



Thematic Brief | Gender and COVID-19 in the Pacific: Gendered impacts and recommendations for response

This Thematic Brief provides information and analysis about the gendered impacts and priorities for responses to COVID-19 in the Pacific. It has been developed by the Support Unit for Pacific Women Shaping Pacific Development (*Pacific Women*), connecting more than 170 gender equality initiatives funded by the Australian Government and implemented by over 160 partners across 14 Pacific Island countries. *Pacific Women* is one of the largest global commitments to gender equality. It partners with governments, local and international non-government organisations (NGOs), private sector, disabled people's organisations, coalitions and others to improve the political, economic and social opportunities of Pacific women and to end violence against women and girls. Its emphasis is on partnerships and locally-driven development.

Ten Key Messages

The ten key messages in this Thematic Brief provide information and analysis about the gendered impacts of the COVID-19 pandemic in the Pacific and priorities for responses. The messages, while not an exhaustive list, provide a summary of the key gendered impacts highlighted by development actor reports, civil society organisations, anecdotal evidence from *Pacific Women* partners, media and other sources.

1. **Women and girls are at increased risk of men's physical and sexual violence.** During a crisis, existing gender inequalities are magnified, with women having considerably less autonomy and mobility leading to increases in men's violence against women.
2. **Women and girls take on the additional labour of caring for repatriated relatives and children out of school.** Women's unpaid household labour has increased as people move from urban areas to rural areas. Women are expected to care for migrating and returning extended family and meet traditional family and community obligations.
3. **Women are central to the COVID-19 health response.** Women health care workers and support staff are at the frontline in the case of an outbreak, as health care professionals but also cleaners and carers. In the Pacific, overloaded and under resourced health systems will increase the dangers for health care workers if they are exposed to the disease.
4. **Women's and girls' access to sexual and reproductive health is disrupted and rights are compromised.** The essential services required for women's health and survival, such as maternal health care and contraception, are disrupted during crises due to transport restrictions, closure of clinics and stock outages of essential commodities.
5. **Women's livelihoods are disproportionately affected by the COVID-19 pandemic and they are experiencing unemployment and economic insecurity.** Women overall earn less than men and are more likely to work in low-paying, informal and precarious work. Women in the Pacific are therefore particularly vulnerable to the impacts of COVID-19 on the current economic system, long after the initial emergency is over.
6. **COVID-19 responses need to reach vulnerable groups.** During times of crisis and hardship, marginalised groups face increased vulnerabilities, from heightened health risks, through to hunger, neglect and violence. This is due to existing discrimination and inequality (which is heightened during a crisis) and lowered availability and access to public health information and services.

7. **Women’s and girls’ participation, leadership and decision making in all aspects of COVID-19 response planning and implementation is essential.** Women’s participation and leadership is essential for an effective response to the COVID-19 pandemic, particularly for mobilising communities and health communications.
8. **The COVID-19 pandemic increases women’s and girls’ responsibilities and needs in relation to water, sanitation and hygiene (WASH).** With the outbreak of COVID-19, women and girls face additional risks and household labour in relation to WASH. In remote areas, clean water may not readily be available. The effects of quarantine and travel measures that restrict access to water and privacy may impede women’s and girls’ menstrual hygiene management.
9. **Women and girls are at risk of violence and exploitation due to securitisation of the COVID-19 response.** The vulnerability of women and girls to harassment, rape and sexual exploitation (including sex exchanged for food and basic goods) increases under securitised conditions such as states of emergency and expanded police powers.
10. **Adolescent girls (aged 10–19 years) face specific challenges during the COVID-19 pandemic.** Particular impacts on adolescent girls related to their age and developmental stage include the loss of peer support leading to depression and anxiety; an increased propensity risk-taking behaviours; and disruption to education and the higher possibility of not returning to school.

Priorities

The priorities listed below will support gender-responsive approaches toward addressing the gendered impacts of the COVID-19 pandemic :

- **Embed gender indicators** within COVID-19 response plans and budget resources to build gender expertise into response teams.
- **Disaggregate data** related to the COVID-19 pandemic by sex, age, gender identity, disability and other vulnerability factors.
- **Prioritise understanding and analysing gendered differences between women and men.** This includes the different experiences between women and men experience of rates of infection, economic impacts, the care burden and incidents of violence and sexual abuse.
- **Ensure women are represented at all stages of decision-making** from community to government levels.
- **Ensure human rights are central to the response.** Provide accurate and supportive care and messaging with the intention of enhancing people’s safety, dignity and rights. Ensure that any targeted programming does not exacerbate stigma or discrimination due to gender, age, citizenship status, disability, sexual orientation and gender identity and other factors.

Introduction

Health pandemics have specific and severe impacts on the lives of women and girls. Those gendered impacts have been documented in the Pacific and globally since the first COVID-19 cases were reported.

Women and girls are disproportionately and intersectionally affected by health, economic, humanitarian and political crises. Existing gender inequalities are exacerbated during a crisis, with the result that women and girls face even higher rates of violence, sexual abuse and control from their husbands, partners and families. Women undertake more unpaid domestic work, are less able to access essential health services and are more vulnerable to economic hardship.

While COVID-19 infection rates are low in Pacific Island countries, communities continue to be greatly affected by the impacts of response measures to the global pandemic, such as through travel restrictions, school closures, curfews and border lockdowns. Response measures have reduced the international tourism

industry to virtually zero, affected import and export industries, lowered food security, and impacted the mobility of seasonal workers, students, and professionals across the region. For women and girls, the impact of national and international COVID-19 response measures has been severe: the incidence of violence has dramatically risen during lockdowns, women have lost their livelihoods and women's child caring responsibilities have hugely increased with the closure of schools and the movement of people from urban to rural areas.

The impacts of COVID-19 on Pacific Island communities are not gender-neutral and should not involve a gender-neutral response. Recognising how COVID-19 affects women and men differently is fundamental to an effective response. Experience from past health crises such as the Ebola and Zika outbreaks have demonstrated the vital importance of incorporating a gender lens to planning, response and re-building, to ensure health interventions and humanitarian responses are effective and promote gender equality. This includes women and girls living in poverty, migrants, people with disabilities, the elderly and people with diverse sexual orientation, gender identity and expression and sex characteristics (SOGIESC). These gendered experiences must be considered across all short-term and long-term response areas, including health services and health communications, law and justice, security and education.

Message 1: Women and girls are at increased risk of men's physical and sexual violence.

Described as the 'shadow pandemic', men's physical and sexual violence against women and girls, including family violence, has increased exponentially since the outbreak of COVID-19.^{1 2} Civil society groups across the Pacific have highlighted the dramatic increase in cases of violence against women and girls and increases in requests for support services over the past year.³

During a crisis, existing gender inequalities are magnified, with women having considerably less autonomy and mobility leading to increases in men's violence and control. Sexual violence and abuse experienced by women and girls is exacerbated by financial insecurity, job losses, crowded living conditions and longer periods of time inside together.⁴ The general acceptance of physical violence in many Pacific Island countries can lead to men's violence and abuse in times of crisis being accepted and excused due to 'stress'.

