Mobilising Women's Leadership
Solutions for Protection and Recovery in a Time of COVID-19 and TC Harold
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive Summary</td>
<td>4</td>
</tr>
<tr>
<td>Recommendations</td>
<td>5</td>
</tr>
<tr>
<td>Key Findings and Analysis: What the Women Said</td>
<td>17</td>
</tr>
<tr>
<td>The Shifting the Power Coalition</td>
<td>31</td>
</tr>
<tr>
<td>The Feminist Humanitarian Network (FHN)</td>
<td>31</td>
</tr>
</tbody>
</table>
Executive Summary

COVID19 has placed an unprecedented burden on the health, social and economic systems of Pacific Island Countries (PICs). As governments address immediate public health responses and national prevention measures, they also need to ensure the protection of vulnerable groups and managing the social and economic impacts of this pandemic.

In this report:

**Sectoral Recommendations**

**What the Women Said: Findings and Analysis from the Coalition online survey**

**Overview of Shifting the Power Coalition Activities (March – June 2020)**

This report draws on information from the Shifting the Power Coalition’s network of women leaders and focal points¹, including young women and women with disabilities, across six Pacific Island countries. Drawing on our strong community networks and lived experience, its intent is to inform and drive localised, women led recovery efforts in the immediate to medium-term through organised advocacy and the provision of gender responsive services.

The findings and recommendations presented in this report draw from an online questionnaire and focus group interviews with women leaders representing diverse constituencies across six countries. It also draws on some secondary sources.² As the Coalition found with the Samoa measles epidemic (2019) and now with COVID-19, gender inequalities influence access to healthcare, resources, and information, all of which play a role in prevention, early intervention, and treatment.

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1. ActionAid Vanuatu & Australia, FemLINCTs, Fiji Disabled People’s Association, Nazareth Centre for Rehabilitation, Talitha Project, Transcend Oceania, Vanuatu Young Women for Change, Vanuatu Disability, Promotion & Advocacy, Vois Blong Mere Solomon, YWCAs of PNG and Samoa & Pacific Disability Forum

2. There were 15 respondents to the Coalition’s online questionnaire from Fiji, Papua New Guinea, Samoa, Solomon Islands and Vanuatu representing women’s networks including rural women, young women and women with disabilities, as well as sports networks, government and private sector. An additional 35 women leader of networks representing close to 25,000 diverse Pacific women were interviewed by the Coalition’s focal points. This included rural women, young women, women with disabilities and members of the LGBT network. 49% of interviewees in Fiji were young women (30 years and under), all the respondents in Tonga were young women and 50% of respondents in Samoa were young women. No age disaggregated data was available from the Solomon Islands.
Recommendation 1

Women’s rights are non-negotiable in COVID19 response programming. This report is an urgent call from the Shifting the Power Coalition to our Pacific Leaders to ensure the Pacific Humanitarian Pathway (PHP) tackles the drivers of gender inequalities in areas such as access to healthcare and economic recovery, including access to natural resources.

Commitments to women’s rights and disability inclusion including the Pacific Leaders Gender Equality Declaration, the UN Convention for the Elimination of All Forms of Discrimination against Women, the Pacific Platform for Action for Gender Equality and Women’s Rights must be integrated in prevention, early intervention and treatment, as well as long term recovery efforts including the Boe Declaration Action Plan:

Women apply an intentional gender lens to the design of fiscal stimulus packages and social assistance programmes to achieve greater equality and social protection. There must a gender audit on the impact of COVID19

Online survey respondent.
Recommendation 2

The Coalition further recommends a multistakeholder process that ensures Pacific Women’s Rights and Feminist Organisations and networks provide gender oversight to the PHP and national response and recovery measures.

Collectively, with a broad constituency (membership), the Coalition brings the unique perspectives of diverse women. It is crucial that there is equitable representation of women’s groups and networks in the PHP and national response and recovery measures as well as in sub-national decision-making processes in order to ensure an inclusive response effort. The Coalition is committed to working with our national networks and regional feminist and women’s rights allies and partners to ensure that more women participate in all decision-making processes, and that women make up at least 50% of rights-holders that are engaged in community processes:

Local women do not just need to be consulted but they should also be consultants in community awareness initiatives. They know their communities better and can provide holistic and inclusive information. Women’s networks also include trained community responders who can offer solutions on gender response and planning as well as needs-based recommendations for security of LGBTQI community and survivors of violence.


