



Tropical Cyclone Gita Kingdom of Tonga Rapid Gender Analysis

Sub-focus on Shelter and Food Security and Livelihoods

26 February 2018



It starts with equal



A Background

Tropical Cyclone Gita

TC Gita passed through the Kingdom of Tonga on 12 February 2018 as a Category 4 cyclone. Seventy five percent of the population or 79,556 people have been affected. The island of Tongatapu where the capital Nuku'alofa is located and the nearby island of 'Eua suffered the greatest impact. The Government of Tonga immediately declared a State of Emergency until 5 March and has put in place a curfew between 8 pm and 8 am¹. Significant housing and infrastructure damage was incurred, as well as damage to crops and major buildings including Parliament House. Initial assessments found 1,000 households on Tongatapu (5,700 individuals) sought shelter at 43 evacuation centres - mainly schools, churches and village halls - on the night of the storm.

Many areas of Tongatapu are without electricity and Tonga Power Limited has indicated that it will take seven weeks to have complete restoration of power across the country. The water and power supply has been restored to all areas of 'Eua which is important in ensuring the safety of all and particularly women and girls. Solar street lighting installed in some areas has proven to be a good investment as only 19 out of 131 were damaged by the cyclone and most of these were quickly repaired. Almost all communication services have been restored which has enabled people to stay connected to family and friends and seek assistance where required. However, those living on Tongatapu still need to be able to access sources of electricity to charge phones and funds to buy credit. VHF radios and walkie talkies are being distributed but it is unknown who will receive them and whether women will receive any of this equipment.

Initial assessments indicate shelter and WASH on Tongatapu are critical needs and there are concerns about water quality and quantity and the risk of disease outbreak. A lack of access to clean water is increasing the risk of water borne illnesses and rainwater collecting in debris poses additional risks of vector borne diseases. The WASH and Health and Nutrition Clusters have noted the risks of dengue for pregnant women in particular and are addressing these concerns through a range of targeted interventions and public awareness raising campaigns.

A range of groups have been identified as being particularly vulnerable to the impacts of TC Gita including, children, people living with disability or chronic illness, elderly people, widows, young single mothers, pregnant and breastfeeding women, and people of diverse sexual orientation and gender identity and expression (SOGIE²). At evacuation centres there is a lack of separate WASH facilities and sleeping arrangements. Many toilets do not have locks and lighting is insufficient which creates additional risks of sexual assault and some women have reported feeling unsafe. Counselling and psycho-social support services are limited, as is information regarding support for protection concerns. Several schools have been damaged while others have not reopened due to lack of water supplies and the lack of supervision of children has raised child protection concerns.

Based on initial rapid assessments the Safety and Protection Cluster has outlined the following priority objectives and activities in the Immediate Response Plan dated 23 February 2018:

- Provide leadership and capacity-building support for a coordinated and effective protection response.
- Ensure vulnerable individuals - including women and girls, people living with disabilities, the elderly and members of the LGBTIQ community - are effectively engaged in consultation, information-sharing and decision-making around relief efforts.
- Ensure safe, rapid and confidential access to comprehensive services – including psychosocial support – for those who have experienced trauma or violence, with a particular emphasis on vulnerable groups.
- Ensure identification and mitigation of risks of violence against women and children.
- Promote adherence to essential protection standards throughout sectoral response and recovery efforts.

The 2018 cyclone season will not be until April and the threat of another cyclone complicates recovery from TC Gita, which is further complicated by a rapidly changing and increasingly variable and unpredictable climate.³

¹ On 12 March the State of Emergency was extended until 9 April with a curfew lasting between 10 pm until 6 am every night.

² SOGIE or diverse 'sexual orientation and gender identity and expression' is the preferred term for LGBTIQ by Tonga Leitis Association.

³ Recent disasters include Cyclone Ian in 2014, a Category 5 severe tropical cyclone which struck the Ha'apai island group and the 2009 tsunami predominantly effecting the island of Niutoputapu. Historically the worst droughts recorded in Tonga have occurred during El Nino years, including the most recent drought in 2015-2017 with severe impacts to agriculture and food shortages.