The Pacific already has some of the highest rates of violence against women and girls in the world. In Vanuatu 60 per cent of women are reported to have experienced physical or sexual violence by an intimate partner; in Solomon Islands and Fiji the rate is reported at 64 per cent, and 68 per cent in Kiribati.⁵ For women already living in abusive and violent relationships, enforced social isolation and quarantine are particularly dangerous, putting women at risk because they are confined with their abuser. During national lockdowns and states of emergency (such as in Samoa, Tonga and Fiji), the incidence of men's violence against women intensifies rapidly and women's ability and opportunity to seek help, medical care, temporary shelter or flee abusive and violent partners is reduced.⁶ Service providers and shelters have had to, in some cases, scale down services and close, leaving a shortage of shelter options for women and children escaping family violence. Abusive male partners can also use compulsory home isolation and the threat of infection to control and silence their wives, partners and families.⁷

While lockdowns exacerbate violence against women in the home, higher rates are unlikely to drop with the lifting of lockdown measures. Ongoing stress in the household relating to economic insecurity and reduced mobility intensifies tension and increases men's violence against women.

Preventative measures taken to reduce the spread of COVID-19 can increase the vulnerability of adolescent girls and children to sexual abuse and violence. The closure of schools and quarantine at home leaves girls and children in closer physical proximity to abusive male family members. In past emergencies, family violence support services in the Pacific have reported massive increases in new family violence cases.⁸ Rates of teenage pregnancy also increase; during the Ebola epidemic they increased by 65 per cent, with long-term implications for young women's health and education and that of their children.

Impacts:

- In Fiji, there was a recorded 606 per cent increase in calls to the national Domestic Violence helpline between February–April 2020, which was the period during which initial COVID-19 lockdowns occurred. The Minister for Women, Children and Poverty Alleviation reported that 66 per cent of the callers were women and 44 per cent were men. She noted that 54 per cent of the calls related to family violence and the remainder were seeking information and assistance relating to COVID-19.⁹
- In Fiji, the government has reduced import duties on alcohol, a measure aimed at boosting the ‘Love Our Locals Fiji’ tourism campaign. This reduction lowers the cost of alcohol for the wider community and women’s rights organisations have highlighted the resulting risk of a rise in men’s violence against women and children.¹⁰
- The Women and Children Crisis Centre in Tonga recorded around double the number of new cases of family violence during Tonga’s 15 days of lockdown.¹¹
- The Samoa police reported a significant increase in arrests since the COVID-19 state of emergency lockdown began on 21 March (587 arrests) and highlighted that many involved cases of family violence.¹²
- The Christian Care Centre in Solomon Islands scaled down during April 2020, accepting high risk clients only. This left a shortage of shelter options for women and children escaping men’s violence.
- Women’s organisations in Tonga have reported demand for counselling and assistance from male stranded seasonal workers, as well incidents of remote and online abuse from seasonal workers toward women remaining at home.¹³

Recommendations:

- Adopt a do-no-harm approach and conduct a gender-based violence risk analysis in all aspects of the response and recovery.
- Mainstream protection priorities into all preparedness and response activities.
- Prioritise and maintain funding to services for prevention and response to gender-based violence in communities affected by the COVID-19 pandemic.
- Train first responders on how to handle disclosures of gender-based violence that could be associated with, or exacerbated by, the pandemic, including how to make referrals for further care.
- Update referral pathways to reflect changes in available services.
- Ensure family violence services work with health services and police as key partners in identifying and responding to men’s violence against women.
- Prioritise child protection and safeguarding at all times. Be aware of situations increasing children’s vulnerability, such as home isolation and lack of supervision when caregivers are ill, hospitalised or absent.

Message 2: Women and girls take on the additional labour of caring for displaced relatives and children out of school.

Women in Pacific communities already do the vast majority of unpaid labour in the home, including cooking, food preparation, cleaning, washing and caring for children, the elderly, people with disabilities and sick family members. In the Asia-Pacific region, women perform 80 per cent of the total hours of unpaid care work, representing three times more than men.¹⁴ In Fiji, women in both urban and rural areas spend far more time on employed and housework work than men.¹⁵ Overall, women in paid work are working much longer

hours and spend on average 15 hours more than men per week doing paid work combined with unpaid domestic work (64 hours for women versus 49 hours for men). School closures have increased women's and girls' childcare responsibilities, because girls often care for their younger siblings.

Increased unpaid care work has also affected the time and energy women have for sourcing and preparing food for their families. This potentially undermines nutrition and food security, particularly in rural areas. For example, women fishers' increased care work is reported to be having an impact on the time women fishers are able to spend engaged in inshore fishing and seafood gathering.¹⁶

An emerging consequence of the COVID-19 pandemic that has been reported in Fiji, Solomon Islands, Tuvalu and Vanuatu is the increase in women's unpaid labour caring for relatives migrating/returning from urban areas. The movement of people from urban areas to their villages and provinces of origin is both voluntary and enforced. In Solomon Islands the government enforced repatriation of urban workers to home provinces while in Tuvalu it was recommended as a means to lower the risk of infection in the case of an outbreak. Migration to rural areas is increasing women's domestic labour as women in the rural communities are expected to care for extended family and meet traditional family and community obligations. This involves more care work, food preparation and gardening, adding to their existing workload.

Working mothers are facing additional difficulties as paid child carers are not working due to concerns of infection; and adolescent girls are taking up more domestic work.¹⁷

Impacts:

- Fijian and Samoan workers who previously worked in the tourism sector are returning to their home villages to live off subsistence farming.¹⁸ Women in the village are expected to meet family obligations and care for returning family, adding to their household workload.
- In Tuvalu, relocation back to the outer islands away from the capital of Funafuti was suggested by the government. Families have moved back to the relative security and remoteness of the islands or for residents of Funafuti, relocated to the islets.¹⁹ Concerns were raised by women that family income was spent on relocation without money left to buy food and that natural resources on the island could run out with the increase in population.
- In Solomon Islands, there is concern in rural communities' concerns over water and food insecurity with the sudden increase in people returning to their communities in rural areas.²⁰
- Rural communities in the Solomon Islands report that there is increased pressure on coastal zones around villages and competition for food between women as more people engage in gleaning (gathering marine species along the seashore), an activity traditionally undertaken by women in food preparation.²¹
- *Pacific Women* partners in Tonga report that staying home has reinforced gender norms, including domestic and care work for adolescent girls, more so than adolescent boys.

Recommendations:

- Recognise, monitor and provide financial and in-kind relief to rural women bearing the burden of increased domestic labour due to returned and migrating family members.
- Target men with messaging to increase their role in caring for children out of school, ill family members, people with disabilities and the elderly.
- Work with local women's networks to share relatable and accurate health information to ensure women and girls understand what COVID-19 is, how it is transmitted, the likely symptoms and how to protect themselves and their dependents.
- Ensure that women are able to access health communications about the COVID-19 pandemic in ways they can understand, considering language, ability, age and literacy levels. Factor in access to information tools such as mobile phones and internet.