Sister Lorraine Garasu.

Some of our women are dealing with six crises currently – COVID19, drought, scarcity of portable water, volcanic ash, acid rain and sulphur gas as we have several active volcanoes.

ActionAid Vanuatu Country Programme Manager (interview with IPS).
Recommendation 3

The Coalition amplifies the call for increased funding and capacity development to local and national women’s groups as equal partners in humanitarian action with targeted and direct support through both development and humanitarian programming.

There is a growing call by local and national actors for a greater localisation of aid and humanitarian response and the Government is also encouraged to consider this in its humanitarian financing. The Grand Bargain called for ensuring at least 25% of all humanitarian financing goes as directly as possible to local and national organisations. This includes funding for COVID-19 responses.

Development assistance and crisis response must also be more accountable to women who are often the first responders as well as connected to local and community decision-making processes. This requires flexible and sustainable resourcing to strengthen and sustain women-led responses. A clear example is how Coalition members have responded to the impact of TC Harold, alongside COVID-19 prevention and response efforts, as a result of the funding support from the Pacific Women Shaping Pacific Development Programme to the Coalition.

From December 2019 to June 2020 AUD365000 has been disbursed in response to the Samoa measles pandemic, COVID-19 and TC Harold. It is anticipated that 1620 children and family members of women with disabilities, rural women and young mothers working in the informal economy as well as LGBTQI community have benefitted from response actions.

Our members are living on the edge. We want to feed the children; we want our members to be able to purchase sanitary pads when they need it. We want our members and their families to eat a daily balanced diet. We want them to have a mask available to wear it when they need it.

Sabrina Brown, CEO Vanuatu Young Women for Change.
Relief supplies were provided by Transcend Oceania for 10 women leaders from youth and disabled persons groups as well as farmers, market vendors and rural women networks, representing more than 1600 women from across the three provinces of Vanua Levu.

The supplies were identified through communication outreach during and after the COVID-19 lockdown in Vanua Levu. Women leaders had been assisted with communications funds to be able to stay in touch with Transcend Oceania.

The assessment highlighted the impact of COVID19 on the tourism sector. With the tourism tap turned off, unemployment has soared while GDP has plummeted. In Fiji the national airline laid off 775 employees and souvenir business Jacks of Fiji laid off 500. In Vanuatu 70% of tourism workers have lost their jobs. Women leaders have reported that many laid-off workers are now returning to their village homes without an income.

Food security is a priority and while food gardens are flourishing without cash families cannot afford grocery items from supermarkets including soap, sugar as well as sanitary items.
Recommendation 4

The Coalition calls for dedicated funding for localised, women-led approach to protection from Gender Based Violence

There is a need for dedicated and sustainable resourcing for women-led gender based violence prevention and response actions as there is emerging evidence that violence has increased, since social distancing measures have been implemented.

The loss of livelihoods for women working in the informal economy as well as sectors most affected by border shutdowns, such as the tourism sector, increases their vulnerability to violence in the home. Funding for safe, inclusive, women-only spaces is critical. These women-led services offer more than just refuge, they foster women’s leadership, agency, and collective capacity to challenge violence and abuse in times of crisis:

Accommodate victim-survivors of family and sexual violence in safe houses. Develop specific preventive and protection programmes for women to strengthen their role in the home during this pandemic and as a result of its effects and impact.

According to the women I have interviewed, they are more aware about the gender dimensions of prevention & protection messages while following information on the national response. One challenge faced by women during crises are safe havens where they can access information, advice and assistance (it) is an important space for women and girls to be free from sexual and gender-based violence.

Taimalelagi Ramona Tugaga
YWCA Samoa – Rise Up Consultant & General Secretary
Samoa; Le Teine Crisis Center Trust – Co-Founder and Program Coordinator.
Recommendation 5

The Coalition alongside the Pacific Disability Forum urges all levels of government, agencies, health ministries and the private sector throughout the Pacific to work with Disabled Peoples’ Organisations (DPOs) to ensure that persons with disabilities, in particular women, children and young persons with disabilities are not left behind in the COVID-19 response.