Rationale for Rapid Gender Analysis

This rapid gender analysis (RGA) is designed to provide initial information about gender roles, responsibilities, capacities and vulnerabilities of women, men, girls and boys, SOGIE and other marginalised people prior to and after TC Gita. It provides a snapshot of the different needs, capacities and coping strategies of particular groups in the affected communities. Taking into consideration the tight time-frame, rapidly changing context and limited information, this analysis seeks to understand how different groups might be impacted by the disaster and provide practical programming and operational recommendations to meet differing needs, ensure we 'do no harm' and wherever feasible, identify windows of opportunity to advance gender equality.

Various findings and recommendations outlined in the Safety and Protection Cluster Initial Assessment and Draft Response Plan are reiterated here to advocate for attention to priority concerns, however most are specific to CARE's expected areas of programming namely shelter – integrated with WASH, and food security and livelihoods. It is also hoped the information contained in this rapid gender analysis will also be relevant to a range of other stakeholders and partners supporting the TC Gita response.

Methodology

The analysis is based on a review of secondary literature and reports, as well as primary data collected during rapid assessments conducted by the Safety and Protection Cluster and during consultations with several NGOs including NATA -a local disability people's organisation, Ma'a Fafine mo e Famili (MFFF), Tonga Leitis Association and Talitha Project, as well other development partners and UN agencies responding to TC Gita. More detailed sectoral assessments are ongoing and expected to provide more clarity about the situation. In particular, two detailed assessments are expected to take place - one focused on disability involving local disability organisations (DPOs) and government disability focal points - and the other focusing on GBV and protection issues involving the Ministry of Internal Affairs (MIA), as well as sexual and reproductive health (SRH) and gender-based violence (GBV) service providers.

B Gender issues prior to Tropical Cyclone Gita

The following is a brief summary of some of the key issues that should be taken into consideration in relation to the TC Gita response and early recovery. For more information on gender issues, please refer to Annex A.

Gender roles

In Tonga women and men undertake distinct and often complementary roles in the productive, household and community spheres. Men's roles lie predominantly outside the home, often in agriculture and fishing⁴. In rural areas, men farm plots of land called 'tax allotments' which involves the preparation of the land, planting, weed control and general crop management. Heavy physical labour and activities considered 'risky' are largely undertaken by men. However, women are increasingly undertaking these farming activities in the absence of adult males. Men also prepare, plant and maintain commercial crops such as sandalwood and vanilla, while women and children help to pollinate the vanilla plants. Men sell these products in local and export markets while women generally sell any surplus crops in the market. Food preparation is shared between male and female family members and men are responsible for preparing and cooking the 'umu or earth oven on Sundays or special occasions. Both women and men are engaged in paid work, including as civil servants, and significant numbers of (predominantly) men travel overseas to engage in seasonal employment. Women and girls are primarily responsible for caring for family members, engage in a wide range of community, family and church activities and are also primarily responsible for sanitation and hygiene in the home. Women, often with the help of girls also produce tapa and weave handcrafts, mats, clothing and accessories which are worn daily and on various social occasions and form a critical part of Tongan identity.

⁴ Pacific Horticultural & Agricultural Market Access Program (PHAMA) 2016 *Gender Analysis Technical Report – Tongatapu, Kingdom of Tonga* 2016.

Access and control of resources

Relatively low rates of participation in the formal economy, as well as the lack of land rights, mean women generally have limited access to and control over resources. All land belongs to the Crown and by law, every male Tongan at age 16 is entitled to 8 acres (3.25 ha) of agricultural land and a small town plot. However there is insufficient land and the majority of men have not been formally allocated any land. There have been recent objections to women's exclusion from land ownership and land tenure reform is a frequent topic of discussion. Larger farms and reef and deep sea fishing mainly provide incomes for men through larger business transactions and to women through market sales. Women are also active in the informal economy leading small and micro-enterprises and small retail shops. Handicrafts have gained importance as a significant source of income for many women, mainly because Tongans living overseas are willing to pay high prices for these items. Some men own large equipment for farming plantations in tax allotment plots. In general, women have less access to financial services, training and extension services and resources, and decision-making about household income and expenditures varies according to the household.