- Involve women in surveillance and response to help identify the start of an outbreak and improve the overall health situation.
- Provide incentives and monitoring to ensure that adolescent girls are sent back to school when lockdowns and states of emergency are lifted.

Message 3: Women are central to the COVID-19 health response.

In the case of a COVID-19 outbreak, women health care workers and support staff are at the frontline as health care professionals, but also as cleaners, launderers and caterers.²² In the Pacific, overloaded and under resourced health systems will increase the dangers for health care workers if they are exposed to the disease.

The low level of infection in the Pacific has meant that most health systems in the region have avoided a major outbreak of COVID-19 to date. However, with any opening of borders and easing of travel restrictions, the spread of the virus is still a possibility. More widely, travel restrictions in the region have interrupted medical supply chains and limited procurement, including of personal protective equipment.²³ In Papua New Guinea, nurses organised strikes over the lack of personal protective equipment and the government's inadequate public health measures to control the spread of the disease.²⁴

Women health care workers also face specific gendered challenges, such as increased childcare responsibilities, menstrual hygiene management and – given their over representation in low paid and casual roles – financial insecurity. A World Health Organisation study found that while 67 per cent of the global health work force is female, there remains an average 28 per cent gender pay gap between women and men.²⁵ Women are also much less likely to hold senior decision-making roles. The study found that, 'in general, women deliver global health, men lead it.'²⁶ Particularly in times of health crises, critical decisions are made by senior health professionals, often made up mainly of men. Women health care workers need to be empowered to make decisions on the COVID-19 response and be represented on all decision-making bodies.

All of these health concerns are exacerbated in the context of the COVID-19 pandemic, which has reduced the availability of medical supplies and technical assistance, as well as having a major psychological toll on women.²⁷ Amidst the challenging context of the pandemic, Pacific Island countries are also dealing with the impacts of disasters exacerbated by climate change, including flooding, drought and severe tropical cyclones (such as Tropical Cyclone Harold in 2020, then Tropical Cyclones Yasa and Ana in early 2021). Women's groups have identified the spread of disease and the destruction of health facilities as immediate concerns, particularly within the context of closed borders reducing the supply of aid and supplies.

Women with diverse needs and strengths must be consulted in all decisions that relate to them. 'Nothing about us without us' is the central message of the disability rights movement and in the context of the pandemic refers to involving people with disabilities and their representative organisations in decision making around COVID-19 responses. Women and girls with disabilities are often left out of government and development decision making, including community, national and regional meetings and processes. If women with disabilities' voice and presence are ignored, their interests, needs and contributions are unlikely to be properly considered, lowering the inclusivity and effectiveness policies and programs in response to COVID-19.

Impacts:

- Border restrictions in the region have interrupted medical supply chains and limited procurement, including of personal protective equipment endangering women health workers on the front line.²⁸
- In Papua New Guinea, nurses organised strikes over the lack of personal protective equipment and the government's inadequate public health measures to control the spread of the disease.²⁹

- Rural women in Vanuatu are concerned about the risks of malaria and dengue fever exacerbated by climate change-related extreme weather. Within the context of COVID-19 lockdowns and border restrictions there are even greater restrictions on the movement of aid and technical assistance to provide relief to communities impacted by extreme weather.
- Damage to infrastructure further reduces access to quality, affordable health care in Vanuatu and supply chain disruptions lowers the likelihood of rapid repair. Many women on Malo Island have reported that they cannot afford to travel and pay for health services in the closest urban centre (Luganville).³⁰
- The regional Joint Incident Management Team has identified specific challenges due to COVID-19 travel restrictions, including medical supply chains, limited procurement and the provision of technical advice.³¹
- Cyclone-affected communities in the Pacific are dealing with outbreaks of typhoid, dengue fever and leptospirosis as well as other diseases, within the context of national lockdowns and border restrictions.³²

Recommendations:

- Prioritise the needs of the most vulnerable, including cyclone-affected rural communities that have no access to health care.
- Provide psychosocial support to women and men in response to, and to prevent, men's violence against women.
- Ensure the safety of health workers on the frontline of the response by ensuring availability of personal protective equipment and safe and secure working environments, menstrual hygiene products, equal pay with male colleagues and flexible working arrangements for women with care responsibilities.
- Ensure women health care workers are represented on all COVID-19 related decision-making bodies.

Message 4 : Women's and girls' access to sexual and reproductive health is disrupted and rights are compromised.

In any crisis, people continue to have sex, become pregnant, give birth and care for infants. Women also continue to experience risky pregnancies and birth complications. Crises often disrupt the essential services required for women's health and survival, such as maternal health care and contraception, leaving women without the services they need.

In Papua New Guinea, there are concerns that misinformation and fear of COVID-19 leads to more women and girls giving birth in the bush and away from health clinics.³³ There are further concerns around routine immunisation and sexual and reproduction health services being abandoned due to travel restrictions and resources going toward COVID-19 prevention.³⁴ Evidence from past crises indicates that as health systems become more burdened, lifesaving reproductive and maternal health care services are jeopardised. During the 2015–2017 Ebola outbreak in West Africa, there was a 75 per cent increase in maternal mortality, which has been directly linked to the disruption in provision of reproductive and maternal health care.³⁵

Overwhelmed health services, reduced mobility and unequal power relations reduce women's sexual and reproductive autonomy. Women are more vulnerable to sexual violence, unable to attend clinics and less likely to be able to access family planning (particularly without their partner's or family's knowledge).

Women across the Pacific region are facing increased difficulty in accessing services due to transport restrictions, closure of clinics and stock outages of essential commodities. Sexual and reproductive health is already a challenge in the Pacific, with low access to services and high rates of maternal mortality

(particularly in Solomon Islands and Papua New Guinea).³⁶ Disruptions to sexual and reproductive health care are fatal for many women and girls across the region.

The major increase in sexual violence during crises has severe implications for women's and girl's health and wellbeing. It requires specific post-rape health care for women, including emergency contraception and counselling.

It is vital that sexual and reproductive health services and commodities are prioritised alongside the COVID-19 health response. Global suppliers of contraceptives are already highlighting the reduced availability of contraceptives as the pandemic disrupts clinical services and supply chains due to lowered production, shipping and availability as suppliers and businesses close.³⁷ Without access to family planning, women and girls are unable to prevent unwanted pregnancies or protect themselves from sexually transmitted infections, including HIV/AIDS.

Impacts:

- The International Planned Parenthood Federation reported that its nine national member associations in the Pacific had to cancel over 25 mobile clinics and outreaches and halt services at 75 community-based distribution sites during 2020.³⁸
- All non-essential hospital services and health clinics closed for early lockdown periods in Palau in 2020. While sexual and reproductive health services are usually included on the essential services list, in Palau, sexual and reproductive health services have not been listed as essential services.
- Sexual and reproductive health and rights providers in Solomon Islands have highlighted that the State of Public Emergency, declared on 25 March 2020, greatly affected women who access services for family planning and treatment for sexually transmitted infections.
- Several countries are reporting commodity shortages, including contraception. The International Planned Parenthood Federation has reported that three of its Pacific member associations have experienced shortages³⁹ in commodities, including contraception supplies and pregnancy tests.

