’s revised budget for the financial year. Since the policy responses to Covid-19 began, the Ministry of Health has been sending national SMS blasts on an almost daily basis. These texts encourage preventive measures, such as hand washing and physical distancing.

Healthcare workers are recognised as front-line workers in the Covid-19 response, bearing an increased risk of, and exposure to, infection. In Fiji, 63% of healthcare workers are women, but few statistics on how this percentage is spread across the different levels of healthcare leadership. Similarly, there is little evidence on how much of the increased burdens of child care and home-schooling are being carried by healthcare workers whose children are no longer able to go to school. The pressures on healthcare workers in Fiji as a result of the Covid-19 response are considerable, but they are also dealing with outbreaks of typhoid, leptospirosis and dengue fever in areas affected by Tropical Cyclone Harold, adding to their strain at this time.

Fiji along with most other Pacific Island Countries temporarily suspended inter-island travel to prevent the spread of Covid-19 before relaxing these restrictions. Even so, the restrictions have had an impact on regular outreach services that are essential for women’s health. For those reliant on outreach services, for example, the travel restrictions will have increased the risk of women giving birth without proper medical attention. They will also have reduced access to contraception and, as mentioned, support services for cases of sexual and gender based violence. At present, we have no clear picture of the scale of needs that have not been met as a result of these travel restrictions.
As with many island countries, Fiji's major hospitals are located in urban centres on its two main islands, and restrictions on inter-island travel will have disrupted access to more specialised care services. Given the speed of the lockdown, it is likely that many of those planning to travel for these services were not able to change their plans in time. Fortunately, Fiji has a relatively strong network of health professionals throughout the country. However, this is not the case for all countries in the region, who have also implemented swift restrictions on travel. The most common cause of death and disability in young women in the Pacific is pregnancy as a result of too many births too close together, with limited access to skilled care. Further limitations on movement as a result of the Covid-19 response may well have exacerbated these challenges.

UNICEF has already warned that 'thousands' of children across the Pacific risk missing vaccinations as a result of Covid-19 measures, despite heightened vaccine awareness in the region following the 2019 Pacific measles outbreak, which killed over 80 people, most of them children under the age of 5. Evidence from past epidemics has shown that declining rates of childhood vaccination later saw children contracting vaccine-preventable diseases and resulted in their mothers being forced to take time off work to care for them. Such evidence suggests that women are likely to bear the longer term health-related costs stemming from the Covid-19 response.

**Education**

Education is a public policy priority in Fiji. Access to education is near universal with 98.4% of Fiji's primary school-aged girls enrolled in school in 2015, just below the 99.0% of males. School education is free, children have fully subsidised bus fares and the Government has widely available student loans for the tertiary level. There are three universities in Fiji offering higher education and enrolment data from 2014 show that women account for 53% of the country's 31,000 students.

When some school curriculum content came under scrutiny for promoting harmful gender norms, the Minister for Education, Rosy Akbar, made a public statement on the need to address gender inequality in the Fijian education system more effectively. This includes a pledge to implement a more progressive gender-sensitive curriculum in schools at all levels, signalling a welcome intent while highlighting the scale of the work needed to challenge ingrained gender norms.

All schools in Fiji have been closed since 20 March, when the school holidays were initially brought forward, and are not scheduled to re-open until 16 June. There is evidence to show that school closures exacerbate the burden of unpaid care work on women and girls, who absorb the additional task of caring for children. The Government of Fiji is streaming educational programmes over the national free-to-air TV channel (Walesi) and radio, but the responsibility for ensuring that children follow these programmes tends to fall on women, on top of their other unpaid household tasks.

Fiji has experience in re-starting schooling after natural disasters. In 2016 Tropical Cyclone Winston, the most intense tropical cyclone in the Southern Hemisphere on record, damaged or destroyed around 500 schools. Within a month of the cyclone, 99% of the country's primary and secondary schools were operational. A later report by Australia's Department of Foreign Affairs and Trade (DFAT) estimated that most school communities had returned to pre-disaster school attendance levels within a year, with most rates returning to normal in the first 3-5 months. This suggests that enrolment rates could recover quickly when schools re-open. However, gender-
disaggregated enrolment figures were not reported in the DFAT study, making it difficult to gauge the potential gender impacts of school closures in response to Covid-19.

**Impacts on women’s economic empowerment**

Fiji ranks 123 out of 153 countries for economic participation and opportunity in the World Economic Forum’s [Global Gender Gap Index 2020](#). The [UN database on global households from 2017](#) reports that just 15% of households in Fiji have female heads. The [Fiji Women’s Rights Movement](#) has expressed concern that an increase in female labour-force participation has not translated into any significant narrowing of gender gaps in the workplace, such as unequal access to employment, unequal pay and limited access to leadership positions. They also note that there is pronounced horizontal occupational segregation in labour-force participation, with a large share of women’s economic participation clustered in low-paying jobs and informal employment within agriculture, handicrafts and sales.

[DFAT](#) reports that men outnumber women in paid employment outside the agricultural sector by approximately two to one across the PICs. In addition, UN Women’s [100 day report on Covid-19 in the region](#) notes that women are over-represented in the sectors and jobs that are hardest hit by Covid-19, including manufacturing, textiles and garments, hospitality and tourism – all of them key sectors in the Fijian economy. Women are also over-represented throughout the wider Asia-Pacific region in the types of employment most vulnerable to the current downturn, such as workers in informal employment.