Participation and decision-making

A complex interplay of factors, including but not limited to hereditary status, gender, age, birth rank, education, financial means and contributions govern an individual's status in Tongan society. Husbands generally have higher authority than wives, and men are generally considered to be the main decision-makers. However, depending on the household, women and men often make decisions in different areas or make significant decisions jointly. Men generally make decisions about tax allotment plots while women are generally responsible for decisions related to the use of land for home gardens. According to the 2016 census just under a quarter of all households in Tongatapu and a fifth in 'Eua are headed by women. Women heading their own households are more likely to make major household decisions, however in some cases male relatives may also be involved.

In urban areas, women are slowly being represented in managerial and higher administrative positions in both public and private sectors⁵. However the idea of male leadership at all levels remains prevalent. At present there are two female members in parliament of a possible 17 People's Representatives and female representation at sub-national level very low with one female District Officer out of 21 (who is located in 'Eua), and three female Town Officers out of a total of 153.

Gender-based violence

Despite the rhetoric extolling society's high regard for women, violence against women remains prevalent and under-reported in Tonga. One of every five women aged 15-49 years reported experiencing intimate partner physical and/or sexual violence in the last 12 months.⁶ A 2005 UN study highlighted heightened vulnerability to violence, sexual abuse and rape in Tonga for women with disabilities. Tonga has no minimum age of sexual consent and therefore statutory rape is not a crime⁷. A 'no drop policy' is in place and perpetrators of violence against women and children are prosecuted under the Criminal Act. Bullying younger members of the SOGIE community in schools is also reportedly fairly commonplace.

Enabling environment

The Department of Women's Affairs (DWA) within the Ministry of Internal Affairs (MIA) is responsible for coordinating and implementing national policy on gender and development. MIA is also responsible for local government and disability inclusion and coordinates the Safety and Protection Cluster. The Terms of Reference (ToR) of the cluster is slated for review and this is expected to provide all stakeholders with more clarity regarding the cluster's overall objectives, and roles and responsibilities of the lead and members. A range of CSOs working with women and girls, people with disabilities, children and the elderly, LGBTQ (SOGIE), and in the areas of gender-based violence and sexual and reproductive health participate in the Safety and Protection Cluster⁸.

⁵ Despite low political participation, women are active in the public service, with 58 per cent of the service, and 49 per cent of the senior executive ranks made up of women. 2017 Tonga Public Service Commission Annual Report 2015/16.

⁶ Ma'a Fafine mo e Famili 2012

⁷ PHAMA, *Gender Analysis Technical Report – Tongatapu, Kingdom of Tonga* 2016

⁸ The Safety and Protection Cluster membership list is currently being updated by the Cluster.

C Key findings and recommendations

Various factors combine to influence a person's vulnerability. The households in Tonga with the least access to resources tend to be those with many children, headed or housing people with disabilities, with high levels of unemployed members, and no access to land. Vulnerable groups post TC Gita are likely to be people who were at risk before the cyclone with limited resources to meet daily living expenses and customary obligations and few sources of external economic or social support networks. Initial data suggests risks increase further for people living with disabilities; the elderly or widowed or those with chronic illnesses; young children; pregnant or breastfeeding women; female heads of households; single mothers, particularly those with a large number of dependents; and people diverse sexual orientations and gender identities. Data is still coming in and will need to be cross-referenced and analysed to determine more precisely who the most vulnerable people are and where they are located.

Shelter, safety and protection

Initial assessments report 1991 damaged or destroyed houses on Tongatapu and 257 on 'Eua. At present the exact composition of these households and their existing level of vulnerability is unknown. As of 22 February, 41 evacuations centres were operating on Tongatapu and 5 on 'Eua. Transitional shelter materials have been distributed to all families with damaged or destroyed homes. The government and the National Emergency Management Office (NEMO) is encouraging self-recovery approaches and the Shelter Cluster is expected to develop a strategy to facilitate the restoration of homes and repatriation of families. It has been reported that in some cases, men are sleeping outdoors in tents or under tarpaulins while women are staying indoors with family or neighbours where this option is available. While this may alleviate outdoor safety and security risks for some women and girls, it may also increase risks for women and girls sleeping indoors.