Recommendations:

- Ensure continuity of care and provision of sexual and reproductive health services.
- Ensure pregnant women are aware of health recommendations related to COVID-19 and facilities for birth and pre-and post-natal care.
- Ensure security of essential sexual and reproductive health commodities and supplies, including condoms and other forms of contraception.
- Implement all priority areas of the Minimum Initial Service Package for Reproductive Health in Crises where relevant.⁴⁰
- Prioritise clinical care for survivors of sexual violence, including psychosocial support and emergency contraception (as detailed in the Minimum Initial Service Package for Reproductive Health in Crises).

Message 5: Women's livelihoods are disproportionately affected by the COVID-19 pandemic and they are experiencing economic insecurity.

Women overall earn less than men and are more likely to work in low-paying, informal and precarious work.⁴¹ They are therefore particularly vulnerable to the economic impacts of the COVID-19 pandemic, long after the initial emergency is over. Throughout the Pacific, women's participation in unpaid care and domestic labour is high and their participation in paid labour is low. The impacts of COVID-19 will likely accelerate these trends as women are forced out of the formal labour market and/or are required to care for community members.

The livelihoods that women typically rely on in the Pacific, such as work as carers, vendors, farmers, fishers and daily wage earners are very often in the informal sector where income is not secure, business support is low and paid leave rarely exists.⁴² Rural women market vendors in Fiji are reporting losses to their income as customers fluctuate, competition increases and sourcing produce becomes increasingly difficult and expensive.⁴³ In Solomon Islands, 75 per cent of women work in vulnerable employment including subsistence work, self-employment and unpaid family work.⁴⁴

Women and girls who work away from home in service jobs and seasonal work face loss of their livelihoods and increased protection risks due to restricted movement and loss of income.⁴⁵ Loss of livelihoods increases the risk of girls being removed from school in the future and engaging in risky or exploitative activities, such as transactional sex to support themselves and their families.

During school closures, women are largely responsible for the additional childcare, including home schooling. This has reduced their time to engage in economic activities and earn an income to support their families. A report by the Market Development Facility in Fiji stated that 60 per cent of women business owners are increasingly having difficulties in balancing work and home responsibilities as a result of COVID-19.⁴⁶ This occurs in the context of women in both urban and rural areas spending far more time on employment and housework than men.⁴⁷

With less time and economic opportunities, women in urban areas – and female-headed households in particular – will be at risk of housing insecurity and eviction as they are unable to make rental payments.

Countries are currently experiencing high levels of unemployment, increasing rates of poverty and hunger, a major drop in fiscal income, growing debt, trade disruptions and a large reduction in business activity. The way that governments respond to, and manage these economic challenges has major gendered implications in both the short and long-term.

Government economic response

The long-term economic impacts of COVID-19 on the Pacific will be significant. Economic forecasts across the Pacific predict major reductions in gross domestic product (GDP) growth and an economic recession for 2020 and beyond. While Kiribati and Tuvalu are still projected to grow, economic growth in other Pacific Island countries dropped substantially in 2020, particularly in Fiji, Palau and Vanuatu given their high reliance on the international tourism industry.⁴⁸ While there are major reductions expected in GDP growth across the Pacific, the two biggest economies in the region are projecting slight increases in their GDP growth for 2021, but it remains to be seen if these confident forecasts will be realised (Fiji at around one per cent and Papua New Guinea by 2.5 per cent).⁴⁹ However this depends on border closures and trade restrictions. Furthermore, the pandemic has put pressure on government revenue and increased government debt. Fiji's government debt is projected to increase from the equivalent of 49.3 per cent of GDP at the end of financial year 2019 to 83.4 per cent at the end of financial year 2021.⁵⁰ The Fiji Government has also revised down tax collection by 34.4 per cent, or FJD1.06 billion for financial year 2020, putting pressure on government revenue and long-term spending.

This will have major impacts on long-term government spending on essential services. While governments have increased spending in the short-term, it is likely that economic recession will result in implementing austerity measures in the long-term. Austerity measures typically involve cuts in spending on public services and social security that disproportionately affect women who are more reliant on social services to meet the basic needs of themselves and their children.

In the short-term, governments around the region have introduced various measures designed to mitigate some of the initial economic impacts of COVID-19. These include national stimulus packages and reallocated public spending. Several governments announced additional expenditure in April 2020; as a percentage of GDP, the funding packages range from 0.6 per cent in Papua New Guinea and 0.8 per cent in Fiji, through to 5.2 per cent in Tonga and 6.9 per cent in Samoa.⁵¹ ⁵² The variation in these figures is also due to countries' access to reserves, such as sovereign wealth funds (Kiribati, and Tuvalu).⁵³ Beyond these immediate fiscal responses to COVID-19, some countries, made major changes to their national budgets, including reallocation of social funding, industry stimulus, and tax breaks.

Understanding how economic response measures impact women and men will assist governments to plan for more gender-equal economic outcomes in the long and short term. Women face specific economic vulnerabilities and responsibilities stemming from expectations that women undertake the majority of unpaid domestic work, have less authority in decision making and earn less than men in less secure work.

Recommendations:

- Develop economic response strategies that specifically target areas and industries in which women work, focusing on the informal sector.
- Ensure livelihood interventions specifically target women and female-headed households in all economic response measures.
- Introduce non-conditional cash transfer programming to support women to mitigate the immediate impact of the COVID-19 outbreak, including supporting them to recover and rebuild.
- Implement effective food security strategies that support equitable access to land and marine resources, equipment, extension services, training and financial investments for both women and men and for marginalised groups in the community.
- In communities affected by the COVID-19 pandemic and in quarantined areas, prioritise the provision of medical supplies, food, care and social protection measures for women from marginalised groups, including female-headed households, older people, widows and women with disabilities.
- Find ways for economic responses to the pandemic to support the industries in which women work, including in the informal economy.⁵⁴ This includes dedicating funding to support health care workers, small business owners, market vendors, handicraft producers and women working in service industries.

Impacts:

The impacts on women's livelihoods and economic security are divided into the following sections:

- Gendered disparities in government responses.
- Impacts on tourism.
- Impacts on exports and remittance flows.
- Impacts on market and food security.

Gendered disparities in government responses

The gender disparities in accessing government business support are stark. Governments typically overlook women in economic assistance measures, such as stimulus packages, suspension of loan repayments and bailouts.⁵⁵ Women are much less likely to operate in the formal sector (in Vanuatu the rate is almost two to one), to hold a bank account or be the registered operator of a business. In Fiji, only 19 per cent of businesses are registered to women.⁵⁶ Women are therefore not eligible for many of the economic policies and financial benefits targeted at formal businesses. Government economic response policies and benefits are likely to benefit men more than for women.

Similarly, for women workers, economic measures such as wage support and accessing superannuation reach far less women than men. Informally employed wage earners, such as carers, cleaners and daily wage earners are usually without social security. For marginalised women and girls, including lesbian, bisexual and trans women, employment is increasingly scarce and often precarious and/or unsafe.⁵⁷

The choice of industries which governments choose to target with economic stimulus measures has gendered implications as women and men's ability to participate and benefit from different sectors varies.