Response and recovery measures must use gender, age, disability and location (rural/urban) disaggregated data in order to address the diverse needs of women. Responses must address not only their vulnerability to the virus but also build leadership roles and strengthen their capacity to support the response and longer-term recovery:

Shifting the Power is amplifying the voices of women with disabilities at all levels and empowering women with disabilities to advocate on the challenges they face in different spaces of leadership and The following recommendations highlight priority sectors for the immediate – medium recovery phase. Implemented in collaboration with women’s rights and feminist organisations and networks, these recommendations can contribute to assisting member states to progress their treaty and policy commitments to advance women’s leadership in emergencies, as well as contribute to women’s empowerment and transforming women’s position in households and communities for the long term. decision-making. It is making change for an inclusive society

Lanieta Tuimabu, Fiji Disabled People’s Federation
The following recommendations highlight priority sectors for the immediate – medium recovery phase. Implemented in collaboration with women’s rights and feminist organisations and networks, these recommendations can contribute to assisting member states to progress their treaty and policy commitments to advance women’s leadership in emergencies, as well as contribute to women’s empowerment and transforming women’s position in households and communities for the long term.

Recommendation 6

Have dedicated funding for women-led livelihood and food security programmes

The emergence of the coronavirus means that Pacific women and girls are now facing intersecting threats with the health and economic impacts of the pandemic, the worsening impacts of climate change, and the perpetuation of gender inequality. There is a need to have dedicated funding to support women-led fisheries and agriculture programmes by increasing women’s access to information and resources as well as capacity development:

As the COVID19 repatriation continued, TC Harold came along and brought yet another disaster. Food security is already a worry for mothers in Honiara because of possible lock down if the country has a confirmed Covid-19 case. TC Harold caused heavy rains and more damage to food gardens. Information is also vital for local communities. This must be in local language, as well as accessible for people with disabilities and focus on reaching more remote communities

Lisa Horiwapu, Solomon Islands

There are local organisations such as Cathliro Cocoa and Zai Na Tina (Custom Garden) owned by Solomon Island women who could link in with the above idea and create opportunities for youth to learn on site how to garden, how to grow cocoa, local plants and learning about their nutritional value etc

Online respondent
Recommendation 7

Resource women-led violence prevention and protection oversight in economic recovery programmes particularly at the sub-national level:

COVID-19 has exacerbated the social-economic vulnerability of women in both the formal and informal work force. A key concern is the deterioration of pre-existing economic vulnerability of women with disabilities, young women, and rural women, who predominantly rely on the informal economy as well as social welfare assistance provided by their governments (where this is available). Women who work as carers, vendors, farmers, fishers and daily wage earners particularly in the tourism sector are facing income losses and, without access to paid leave or government social protection programs, their livelihoods are under threat and they are experiencing increased food and rental insecurity.

During this national crisis as many family members are staying home and students are on their school break, the burden will fall hard on women as now they will have to look after the extended family, thinking of what to put on the table to fit everyone, what to have for the next meal for the next few months as this crisis continues; How are bills going to be paid, how the other family expenses are going to be met like medical supplies, food rations, etc. And to top it all off they are the ones (who are) the teachers for their children ensuring that their assignments and worksheets are being done every day so that their children are not academically left behind when school re-opens

In the public service, where workers are on reduced pay, this is particularly harder for women as most women in the public service are either in middle management or the lower levels of the public service, women suffer a huge economic loss and are more burdened as a result

Online questionnaire respondent.
As a result of the recent COVID19 pandemic there is increased economic insecurity amongst women. Those who rely on an income from small informal markets are unable to make a living. This is one of the root causes of the violence they then face in their homes. Single mothers and young entrepreneurs are also facing financial problems because they have either been laid off or just cannot run their small businesses. We are also concerned about women’s emotional health because of the extra burden of care work in the home – managing household chores and playing teacher to their children. The increase in poverty levels means there is an additional challenge of maintaining menstrual hygiene. We are also aware that many young women and girls may be facing harassment and violence at home.