The rapid assessment undertaken by the Cluster highlight protection risks faced by women living in evacuation centres and homes, as well as difficulties in maintaining overall dignity. Despite a few notable exceptions, toilets in evacuation centres are not sex-separated and largely lack adequate lighting and locks. Several centres reported that they do not have separate arrangements for sleeping or security provisions in place. Women and girls reported feeling unsafe, especially around bathrooms. One respondent indicated a possible case of sexual exploitation and this has been flagged by the Safety and Protection Cluster for immediate follow up.

Several women noted that solar street lighting in some areas have added to a greater sense of security, however these are not available in all areas. The Safety and Protection Cluster is recommending the construction of additional solar street lighting and the provision of solar lights for all women and girls in evacuation centres, as well as homes, especially for people with few sources of income.

Respondents reported a lack of information regarding safety rules with no delegated responsibility for safety and security. Evacuation centres were found to lack clear management systems and engagement with evacuees. Women also reported limited communication about procedures and information access, and minimal involvement in decision-making processes.

Many people with disabilities, as well as elderly people reportedly did not go to evacuation centres. In other cases, elderly people were reportedly forced to go to evacuation centres without sufficient understanding or acceptance of the need to evacuate. Many evacuation centres included women and girls living with a disability. Most people with disabilities who went to evacuation centres have returned home, due to lack of accessibility and reportedly feeling uncomfortable. In several cases they returned to homes which are either partially or completely destroyed. The lack of private sanitation and bathing facilities can be a strong deterrent for people going or staying at evacuation centres. While some evacuation centres, such as those at LDS churches have accessible toilets, most do not. People using wheelchairs, particularly women who also need to manage menstrual hygiene face additional challenges to maintain their dignity. There are no indications at present that evacuation centers have put in place additional measures for women or men with disabilities or additional transitional shelter materials have been provided to ensure the privacy and dignity of people with specific needs.

Post disaster assessment reports highlight that the health needs of persons with disabilities is a priority given mobility challenges and lack of inclusive mobile health service. The Alonga Centre, housing homeless persons with disabilities, has identified immediate needs including access to clean water, food, hygiene, diapers and first aid materials. MAFFF reported that mobility devices - for children as well as adults - as well as diapers and other household items such as sheets and towels were not available in sufficient supply prior to the cyclone and are now needed even more.

Several members of Tonga Leitis Association (TLA) are currently living in evacuation centres or with family members because the cyclone has destroyed their homes. Consultations highlighted that those living in temporary housing may be at risk of discrimination and prolonged stays within these arrangements may be problematic if host families are not comfortable with SOGIE persons.⁹ The TLA office, which also serves as a refuge, was damaged by the cyclone.

Stakeholders have expressed concern about people's ability to mentally cope and recover after the cyclone. Tension is likely to rise if people are required to stay in evacuation centres or with host families for prolonged periods.¹⁰ Insecure and/or crowded living conditions along with anxiety about food and water supplies, and the cost to repair or replace damaged homes and property can potentially lead to conflict within homes or communities. Men may become frustrated due to their inability to fulfill financial expectations while women will experience additional stress as they care for children who are not in school and undertake daily household chores without electricity and/or limited access to clean water.¹¹ During rapid assessments when asked about available help or counselling, respondents mainly indicated they went to pastors, church leaders and family members, and a few people noted police, women's centre or Town Officers.¹² All but one community noted easy access to police - fortunately none of the police posts sustained damaged. Some reported they could access police for 'counselling' however, cluster members felt this may have meant general 'help'. The Safety and Protection Cluster, as well as the Health and Nutrition Cluster have highlighted the need for counselling and psychosocial support services (PSS) to help people cope with trauma and stress.

People with the least durable houses are likely to be those with the least financial means to repair/reconstruct their homes. Within this category, those who are not able to draw on strong family or social support networks for financial assistance or labour are likely to face additional constraints. People living in unsafe homes with high numbers of dependents such as single mothers with young children, as well as the elderly, people with disabilities and chronic illness and their caregivers will continue to face significant challenges to prepare and evacuate quickly in the event of another disaster. Often these individuals are also least likely to have a strong voice in decision-making around reconstruction. The shelter needs and meaningful engagement of these individuals and families must be prioritised. Further, lack of land rights may be a concern for female headed households and would need to be carefully negotiated.