In many countries, there has been an increase in funding allocation to construction, infrastructure and roads. The construction and roads industries are male-dominated, typically employing male workers due to opportunities for employment in roles that are considered typically 'masculine'.^{58 59} Economic stimulus through infrastructure spending therefore increases men's opportunity for employment and income with fewer direct opportunities for women.

Infrastructure projects, along with projects in extractive industries such as mining and forestry (closely linked to construction), also see the movement of workers to worksites. This this can create risks for local women and girls. Previous experiences from across the Pacific have demonstrated the risk to women and girls of expanding the construction and extractives industries, particularly in the context of limited economic opportunities for women and girls. In Solomon Islands and other countries, remote worksites and 'workers' camps' have increased the risk to women and girls of sexual assault, early or forced marriage and other forms of sexual exploitation.⁶⁰

Supporting the industries in which women work, including in the informal economy, includes dedicating funding to support health care workers, small business owners, market vendors, handicraft producers and women working in service industries. Non-conditional cash transfer programs are an important way to support women to mitigate the immediate impact of the pandemic, although cash transfer and voucher schemes must include planning around security and protection of women. One example is the Fiji National Philanthropic Trust Cash Assistance Program, launched by Save the Children Fiji. This new scheme transfers FJD100 per month to 19,000 families assessed as having great need of assistance.⁶¹ The scheme was introduced in response to the impacts of COVID-19 and is targeted particularly at the elderly, women and people living with disabilities.

- In Vanuatu, employees can receive up to VT30,000 of their wage per month from superannuation (close to the minimum wage) for four months as part of the national COVID-19 response, yet there are double the number of men than women in formal employment.⁶²
- The Fiji Economic Stimulus package has focused on support to formal businesses, yet only 19 per cent of businesses are registered to women. This suggests that 'women are less likely to be able to access formal economic response packages'.⁶³
- Overall, women-led and women-owned businesses in the Pacific report lack of finance and cashflow as a major barrier as well as lack of government support and stimulus. More women-led and women-owned business in the Pacific have reported a significant decline in sales and revenue (73 per cent compared with 47 per cent for men-led and men-owned businesses), have temporarily closed, or have reduced staff and hours.⁶⁴
- In Fiji, funding allocated to the construction and roads industry rose from FJD276 in the COVID-19 Package to FJD349 million in the 2020–21 Budget, an increase of FJD73 million.
- COVID-19 stimulus funding is supporting the expansion of the extractives and infrastructure industries in the region. This may increase the vulnerability of local women and girls to sexual exploitation, early or forced marriage and abuse, particularly in the context of widening poverty and unemployment.⁶⁵

Impacts on tourism

With no incoming flights or vessels and the closure of borders and global travel restrictions, international tourism in the Pacific has ground to a halt. Plans for travel bubbles between some regions and countries remain uncertain. In some Pacific Island countries, tourism constitutes a major industry comprising between 30–40 per cent of GDP in Palau, Fiji and Vanuatu.⁶⁶

International tourism is a key source of income for both women and men. However, as women tend to be over-represented in insecure, low-paid, and informal work, they will likely have less access to employer support. Many women in the Pacific rely on the tourist handicraft industry for their livelihoods, often as informal producers or vendors. In Vanuatu, women make up 96 per cent of open-air market vendors catering for tourists.⁶⁷ Given the informal nature of production and sales, there is very little social protection or

financial assistance available to women producers and the scale of their financial loss often remains unmeasured and unrecognised. In Tonga, the women's movement successfully secured access to government assistance for women's enterprises. The FI-E-FI-A 'a Fafine Tonga was instrumental in supporting and representing the voices of 564 women from the informal sector who were affected by the COVID-19 lockdown to access government grants.⁶⁸

In countries where tourism does not constitute a major source of GDP, such as the Federated States of Micronesia, Tuvalu and the Republic of the Marshall Islands, the loss of international tourism is most felt by women. In the context of a very low employment rate among women,⁶⁹ such as in the Republic of the Marshall Islands, whilst the drop in tourism is not necessarily a major loss for GDP, it is a major loss for many women's livelihoods as the small tourism sector was staffed by almost all women.

- In Fiji, thousands have already lost their jobs and the Ministry of Tourism predicts 118,000 tourism-related jobs are at risk.⁷⁰ This particularly affects micro, small and medium sized enterprises, such as the Duavata Collective of Fijian eco-tourism operators, who, in a January 2021 taskforce meeting, confirmed all operators in the collective were forecast to close in coming months.
- In Samoa, over 4,000 people have lost jobs in the tourism sector.⁷¹
- Women in Tuvalu who operated handicraft businesses or worked in hotels have shifted to working in cafes and restaurants where income is substantially smaller.⁷²
- Tourism contributes to the income of one-third of all households in Tonga, yet the country's international tourism has been reduced by almost 100 per cent.⁷³
- In the Federated States of Micronesia, the hotel and restaurant, retail and wholesale trade sectors are predicted to be most severely affected by the COVID-19 pandemic. The majority of employees in these service sectors are women. An estimated 70 per cent of pandemic-related job losses in the Federated States of Micronesia affect women.⁷⁴

Impacts on export and remittance flows

Border closures and vastly reduced air travel have affected the mobility of people and goods. Industries including logging, fishing, fish processing and commercial crops have variously reduced their operations and suspended or reduced their labour force. For the many women involved in the fish processing industry in the Pacific, this will have major consequences for their financial security. Research has highlighted the negative consequences of COVID-19 on women in the fishing industry, as (like many sectors), women generally occupy lower-paid and temporary positions, are more likely to be laid off and do not have access to social protection.^{75 76}

Women are disproportionately vulnerable to remittance flow insecurity. Remittances comprise a major part of many Pacific Island country economies (43 per cent and 24 per cent of GDP in Tonga and Samoa respectively). While remittances have remained relatively stable in the Pacific after an initial drop,⁷⁷ insecurity in remittance flows disproportionately affects female-headed households, leaving them at much higher risk of poverty. Without remittances, families rely on credit and may increase their family debt.

- Ninety per cent of female-headed households in Tonga rely on remittances as their main source of income.⁷⁸
- Households in Tuvalu rely on remittances to buy food. Research indicates that 50 per cent of remittances are spent on buying food.⁷⁹
- Remittance channels are changing as workers are unable to travel home to their families and are only able to use formal services to send remittances.⁸⁰
- The price of crops fell during 2020, including copra, coffee and cocoa. Households in Vanuatu already suffering from the loss of international tourism, receive income through production of cash crops such as copra, cocoa and coffee.⁸¹ However, coffee and cocoa prices have stabilised.⁸²

- Globally, the COVID-19 pandemic is affecting the price of oil, liquid natural gas, gold and copper. This is having an impact on Papua New Guinea's GDP because mining and petrochemicals account for 28 per cent of the country's GDP and over 80 per cent of Papua New Guinea's exports. (Only 0.4 per cent of the labour force works in the sector, so the impact on labour has been minimal.)