Helena Seneka, YWCA of Papua New Guinea

The biggest challenges include economic security for women in Honiara and surrounding areas. Further away from the capital, women have highlighted the emergence of social problems caused by overcrowding, due to repatriation of Honiara residents to their home provinces. Food security is a growing concern as there are now more mouths to feed as people return to their villages.

President Guadalcanal Provincial Women’s Council speaking to Solomon Islands focal point Lisa Horiwapu
Recommendation 8

Invest in women's access to healthcare, ensuring the availability of gender-responsive health services and vital sexual and reproductive health (SRH) needs at district and community/village level.

Health infrastructure and public health services also require more robust inclusion of the specific needs of women with disabilities. Investment is essential in local/community health centres including the provision of SRH services, including maternal health.

In light of COVID-19 as well as Tropical Cyclone Harold some challenges rural and coastal women faced was access to information and communication. Food security and access to health services is a priority challenge, especially for pregnant women, persons with disabilities and elderly women as they all need regular access to health clinics. Economic insecurity is rising due to the loss of employment and an increase in the number of unpaid workers is a rising challenge.

Lucille Chute, Focal Point, Vanua Levu, Fiji
Recommendation 9

Invest in women-led infrastructure development including WASH programmes.

The response by Coalition members in Fiji, Solomon Islands, Tonga and Vanuatu to Tropical Cyclone (TC) Harold has brought attention to an additional challenge to COVID-19 prevention and response efforts. With large proportions of the population affected by the destruction of their homes, shelter and crops, food insecurity and a lack of clean drinking water and access to WASH facilities, social distancing and hygiene measures have been difficult to maintain.

Many communities do not have access to running water or basic hygiene and sanitation, which means they are unable to take preventative measures such as regular hand washing. Gender discrimination means that women and girls are the first to miss out when hygiene and sanitation is inadequate. Women also take care of sick family and community members, and make up the majority of frontline workers in health and social sectors across the region, which increases their risk of exposure to the virus. Investment in women-led infrastructure development, particularly WASH programmes and other health infrastructure, will enable women to take action to reduce the risk of COVID-19 infection within the families and communities. Other benefits would include improved access to safe water for drinking, cooking and general hygiene.

Vanuatu Young Women for Change has raised concern about water issues affecting Teoma and Eton Communities, where women struggle to access water:

“Menstruating girls, pregnant women and school girls and women working in gardens are struggling as we speak! While MOH is encouraging everyone to wash their hands regularly, these women and girls find it difficult as it is to find water to drink, wash and cook their family meals. Mothers have to choose between washing their hands and saving water for their children to drink and bath.
Anne Pakoa, Adviser, Vanuatu Young Women for Change

Dignity Kits must include specific items for women and girls with disabilities in the communities, Women, girls and children with disabilities need to have a disability specific package which includes a suite of health-based initiatives such as priority access to personal protective equipment such as masks and sanitiser, and access to sanitary products for women and girls with disabilities.
Recommendation 10

Invest in Innovative and Community-led Information and Communication strategies.

Life saving information must reach rural and remote communities. Persons with disabilities must also receive information through a range of accessible formats. With many rural and remote communities affected by both climate change related and COVID19 crises, accessing relevant and accurate information and support services remains a challenge. For women and girls, these challenges are exacerbated by patriarchal norms and structures, where their voices and participation are often invisible in decision-making on health security and crisis planning and response. There are existing women-led information and communication platforms and initiatives which can be scaled up and adapted to meet these needs.

Ensure that persons with disabilities can reach, enter, circulate, and use the different health facilities on an equal basis with others.
Localise the messaging and get community and church leaders to play videos or put up flyers and posters.
Train and utilise local/community networks including faith networks to provide information and updates in local languages and community settings

Develop and implement community sustainability programmes which can also be integrated into the education curriculum

*Online respondent*
Key Findings and Analysis: What the Women Said

Respondents:
Do you identify as any of the following groups: 12 responses

- Young woman: 8 (66.7%)
- Woman with disabilities: 2 (16.7%)
- LGBTIQ: 0 (0%)
- Single mother: 3 (25%)
- Pregnant or lactating: 0 (0%)
- Elderly: 0 (0%)
- Vulnerable worker: 1 (8.3%)

Do you live in 12 responses

- Town: 10 (83.3%)
- Informal community: 1 (8.3%)
- Village: 1 (8.3%)
- Farm: 0 (0%)
- Coastal community: 0 (0%)
The main household expenses were food, water, electricity, water, communications including mobile phone and internet data, transport and medical expenses (one respondent mentioned her mother was asthmatic). Only one respondent mentioned they had an opportunity to earn more from selling homemade products” in one household everyone had been laid off.