During informal discussions some men reported that women do not generally undertake construction work, as women are treated with great respect, 'like queens', and therefore should not engage in hard physical labour. However initial consultations with women indicated that some women do in fact undertake household repairs (at times when men are unwilling to do so), and would be willing to be involved in construction activities. The high rates of female headed households on 'Eua (almost 25%) and Tongatapu (20%) due in part to the absence of men employed as seasonal workers suggest this may in fact be a necessity for many women.

MORDI/LL/CARE shelter (integrated with WASH) programming is expected to provide support for people to build back safer. Beneficiaries will be selected according to vulnerability criteria, with particular attention to people living with disabilities and chronic illness. People will be offered options of fixed value kits and a 'shopping list' of materials to encourage build back safer construction (cyclone strapping, quality roofing nails, timber, roofing iron, plywood, guttering, etc.). A selection of tools will be provided as a community resource to support construction. Hygiene promotion will also be delivered in line with WASH Cluster messaging. Additional support will be extended to families most in need through an extended catalogue of items. Builders will receive training in Building Back Safer (BBS), and gender and inclusion and BBS awareness campaigns will be delivered to the whole community. Gender-balanced roving teams will be established in each village and trained to assist families rebuild homes in order to reduce risk.

⁹ See <http://www.washingtonblade.com/2018/02/21/cyclone-seriously-damages-tonga-lgbt-center-shelter/>

¹⁰ Exact figures regarding population density in host families are not available.

¹¹ There is no available data at present regarding who is collecting water, though likely in many homes all family members take this on during water shortages.

Recommendations for shelter, safety and protection

The Safety and Protection Cluster Response Plan highlights a number of the concerns mentioned above and identifies several critical interventions to ensure the protection of vulnerable groups. Several of these recommendations are already being implemented such as more detailed protection and disability assessments; gender-based violence assessment training for health care workers; mapping and development of referral pathways for GBV survivors; as well as psycho-social support (PSS) or trauma counselling, and child protection training. Additional recommendations include separate and secure sleeping areas arrangements for women in evacuation centres and the development of evacuation centre SOPs; the establishment of emergency centre management committees with gender quotas; and improved communication and information sharing through enhanced evacuation centre management. The plan also recommends the construction of accessible and separate toilets/bathing facilities at evacuation centres – ensuring they are appropriate for menstrual hygiene management and that women and girls are meaningfully consulted throughout this process.¹³

Assessments

Incorporating gender and inclusion dimensions into shelter assessments will allow the design of an effective, gender equitable response. A participatory assessment process also has the potential to facilitate inclusion and meaningful engagement in decision making and to build a sense of ownership and self-esteem for all.

- Recruit female staff and volunteers and aim for gender-balanced assessment teams in recognition that it is usually better for women to consult directly with women.
- Consult directly with women, people with disabilities, the elderly and their caregivers about their shelter needs and priorities, capacities and gaps for shelter construction and maintenance.
- Identify the differing gender/age roles in building/repairing houses and rainwater harvesting systems.
- Speak with different members of the household (not just the head) and record differing needs and priorities.
- Interview men and women separately and consult women and marginalised individuals or households in separate spaces. Conduct outreach to speak people who may be unable or uncomfortable speaking in group settings.
- Communicate the results of assessments effectively to women, men and sub-groups in the communities.
- Share data and assessment results with the Shelter Cluster, the Safety and Protection Cluster, and other relevant stakeholders.

Targeting

- Working together with communities and within existing community structures, identify and prioritise the people and households that are most in need and least able to rebuild using a cross-section of criteria and socio-economic data including but not limited to gender, age, HH size, dependency ratio, economic status, livelihood options and any other critical risk factors identified by the community.¹⁴
- Identify who and how people are affected and the barriers that certain groups face in accessing shelter.

Access with safety and dignity

- Ensure shelter kits include tools and materials that meet the needs and priorities of women and of men and people with different types of disabilities.
- Consider providing more or different types of NFIs to elderly or people with disabilities, large families or other groups in response to their unique needs.
- Target men, as well as women and children with hygiene promotion to encourage shared roles/responsibilities.

¹³ The *extreme poor* are characterized as having no land, no employment, low education attainment, low skill levels, a high dependency ratio, disabled, abandoned women with children, limited support from extended family, limited access to social services, and few livestock. See TRP II report for more information.