Tourism is the largest driver of Fiji’s economy, contributing 34% of GDP in 2017. Women, however, account for only 35% of the estimated tourism workforce and hold only one-quarter of managerial and professional positions in the tourism sector. Men hold most of the technical and more highly paid jobs in the sector, while women are found predominantly in minimum wage type jobs, such as cleaners and front-desk work, even though they account for almost two thirds of university students enrolled in tourism-related courses.

These percentages are more positive in sectors where tourists provide an important market for many women-owned micro and small enterprises. These include handicrafts, where the producers are estimated to be 91% female and where tourists are the main consumers of their products. The loss of tourism as a result of Covid-19 has meant a sudden drop in demand for handicraft produce. While some women’s support organisations such as [Rise Beyond the Reef](#) are committed to continuing to buy crafts from their women producers and are delivering food rations to women in rural areas, many women are unable to access this kind of support.

The package of economic policies announced by the Government of Fiji in response to Covid-19 has focused on [support to formal businesses](#). Measures include a coordinated six-month loan repayment holiday on commercial loans and early draw-downs on the national superannuation fund – a reflection of the logistical difficulty of delivering targeted support to informal enterprises. However, between 60% and 85% of the working age population across the PICs work in informal employment.
Fiji’s National Financial Inclusion Taskforce reports that 56.8% of women held a formal financial account in 2017, well below the average for men of 71.6%. In addition, only 19% of businesses are registered to women and most of those are micro- and small businesses. This suggests that women are less likely to be able to access formal economic response packages.

Women comprise 85% of market vendors in Fiji and 61% of market vendors are aged between 46 and 75. While de-centralised markets are being authorised to spread vendors out across urban areas, the impact of market closures has had a disproportionate impact on women. Like healthcare workers, this also highlights the front-line risks borne predominantly by women should there be another outbreak of Covid-19 in Fiji.

As a result of Covid-19 physical distancing measures, the Ministry of Women, Children and Poverty Alleviation has had to cancel the annual National Women’s Expo, Fiji’s largest event for women-owned enterprises. More than 500 women artisans participated in the 2019 event, most of them from rural or outer-island communities. The cancellation of this event is a dual blow for women-owned enterprises, as it prevents a major income-generating activity and denies women a signature event at which they can network and forge supply-chain links.

Fiji has a relatively large textile, clothing and footwear (TCF) industry. The TCF council reports that there are 7,000 people employed in the sector and that over 80% of them are women. Because China is struggling to get its goods out to international markets at present, the Fijian industry is enjoying a boom as customers purchase Fijian-made goods. However, lower international shipping volumes and potential problems in sourcing stock mean that the longer-term impact on this local boom is unclear.

Evidence from previous pandemics has found that men’s income returned to pre-outbreak levels faster than women’s income. This re-emphasises the need for gender sensitivity while recovering from the expected Covid-19 downturn.

Concluding remarks

This briefing note has reviewed gender-related actions resulting from the impact of (and policy responses to) the Covid-19 pandemic, with a particular focus on Fiji as a Small Island Developing State. While Fiji stands on the cusp of eradicating all cases of Covid-19 infections to date, it remains set to be severely impacted by the wider socio-economic costs from the global pandemic.

Fijian women and girls will carry the worst of these impacts, both in the short and long term. This ranges from suffering much higher rates of GBV, facing larger barriers to formal business support and taking on an even greater burden of unpaid care, both in the short term to help children’s home education and potentially in the longer term should children fall sick after missing routine vaccinations. Men are facing immediate challenges from being overrepresented in the heavily impacted tourism sector and young men especially are experiencing more violence for being unable to meet family expectations to find work.

Women’s groups in Fiji are being able to successfully highlight the risks arising from Covid-19 to women’s rights in national media. This could help challenge pre-existing gender norms. It remains to be seen if the message will result in a material difference when the immediate impacts of Covid-19 subside. The 606% increase in calls to the national Domestic Violence helpline from February to
April is a stark reminder of the immediate threats facing Fijian women. It’s unclear if women’s support groups will have the resources to fully meet the Covid-19 induced demands over the subsequent months and years. It is crucial that when Covid-19 data is collected, it disaggregates by gender. This will enable a better understanding of who is bearing the costs of Covid-19 and how best to channel support to them.

Despite the scale of these challenges, the Fijian government appears to be responding positively. The Prime Minister and the Minister for Women, Children and Poverty Alleviation have both been vocal advocates to reduce gender disparities in Fiji. Achievements made before Covid-19 have been acknowledged by Jacinda Arden and other regional leaders. The Ministry of Women, Children and Poverty Alleviation has made strides to further gender aware policy coordination in response to Covid-19 and appears to be well supported by wider government, donor agencies and civil society organisations. Fiji may well emerge from the Covid-19 pandemic having achieved positive steps to challenge gender norms and reduce gender disparities.

About the author

William Hamilton is an ODI Fellow who has worked in a number of roles for the Fijian government since October 2018. His work has covered government priorities from micro, small and medium enterprise development to competition and consumer protection policy formulation. Prior to his ODI Fellowship, William attained a Masters in Economic Research from the University of Cambridge.
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