One respondent said because of the ban on betel nut sale her income had been affected. One respondent said her household income level was not affected because she was still able to work from home and she and her husband were also managing a friend’s family business in town. Others mentioned both loss of jobs and a pay-cut: “Since March Mum and I are on half pay and Dad is no longer taking a salary” In Vanuatu, income was also affected by the location of the family particularly due to the impact of TC Harold (in Santo, Malo) as well as Ambrym.
According to a survey carried out in Ieta, heads of households have expressed that there is simply not enough food to feed a whole family for just one meal in a day. Families are going hungry, and fights over food security. Families are struggling because there is no way of earning an income because of the State of Emergency (SOE). During the SOE, roadside markets were closed (including fish and fresh food) and as a result family found it difficult to earn an income to buy other supplies. Many women have resorted to gardening, keeping away from large crowds and by this, families have been influenced to till the land together making big gardens. As a result of the awareness conducted in most parts of North Bougainville, almost every household in certain communities have established tippy taps (a concept of water management). And regular hand washing is practiced regularly.

Sister Lorraine Garasu

How are the students adapting to the current restriction
10 responses

- School work / assignments were provided: 40%
- Broadcast to schools programme: 30%
- Online learning: 30%
- Not Applicable (i.e. nothing was provided): 30%
Number of persons employed in the household:
13 responses

Number of persons in your household:
13 responses

Please indicate if you have;
13 responses

A Garden (to grow your own vegetables etc) 9 (69.2%)
Access to electricity 13 (100%)
Access to water 13 (100%)
A mobile phone 10 (76.9%)
A smart phone 8 (61.5%)
Access to a laptop or computer at home 12 (92.3%)
Where do you do most of your shopping:
13 responses

- Local shop: 38.5%
- Supermarket in town: 53.8%
- Local Market: 7.7%

Access to Information and Communication Platforms

How much would you spend on average per month on data/mobile phone?
12 responses

- 20: 1 (8.3%)
- 30: 1 (8.3%)
- 50.00: 1 (8.3%)
- 100: 1 (8.3%)
- 100.00: 2 (16.7%)
- 150: 1 (8.3%)
- 200: 1 (8.3%)
- 500: 1 (8.3%)
- 600: 1 (8.3%)
- 1000: 2 (16.7%)
- 10000: 1 (8.3%)

Mobilising Women’s Leadership in Response to COVID-19 and TC Harold, March – June 2020
How do you access news and information (tick all that apply)  
13 responses

- Radio: 10 (76.9%)
- Television: 10 (76.9%)
- With my smartphone / computer: 10 (76.9%)
- Via friends / community groups: 10 (76.9%)
- Newspaper: 1 (7.7%)
- Social media: 1 (7.7%)
- Viber-Women's Weather Watchgroup: 1 (7.7%)

Do you access information in English / local language or both?  
13 responses

- Both (English and iTaukei language): 5 (38.5%)
- Both languages: 1 (7.7%)
- English and Pijin: 2 (15.4%)
- Only English: 1 (7.7%)
- Yes: 1 (7.7%)
- Both: 1 (7.7%)

Are you aware of how to prevent COVID-19? (Indicate the correct answers below);  
13 responses

- 30.8% Wash hands regularly
- 15.4% Social distance (2m away from other)
- 46.2% Cough/sneeze into your arm/elbow
- 0% Quarantine/call a doctor if you are sick
Access to Information on COVID19 Varied.

While information was available via the national university website, others did not receive information because they were all on their term school holidays.

The main source of information is via TV and Radio.

Sr. Lorraine Garasu

Some respondents said information was provided at school before the lockdown and awareness continued at home: “They have been in lockdown for 2 weeks, but now they’re back to school but at the same time they have to be aware of this virus and they keep the 1.5 metre distance while sitting inside the classroom.