- Deliver construction and BBS training to women, as well as men.
- Provide physical assistance for transporting NFIs, shelter materials and labour for construction to individuals that may require assistance and find ways to support their active involvement wherever feasible.
- Set up systems to ensure community tools can be accessed (and ideally managed) equally by women and men and effectively communicate this information to everyone.
- Undertake simple but critical actions to support protection, access, dignity, and privacy such as: locks on doors; sub-division of spaces; separate, accessible toilets/bathing areas; facilities for menstrual hygiene management.
- Put in place mechanisms, including codes of conduct and awareness-raising for staff that will prevent sexual exploitation and abuse (PSEA) related to the distribution of NFIs and shelter-related material.
- Ensure staff and volunteers are aware of the heightened risk of GBV and how to respond appropriately (using referral mechanisms once developed).

Accountability, participation and decision-making

- Ensure female staff, volunteers and community members have equal opportunities to oversee registration, distribution and post-distribution monitoring.
- Establish confidential, accessible and responsive community feedback mechanisms based on methods identified by a range of people in the community, including women and people with disabilities and ensure these are well understood by all.
- Identify female staff as contact people for women and girls in the community to provide feedback either on dedicated telephone lines or in person during PDM.
- Conduct outreach to gather feedback from individuals who may have limited mobility or are unable to access regular complaint mechanisms.
- Consult often, regularly, and in meaningful ways with women and those most affected and least able to participate (particularly single mothers, older widows and women with disabilities, FHHs with dependents, SOGIE, caregivers of people with disabilities and the elderly).
- Develop explicit strategies to support the meaningful participation and decision-making of women and marginalised groups in every step of the intervention. This may include outreach to people who have limited mobility or people lacking the confidence to input directly into these processes.
- Strive for gender balanced project implementation teams with equal roles and responsibilities for female and male staff, volunteers and community members.
- Ask people what they are interested in doing rather than automatically assume which tasks women, men or SOGIE persons should undertake and encourage people to take on non-traditional roles where feasible.
- Provide equal opportunities for women, including single mothers, female headed households and women with disabilities to participate in construction and maintenance training. Consider the possibility they may lack confidence, have heavy workloads and competing priorities and identify strategies to facilitate their meaningful participation. (e.g. separate or smaller training sessions or arranging child care).
- Discuss and advocate for women's participation in shelter interventions with male leaders and family members to gain support and avoid any backlash.
- Consult women and men living with different types of disabilities to identify ways to facilitate their meaningful participation in shelter activities. Ensure they have a voice in planning and decision-making and are not just viewed in relation to accessibility and protection risks.
- Consult with and engage village women's groups and representatives in shelter interventions.
- Provide training or at minimum brief staff on the prevention of sexual exploitation and abuse. Provide clear information to communities informing community members, particularly women and girls that they do not have to pay or provide services or favours in exchange for shelter or NFI assistance.

- Ensure staff and volunteers are aware of the heightened risk of GBV and how to respond appropriately if needed (using referral mechanisms once developed).

Monitoring

- Involve female and male community members and staff in monitoring shelter interventions.
- Identify people who are unable to access NFIs, shelter material or training and address barriers they encounter.
- Consult regularly with all, but especially members of marginalised groups, to monitor for any unintended outcomes related to shelter and NFI distributions and activities (including changes in gender or social relations) and address any negative effects in a timely manner.

Food security and livelihoods

Availability of food

Detailed assessments across Tongatapu were conducted by The Ministry of Agriculture, Food, Forests and Fisheries (MAFFF) and MORDI/LL on behalf of the Food Security Cluster. The assessment on Tongatapu was completed 23 February and data collected on 'Eua will be available 2 March. There are concerns that these assessments may not fully consider household gardens which are critical to household nutritional needs. Initial indications suggest significant livelihood and agricultural impacts across the affected area. Root crops are major food staples and initial rapid assessments indicate they have been heavily affected on 'Eua. Fruit trees, vegetables and livestock feed (mainly coconut and cassava) on both islands have been heavily affected. Cabinet has directed all shops selling expired or non-consumable goods to be closed. The MORDI/LL/CARE team is currently undertaking detailed assessments on 'Eua and it is hoped that a more in-depth gender analysis of incoming data will further guide FSL programming.