Impacts on markets and food security

Food security is a key concern for governments and communities, particularly for smaller countries such as Nauru, Tuvalu, the Republic of the Marshall Islands and Palau, which rely heavily on imported food and have minimal local production. In Nauru, only 35 people are officially engaged in animal raising, farming, handicraft production or commercial fishing.⁸³ The high reliance of small island states on imported food means that they are exposed to spikes in food and fuel prices over which the government has limited control. Increases in the cost of food, both imported and locally produced, has a major toll on women, who are usually responsible for sourcing, preparing and cooking food for their families.

In Tuvalu, the Gender Affairs Department conducted a rapid socioeconomic assessment.⁸⁴ It highlighted the vulnerability of families supported by women's incomes in the capital, Funafuti. Purchasing power is therefore critical to food security because 66 per cent of the food Tuvaluans consume at home is imported food that is purchased.⁸⁵ The assessment found that more women than men had been economically affected by the closure of borders due to their reliance on informal handicraft activities and hospitality as sources of income.⁸⁶ As a result, the Minister of Health advised Cabinet that any future rounds of financial and food support to families should target households in which women had experienced significant loss of income.

Fiji, Tonga and Vanuatu have experienced major damage to commercial and subsistence crops due to recent severe tropical cyclones. The poor weather and panic buying in Fiji led to huge (temporary) price increases in staple foods: in April 2020, staple root crop prices increased by 250 per cent (taro) and 54 per cent (cassava).⁸⁷ This has flow-on effects for farmers, market-vendors and consumers. The varying availability and cost of food are having major impacts on women market vendors, who make up 75–85 per cent of all vendors in the Pacific. Market vending is a critical and sole source of income for many women, yet vendors are without any safety nets or entitlements to leave or insurance.⁸⁸ Most major municipal markets closed during government lockdown periods, leaving women without income and unable to cover business expenses and household basics.^{89 90}

- Rural women market vendors in Fiji reported losses to their income as customers decreased because people have lost their jobs and are spending less.⁹¹ More recently, there has been a proliferation in food entrepreneurship and agricultural activity as people have moved to different sectors in an attempt to generate an income.⁹²
- The reduced supply of basic food items led to panic buying in Kiribati, disproportionately affecting the poor and vulnerable who are unable to buy in bulk.⁹³
- Fear of insufficient imported food led Tuvaluans to stockpile basic commodities. The Government of Tuvalu regulated food buying by issuing vouchers for families in the capital Funafuti; and is limiting the quantity of food supplies for every family.⁹⁴
- Anecdotal evidence suggests that in Tuvalu there is an increased focus on traditional gardening and the revival of local food production.⁹⁵ However, there are also reports that there are disputes over land as village populations increase with people returning from urban centres.
- Civil Society Organisations in Fiji are currently providing school children with daily meals⁹⁶ and people working in the informal sector with food rations,⁹⁷ following reports of loss of income leading to ongoing food shortage and hunger.
- Increasing internal migration to rural villages in Solomon Islands and Vanuatu is putting strain on food security, as well as water insecurity due the increased population.⁹⁸

- Disabled people's organisations have highlighted that food security is emerging as a major concern for people with disabilities who have lost jobs.⁹⁹
- Fijian rural women in Fiji have drawn attention to men spending money on liquor (noting government tax cuts have lowered the price of alcohol), while women are struggling to obtain food and groceries from supermarkets that have increased prices.¹⁰⁰

Message 6: COVID-19 responses need to reach vulnerable groups.

During times of crisis and hardship, marginalised groups face increased vulnerabilities, from heightened health risks, through to hunger, neglect and violence. This is due to existing discrimination and inequality and lower access to public health information and services.¹⁰¹ It is critical to consider the specific risks and increased vulnerabilities of those who face multiple and intersecting forms of marginalisation, including gender, age, sexual orientation, gender identity and expression, disability, poverty and geography. Critical services and support groups that people with disabilities rely on for health, wellbeing, security and representation may lose their meeting places, funding or close completely.

For people with disabilities, COVID-19 brings particular risks. People with disabilities face barriers in accessing critical public health information which is not in accessible formats or does not use clear and simple language.¹⁰² The Pacific Disability Forum has highlighted that public health recommendations, such as social distancing or home isolation, may not be options for people who rely on assistance to eat, bathe and dress.¹⁰³ Furthermore, people with disabilities are very often unemployed and living in poor living conditions. This increases their exposure to the illness due to poor sanitation and infrastructure and reduces options for implementing recommended protective measures.¹⁰⁴

Women and girls with disabilities face additional, gendered risks, particularly sexual violence and isolation with abusive carers or family members. With quarantine and social isolating measures, women and girls have even less access to outside support and help because many services and facilities are closed.

Crises also have specific – and severe – implications for the health and security of people with diverse sexual orientation, gender identity and expression and sex characteristics (SOGIESC). People with diverse SOGIESC in the Pacific face high rates of violence from intimate partners¹⁰⁵ and violence from extended family members.¹⁰⁶ Pacific SOGIESC advocacy groups have drawn attention to the fact that this violence is likely to be exacerbated due to the social, health and economic impacts of the pandemic, when people may be forced to move into homes which are hostile.¹⁰⁷

People with diverse SOGIESC also suffer from high rates of mental health issues, including depression, anxiety and suicide. These may be aggravated by situations of stress, family harassment, unemployment and confinement.¹⁰⁸ Elderly people with diverse SOGIESC are more likely to be isolated, without family and support systems.

People with diverse SOGIESC may also have difficulty interacting with the health and humanitarian system due to social stigma and discrimination. Diverse families may face challenges accessing aid and government social support due to non-conforming family structures that the government or humanitarian system do not recognise.¹⁰⁹

Impacts:

- Sex workers in Fiji face increased vulnerability due to increases in the cost of food and loss of livelihoods¹¹⁰ as well as harassment from police.¹¹¹
- Girls living in poverty are more likely to be removed from school and engage in risky and/or exploitative activities such as transactional sex to support themselves and their families.

- Infrastructure and livelihood damage due to the impacts of disasters exacerbated by climate change, including flooding, drought and severe tropical cyclones (such as Tropical Cyclone Harold in 2020 and Tropical Cyclones Yasa and Ana in early 2021) have exacerbated protection concerns in the context of COVID-19 related border closures, with lowered supply of essential items, lowered mobility and increased stress.
- Disabled people's organisations in Fiji have highlighted that public health information is not always clear and in an accessible format
- Food security is emerging as a major concern for people with disabilities who have lost their job.¹¹²
- Cyclone damage and COVID-19 restrictions have affected access for women with disabilities to sexual and reproductive health products in Fiji.¹¹³
- Fiji Feminist collective Diverse Voices and Action (DIVA) for Equality worked with local women's groups to provide essential supplies providing emergency distribution to over 17 villages and marginalised and at-risk people, including widows, sex workers and people with diverse SOGIESC, highlighting the importance of 'quick, participative, pro-poor feminist responses' to crises in COVID-19 contexts where supply chains are disrupted and there are shortages in essential goods.¹¹⁴

Recommendations:

- Maintain funding for civil society organisations that are supporting marginalised and vulnerable groups.
- Consider the specific health and communication needs of marginalised groups, including those with diverse SOGIESC, migrants and people with disabilities in response planning and implementation.
- Consult with representatives from diverse groups and networks, including disabled people's organisations, when developing and implementing all social mobilisation and community engagements.
- Ensure that all health communications are inclusive and transmitted through multiple media avenues, including radio, visual guides and community mobilisation. Produce communications in a range of languages, in accessible formats and with the use of accessible technologies.
- Consider the health and protection needs of people with diverse SOGIESC, who are particularly vulnerable to abuse and mental health issues.