Despite the one-off awareness-raising organised and carried by the government officials, many people still had little to no information of COVID-19 until several more awareness was carried. People’s interests were centred on how the virus started, how it spreads and its preventative measures. Information was reaching people but many in the remote parts may still be missing out vital information. Much information given stresses on personal hygiene; villages responding to it building pit – toilets and fully utilising the use of tippy-taps.

Sr. Lorraine Garasu
When asked about the reach of awareness messages 42.9% of respondents felt that COVID-19 information was reaching local communities.

Are COVID-19 prevention messages reaching local communities?
7 responses

![Bar chart showing the number of responses from different countries.]

- 3 (42.9%) from 24
- 1 (14.3%) from Fiji
- 1 (14.3%) from Tonga
- 1 (14.3%) from Samoa
- 1 (14.3%) from Vanuatu
- 1 (14.3%) from Solomon Islands
- 1 (14.3%) from Papua New Guinea including Bougainville
Generally information was accessed in the following order of preference:

- Social media, radio and text message
- Daily updates from the government
- TV and Radio
- SMS, TV & Radio
- Television & Radio
- Media
- Online, social media, radio, tv
- Radio, WWW-Viber group, Television, phone calls and social media
- Health workers conducted house to house awareness
- Online, TV
- Radio SIBC and Ministry of Health Facebook Page, news on TV and online: BBC, ABC and SBS.
- TV, mobile phone through Facebook
- Through Covid-19 information network, police, social media, print media and radio, neighborhood awareness visits

Has the government consulted women’s organisations in COVID-19 response efforts?

13 responses

- Yes: 38.5%
- No: 7.7%
- Don’t Know: 23.1%
- Not that I am aware of: Civil Society groups who consists of women: 30.8%
Respondents highlighted specific protections risks facing women:

The Pacific Disability Forum (PDF) COVID-19 Response Team provided daily updates to the national members. This included addressing the specific risks facing women and girls with disabilities, including domestic violence, stress, financial insecurity as well as the additional burden of work. A specific concern was the inability to afford additional protection resources (masks, sanitisers, soap) as well as compliance with the social distancing measures, particularly for those who rely on personal assistants or caregivers. There was heightened concern of the increasing vulnerability to violence due to job loss by household members as well as a growing fear of increased crime with the rise in unemployment.

I think about women sheltering at home and whether the home environment is safe. Recently Honiara had a 36-hour lock down. In this period, we had to stay at home unless it was an emergency. If a woman were experiencing violence in the home during this period would she leave the home to seek help or would she be afraid to leave? Does going to a shelter count as an emergency and are women aware of that? There are those who may face more violence and sexual abuse from perpetrators due to curfews, lockdown. Many people are not working. Food maybe scarce.

All respondents highlighted the vulnerability of women and girls, and women with disabilities, as well as the LGBTQI community to increased violence in the home and community as result of COVID-19:

Women and girls with disabilities are vulnerable and at higher risks to gender-based violence and service provider’s needs to extend emergency domestic and family violence prevention packages through the DPOs. Ensure flexibility in supports service as younger children may not have any support. There must be clear plans for families and caregivers of children with disabilities if schools and early childhood services are shut down, and clear information throughout this uncertain time.

Online respondent
“Lockdown measures” impacted market vendors who are predominantly women who continue to struggle to maintain a living. Pregnant women, especially those in residing in rural and remote communities, were not able to attend regular antenatal clinics. The drivers of violence and conflict include job loss. This is resulting in the lack of food, as well as the inability to pay rent and other bills.

Someone I know had to get police involved after curfew hours because her husband was being abusive. There are several stories we’ve been sharing in groups and they’re all reporting how long it takes to eventually move survivors and their children somewhere else taking into account their financial security as well.

*Online respondent*

Respondents also highlighted that the increased burden of unpaid care work by women in households causing conflicts due to increased anxiety and stress. Isolation and fear of infection were also drivers of personal insecurities.

Several respondents recommended that the prevention measures include curfews and “lockdowns” and quarantine measures should be adapted to local community systems:

All churches are closed therefore families are very uncertain at this time arguing over even at nights with neighbors.