Access to food

The Ministry of Internal Affairs has supported food pack distribution on Tongatapu to the elderly and people living with disabilities in homes and evacuation centres. Anecdotal reports suggest food supplies are usually managed in the home by women. Town Officers assisted with gathering elderly and people with disabilities at community or church halls for distribution. Limited food supplies and any associated rise in price will particularly impact people with the lowest incomes. Those with low nutritional status, chronic illnesses, and high nutritional needs such as pregnant and breastfeeding women, infants and children under 5 years will need to be prioritised. The Safety and Protection, WASH, and Health and Nutrition Clusters have identified several critical actions to support food security of vulnerable groups.

MAFFF has noted that there is no indication of low food stocks at present, however there have been reports of price hikes particularly for local root crops. Anecdotal reports suggest additional food will need to be distributed to some people in the coming weeks. Households hosting evacuees presently have additional mouths to feed and this may be the situation for some time, depending on the speed of shelter and livelihood interventions. On Tongatapu there may be challenges with food storage given the ongoing electricity shortage. There is a high risk that food security impacts will become more severe over the coming weeks and months given price increases and the broader agricultural and livelihood damage to both households and tax allotment farms. Initial indications are that these assessments are generally collecting data in relation to root crops that are used for family consumption, as well as sold commercially. The damage to sandalwood/vanilla plants, and by association household incomes, is unknown. Many female headed households receive income from the sale of crops, fish and handicrafts. Damage to mulberry and pandanus trees in particular will have significant impacts on many women's livelihoods while root crop sales will particularly affect incomes of men. Analysis of additional data disaggregated by sex and other factors will help to determine which specific families lack the means to produce or purchase food and meet daily expenses.

A supply of healthy food alternatives is needed to counter over-reliance on cheap non-nutritious food (rice, noodles, tinned meat). Quick growing vegetables will be critical to support/maintain good nutrition and health, particularly among pregnant and breastfeeding women, young children, and elderly people. Any rise in illnesses is likely to result in increased workload, particularly for women who are generally responsible for caring for sick family members.

Levels of food security and the risk of GBV are closely linked. Lack of food can cause tensions in the household, leading to intimate partner violence and negative coping strategies.¹⁵ Anecdotal reports suggest male heads of households are often given larger portions of food during meals. Risks for women may include harassment by husbands or male relatives in response to insufficient or irregular supply of food. Risks for children may include exposure to abuse when going alone to farms or the bush to collect food. These might be mitigated by promoting group activities such as home gardening and handcraft related activities where girls can share workloads with older women.

MORDI/LL/CARE food security and livelihoods programming is expected to focus on the following activities: the preparation of household gardens and tax allotment land for rapid planting through the provision of agricultural machinery; distributions of seeds, seedlings, cuttings to re-establish household gardens, household tax allotment plots and support handicraft production; facilitation of seedling, cuttings (root crops) sharing between islands and communities to supplement seed distributions and foster social cohesion; the re-establishment of damaged island level nurseries; and technical support to community nurseries about new composting techniques.

Recommendations for food security and livelihoods

Assessments

- Ensure assessment teams are gender-balanced and female staff consult directly with female community members.
- Collect data disaggregated by sex, age, and diverse disabilities and other variables at different levels — community, household, individual — to clarify the specific food security needs of women, girls, men and boys and other groups.
- Consult directly with women, people with disabilities, the elderly and their caregivers, as well as men, about their food security and livelihood needs and priorities.
- Analyse disaggregated data to determine the extent to which damage to crops and gardens will affect the incomes of women, of men, and members of particularly vulnerable households.
- Communicate the results of assessments effectively to women, men and sub-groups in the communities.
- Share data and assessment results with the FSL and Safety and Protection Clusters, and other key stakeholders.

Targeting

- Explicitly note in all cases whether ‘farmers’ are male or female.
- Identify/record seed, seedling and cutting preferences of women, men and people with differing disabilities.
- Disaggregate beneficiary data by sex, age and type of disability, as well as HH size, dependency ratio, and other factors to identify households most at risk of food insecurity.