Message 7: Women's and girls' participation, leadership and decision making in all aspects of COVID-19 response planning and implementation is essential

Women constitute half of society, yet they remain excluded from senior health leadership¹¹⁵ and community decision making. This is particularly pertinent in the Pacific region, where women are hugely under-represented in leadership roles.¹¹⁶

Women's participation and leadership is essential for an effective response to the COVID-19 pandemic, particularly for mobilising communities and health communications. As governments focus increasingly on long-term planning, it will be important that ministries and departments representing women are directly involved in all social and economic planning and are not relegated to advising on gender-based violence only.

Women civil society groups and their leadership are also critical and have been playing a strong role in COVID-19 response, including in Fiji, the Republic of Marshall Islands and Tonga. A strong example of women's leadership and influence is Fiji's recently launched Gender Transformative Institutional Capacity Development initiative. Launched in January 2021, the initiative works across nine key government

institutions (including six ministries) to enhance ‘technical knowledge, competence and resources on transformative gender mainstreaming across government institutions’.¹¹⁷ The initiative is led by the Ministry of Women, Children and Poverty Alleviation in partnership with the Ministry of Economy, with close technical advice and input from the Fiji Women’s Rights Movement.

In previous health crisis outbreaks, women have been largely excluded from decision making. This negatively affected their own health needs and led to losing valuable opportunities for limiting the spread of the disease.¹¹⁸ Including women in policy spaces and decision making can improve health surveillance and infection prevention because women are closely linked to their communities and will be responsible for implementing recommended prevention measures at the household level.¹¹⁹ Carers and health workers are well-positioned to identify trends and engage in household and community prevention activities.

Given their central role as caregivers to children, the elderly and the ill, it is essential that women have access to accurate health information, including about household preventive measures and recognising symptoms of COVID-19. Women’s access to public health information and available services is limited if community engagement and communication dissemination (including through technological devices such as phones, radios and television) is dominated by men. In the Pacific, women have less access to technological devices, which affects their exposure to accurate official information.¹²⁰

Reaching women with health information is crucial to reduce the spread of COVID-19, but also to ensure women are empowered to respond, make decisions and take the necessary steps to protect themselves and their dependents.

As communities respond to the social and economic impacts of the crisis, the leadership of women and women’s organisations will be critical to ensure planning, response and recovery is relevant and effective and mitigate the major social and economic impacts of the COVID-19 pandemic.

Impacts:

- Women are participating in the response to COVID-19 at different levels of government and community, with varying levels of decision-making power. Women’s involvement in the economic, social, political and health response to COVID-19 reflects the extent to which government responses are gender aware and meeting the needs and priorities of women.
 - In Fiji, the Ministry of Women, Children and Poverty Alleviation is leading a COVID-19 Response Gender Working Group and a Gender-Based Violence Working Group focused specifically on preventing and responding to violence against women and girls.
 - The Ministry of Women, Children and Poverty Alleviation in partnership with the Ministry of Economy, with close technical advice and input from the Fiji Women’s Rights Movement, is leading the Gender Transformative Institutional Capacity Development Initiative.
 - In Nauru, the Department of Women is housed in the Ministry of Home Affairs and is indirectly represented through the Minister for Health and Home Affairs on the COVID-19 Task Force.
 - In the Republic of the Marshall Islands, civil society group Women United Together Marshall Islands is a member of the Disaster Response Committee that has been established to coordinate COVID-19 preparedness and response. Discussions have begun on how best to address increases in family violence.

Recommendations:

- Strengthen the leadership and meaningful participation of women and girls in all decision-making processes, including the participation of women in all local and national taskforces addressing the COVID-19 pandemic.
- Localise community mobilisation, risk communication and prevention measures, with women taking a leadership role in their design and implementation.

- Consult with women's groups, councils and organisations and women leaders for the community in all information gathering sessions, assessments and social and economic recovery planning related to COVID-19.
- Target the sectors in which women work to ensure supportive measures and financial assistance reach and benefit women and their families.

Message 8: The COVID-19 pandemic increases women's and girls' responsibilities and needs in relation to water, sanitation and hygiene (WASH).

Women's gendered and unequal responsibility for household labour and care work increases their WASH responsibilities and needs. This includes cooking, laundry, cleaning and bathing family members.

In remote areas, clean water may not readily be available and women and girls may be required to travel far to collect water. In rural areas of Fiji, women travel up to 90 minutes a day to access water.¹²¹ Rural Solomon Islands has very low levels of access to clean water and adequate sanitation. Over 50 per cent of Solomon Islands women feel their WASH facilities are inadequate and only seven per cent of people with disabilities can access a safe toilet at home.¹²² With the outbreak of COVID-19, women and girls face additional risks and household labour in relation to WASH as there are more family members to care for and, in the case of disease outbreak, greater need for additional washing and sanitising.

The effects of lockdown, migration and school closures on lack of water and privacy may impede women's and girls' menstrual hygiene management. In many areas of the Pacific, such as Papua New Guinea and Solomon Islands, it is taboo for men to see evidence of menstruation, such as blood or cloths.¹²³ Under these conditions, it is particularly important for women and girls to have access to menstrual hygiene products and sufficient water for personal use. In Fiji, 15 per cent of women have reported never or rarely having sufficient water for personal use, compared to 10 per cent of men.¹²⁴

Disease outbreaks pose WASH risks, particularly for those living in crowded housing and informal settlements. Poor sanitation and overcrowding inhibit people's ability to follow the COVID-19 transmission prevention measures to protect themselves and their communities. Handwashing and social distancing are particularly challenging when there is an unreliable water supply, lack of proper sanitation and multiple family members living at home who are unable to leave the house.

Involving women in efforts to promote hand washing and good hygiene is an effective way of promoting cultural and age-appropriate health communication to communities. Women and girls already engage in cultural WASH practices. Understanding and adapting to existing WASH practice is critical for effective public health promotion.¹²⁵

Impacts:

- In Tuvalu, the Rapid Socioeconomic Assessment led by the Gender Affairs Department highlighted that access to water is a key issue for people relocating to the outer islands.¹²⁶ There is no groundwater, so people depend on water tanks to collect rainwater.
- Disruption of supplies has resulted in a shortage of sanitary pads for women and girls in Vanuatu.¹²⁷
- Extreme weather events induced by climate change such as flooding and cyclones affect water supplies and sanitation infrastructure.
- In Solomon Islands, WASH continues to be a critical challenge; Consistent messaging on hand washing is compromised by a lack of clean and safe water supply for everyone.