*Online respondent*

People who have no gardens are stealing from other gardens. Breaking in and entering to steal goods.

*Online respondent*
The situation of people with disabilities in institutions, psychiatric facilities and prisons is particularly grave, given the high risk of contamination and the lack of external oversight. When visits to care facilities are banned and social distancing is recommended, people who are already more isolated, exposed and with high support needs will be disproportionately impacted. Containment measures, such as social distancing and self-isolation, may be impossible for those who rely on the support of others to eat, dress and bathe. With social distancing being one of the major mechanisms in place to reduce the spread of the virus, people who are blind who uses sighted guide to move around have very high exposure to and vulnerability to be infected by the virus. People who use a wheelchair for mobility are also at risk as their wheelchairs might be exposed to the virus and affect them as they use their hands to wheel their wheelchairs through the health facilities when accessing health services. Children, young people, girls, women and persons with disabilities are even more vulnerable to mental health issues during this period of time.

*Online respondent*

There should be an investment in accommodating victim survivors of family and sexual violence as well as LGBTQI community through the establishment of safe houses:

*Online respondent*
Women’s work and livelihoods have been impacted by COVID-19

All the respondents agreed that there has been an increase in women’s unpaid work as women are still expected to perform the bulk of the care of work due to entrenched gendered norms and inequalities.

Women working in the hospitality and tourism sector have suffered job losses and one respondent highlighted that all local women-owned small businesses have been closed and many are forced to put their businesses on hold. Women are being lay off from permanent jobs and one respondent reported that only some women in the public service were able to take special leave. She highlighted the need for greater awareness of workers’ rights particularly on how to negotiate reduced hours as well as lay-offs.

Many women, including market vendors, lost their source of income generation during the lockdown and life has become harder for them and their family’s food security and health security. Buying even the basic essentials and food ration is a challenge. The lockdown has also impacted women’s groups income generating projects such as the Laki Women’s Group’s mat weaving project has come to a stop. They cannot come to the market to sell their mats. There is no cash flow. Domestic workers have been laid off so even more people in the informal workforce are left without an income.

*Online respondent*
Food Security Challenges

Due to three disasters there is hardly any food as the gardens are affected. We are not eating three meals but two meals instead or even once meal to spare for others to eat. Food price has gone up in the market but also, it is hard affording food when there is no income. The rain does not help either because what little we can grow in the backyard is washed away.

*Online respondent*

The specific nutrition requirements for women with disabilities must be addressed.

There is a need to ensure women are equipped with the skills and resources including land and agricultural supplies to manage home and community gardens.
Shifting the Power Coalition

The Shifting the Power Coalition was formed following the aftermath of Cyclone Pam (2015) in Vanuatu and Cyclone Winston (2016) in Fiji. It is the only regional alliance, with 13 women-led civil society organisations, from six Pacific Forum Member Countries, focused on strengthening the collective power, influence and leadership of diverse Pacific women in responding to disasters and climate change. Members of the Coalition include the gender focal points of GPPAC Pacific. ActionAid Australia as a women’s rights focused humanitarian organisation supports Coalition members to engage in the humanitarian system. Since 2018, DFAT’s Pacific Women Shaping Pacific Development has resourced efforts to strengthen diverse women’s leadership in humanitarian action through the Shifting the Power Coalition project which is linked to the Pacific Leaders Gender Equality Declaration.

Since September 2019 we have been a member of the Feminist Humanitarian Network

The Feminist Humanitarian Network (FHN) is a global network of women leaders committed to a transformed humanitarian system that promotes a feminist agenda. Its membership is comprised of women’s rights organisations and networks driving change in humanitarian contexts in the global South, INGOs, and individuals.
Follow us:
facebook: shiftingthepowercoalition

Watch our film:
https://act.ai/33QkUqu

Shifting the Power Coalition is a member of the Feminist Humanitarian Network:
feministhumanitariannetwork.org

For more information contact:

Georgia-Rae Cobon
Coalition Secretariat
Shifting the Power Coalition
georgia-rae.cobon@actionaid.org

Sharon Bhagwan Rolls
Technical Adviser
Shifting the Power Coalition
shiftingthepower.hub@gmail.com