Recommendations:

- Ensure women and girls have access to sufficient water to meet their existing needs and increased handwashing and hygiene requirements.

- Equip women and girls with the knowledge and resources to wash hands and engage in good hygiene practices.
- Engage and consult with women in the community on COVID-19 health communication strategies around WASH.
- Increase the supply of menstrual hygiene products to communities.
- Support male family members and leaders to understand menstruation-related health and hygiene risks.

Message 9: Women and girls are at risk of violence and exploitation due to securitisation of COVID-19 response

The exceptional circumstances of the COVID-19 pandemic have expanded government and police powers in many circumstances. A United Nations Special Rapporteur has warned that states of emergency and expanded police powers may lead to greater risk of excessive use of force, particularly against vulnerable groups.¹²⁸ Vulnerable groups are also the most likely to breach regulations under a state of emergency, including homeless people, migrants and daily wage workers.¹²⁹ The deployment of armed forces has long been long associated with an increase in exploitation and harassment of women and girls, including sexual exploitation.¹³⁰

Across the Pacific, security forces play a central role in enforcing curfews and lockdowns.¹³¹ In Fiji, military forces are participating in health screening and monitoring borders and checkpoints.¹³² In Papua New Guinea, police were in charge of containing 15,000 people in a two-week lockdown.¹³³ The Governor of East Sepik Province has announced a ‘shoot to kill’ against border-crossers on the border with West Papua.¹³⁴

The vulnerability of women and girls to harassment, rape and sexual exploitation (including sex exchanged for food and basic goods) under securitised conditions escalates and occurs in virtually all emergencies and crises globally.¹³⁵ Securitisation also involves the increasing encroachment of control over traditionally female public spaces, such as marketplaces and public buses. Civil society groups in Fiji have highlighted their concerns around increased risks to women and the effect of the sight and proximity of armed actors on individuals’ mental health and sense of safety.¹³⁶

Impacts:

- Police and military are closely involved in coordinating, delivering and enforcing COVID-19 response measures. In many countries, governments are deploying security forces to enforce curfews and lockdowns, enabled by greatly expanded powers.^{137 138}
- The police are closely involved in the current State of Public Emergency in Solomon Islands (the state of emergency has been extended to March 2021) and play a central role in enforcing lockdowns, limiting social gatherings and enforcing bans on the sale of roadside food and betel nut.¹³⁹
- Civil society groups in Fiji have flagged the increased risks to women, including trans-women, with the deployment of armed forces to support public health responses.¹⁴⁰ They have highlighted the importance of compliance with rights-based approaches, particularly the Women, Peace and Security Framework, in line with United Nations Security Council Resolution 1325.
- Police arrested over 1,000 people in the first 20 days of curfew for violations of COVID-19 restrictions in Fiji. A night-time curfew continues to be in place in Fiji, as of January 2021.

Recommendations:

- Acknowledge the potentially harmful gendered impacts of deploying security forces in the COVID-19 response. Take steps to prevent any form of harm and violence against women and girls.

- Prioritise preventing and responding to violence against women in all its forms, including sexual exploitation and harassment.
- Limit the use of force on those breaching lockdown regulations.
- Ensure security forces have a procedure for responding to women fleeing violence in the home.
- Strengthen community feedback reporting and complaints mechanisms on security forces.
- Ensure all security forces comply with the Women, Peace and Security Framework, in line with United Nations Security Council Resolution 1325.

Message 10: Adolescent girls (aged 10–19 years) face specific challenges during the COVID-19 pandemic

Adolescent girls face specific education challenges and biases related to their gender, family status (for example, family preferences for sons) and poverty. Parents may take girls out of school to help their families earn an income and may not re-enrol them when schools resume. Girls have less access than boys to online learning options: boys are estimated to be 1.8 times more likely to own a phone to access the internet. Girls also are more pressured to undertake domestic labour and care responsibilities.¹⁴¹ Prolonged school closures and economic recession due to the COVID-19 pandemic lowers girls' ability to pursue further training and education and increases the potential for early and unwanted pregnancy, early and forced marriage,¹⁴² and sexual exploitation.¹⁴³

Five key issues affecting adolescent girls identified in the 'Pacific Girl Speak Out: COVID-19 Survey' were: disrupted education; increased anxiety and loneliness; feeling isolated and unsafe at home and online; increased care burden at home; and disrupted access to menstrual hygiene and sexual health services.¹⁴⁴

Increased loneliness and anxiety is also related to adolescent girl's age and developmental stage. Loss of peer support and social networks may lead to depression and anxiety;¹⁴⁵ an increased propensity to boredom and risk-taking behaviours;¹⁴⁶ and for those with online access, an increased exposure to predators, online harassment, exploitation and bullying.¹⁴⁷

Global evidence shows that when girls receive specific support and programming, they are able to better mitigate the effects of the crisis. A study from the Ebola epidemic in Sierra Leone found that in villages where empowerment programs had been in place, girls and young women who were engaged in the programs were more likely to return to school and take on income generation activities. Positively, only half as many girls in these communities disrupted by Ebola were not enrolled in school once it resumed. In these communities, there were lower numbers of adolescent pregnancies, likely as a result of the girls being at school and spending significantly less time with men.¹⁴⁸

Impacts:

- Adolescent girls in Tonga reported that staying home reinforced many gender norms, particularly around domestic work and care.¹⁴⁹
- More than 6,000 students in Papua New Guinea have failed high school in 2020, a 50 per cent increase from 2019.¹⁵⁰
- Schools in Tuvalu remained closed to the end of 2020 and schools in Solomon Islands remain closed into 2021. Students at secondary school (mainly available only in urban areas) migrated back from provincial capitals to their rural homes with reports of girls unable to return to school as parents cannot afford to pay their school fees.¹⁵¹
- Lesbian, gay, bisexual, trans and intersex young people who are forced to shelter at home with family members may face emotional and/or physical abuse.¹⁵²

- A rapid assessment conducted by Fiji Women's Rights Movement found that during the COVID-19 pandemic, 20 per cent of girls and young women surveyed experienced challenges in balancing gender role expectations with education and work.¹⁵³

Recommendations:

- Engage adolescent girls in the creation and dissemination of age-appropriate information to encourage them to follow advice on social distancing and handwashing and to reduce stigma and discrimination against those that have contracted the disease.
- Engage adolescent girls in the development and dissemination of up-to-date information about referral pathways for services, including gender-based violence, sexual reproductive health and psychosocial support.
- Engage adolescent girls in the creation and dissemination of age-appropriate information about staying safe online.
- Prioritise child protection and safe referral pathways for adolescent girls experiencing violence and sexual abuse.
- Where possible, continue to engage adolescent girls in empowerment programming and encourage complementary activities to COVID-19 prevention and response activities, such as ensuring that adolescent girls participate in decision making and planning at the household and community levels.

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