Access with safety and dignity

- Consider the specific dietary needs of different groups and ensure FSL activities prioritise the nutritional needs of pregnant and breastfeeding women, the very young and old, as well as people with disabilities and chronic illness.
- Undertake outreach to ensure people with limited mobility or those who may be marginalised are able to access distributions of food, seeds, seedlings and cuttings and tools.
- Ensure all staff and volunteers fully understand child protection and the prevention of sexual exploitation and abuse (PSEA) in relation to distributions and training opportunities and sign codes of conduct.

¹⁵ See Draft IASC Gender Handbook 2018.

- Ensure staff and volunteers are aware of the heightened risk of GBV and how to respond appropriately (using referral mechanisms once developed).

Accountability, participation and decision-making

- Ensure female staff, volunteers and community members have equal opportunities to oversee registration, distribution and post-distribution monitoring.
- Ensure gender balanced FSL staff and an equal distribution of roles, including women as team leaders in the field.
- Establish confidential, accessible and responsive community feedback mechanisms based on methods identified by people in the community, especially women and people with disabilities ,and ensure these are well understood.
- Consult women and men living with diverse disabilities to identify ways to facilitate their meaningful participation in FSL activities. Ensure they have a voice in planning and decision-making and are included beyond simply considerations of protection risks and accessibility.
- Facilitate access to childcare to enable the participation of women in project activities.
- Consult with and engage village women's groups and representatives in FSL interventions.

Monitoring

- Take proactive measures to ensure people with limited mobility and members of marginalised groups are able to access complaint mechanisms and provide confidential feedback.
- Collect and analyse disaggregated data to monitor and measure outcomes for women, men, people with diverse disabilities and SOGIE and sub-groupings such FHHs, single mothers, widows, and host families.
- Consult with women and men and all sub-groups on the quality and appropriateness of the distributions items.
- Consult diverse groups of people to assess the positive and possible negative consequences of the overall response and specific activities. Include people with limited mobility in discussions.
- Aim to involve equal numbers of female community members, staff and volunteers in monitoring FSL activities.
- Consult regularly, especially with members of marginalised groups, to monitor for any unintended outcomes (including changes in gender or social relations) and address any negative effects in a timely manner.
- Note ongoing challenges, unintended outcomes and actions taken for women, men and different groups in field reports. Report on successful approaches that have positively impacted vulnerable groups and households

Annex A Gender and Inclusion in Tonga

Policy and legislation

Two core international human rights conventions, the Convention on Elimination of All Forms of Racial Discrimination (CERD) and the Convention on the Rights of the Child) of particular significance for the human rights of women and girls have been ratified by Tonga. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) has not been ratified. Barriers to ratification included succession laws encoded in Clause 32 of the Tongan Constitution, as well as Clause 111 of the Tongan Constitution and Section 82 of the Land Act as they pertain to land rights and hereditary titles/estates (women do not have the right to own land in Tonga).

The national Gender and Development (GAD) policy commits to gender equality under the outcome of strong inclusive communities, recognizing the key role that women's empowerment has this goal. The policy notes that cultural attitudes that assign women a lower status than men persist, with some limited exceptions. To address this, the GAD policy advocates awareness-raising as a way of overcoming stereotypes. Key stakeholders supporting the implementation of the National GAD Policy include the Women's Division of the Ministry of Internal Affairs, the Tonga National Centre for Women and Children, the Women and Children's Crisis Centre, and some CSOs/NGOs.

Socio-cultural and gender norms

Tonga is a staunchly religious (Christian), conservative society. A range of overlapping socio-economic factors dictate rank, relationships and duties within many families, with sisters having a higher status than brothers and holding a place of honour. Access to land for women is limited by the social controls of their kinship relationships. Women are subject to the good will and continuance of the traditional *fahu* system, where the brother is obligated to take care of his sister—a system that is fast eroding with the transition to a commercial and cash-based society.

Tongan culture is relatively tolerant of transgenderism as it pertains to *Fakaleiti*, Tongan males (assigned at birth) who behave in a relatively effeminate manner. *Fakaleiti* do not necessarily associate with Western conceptions of LGBTQI identities. However, there is less acceptance of people of diverse sexual orientation and gender identities and expression (SOGIE), and bullying in schools and verbal abuse, often disguised as joking, still occurs.

Gender roles

While Tongan societal norms encourage men to be responsible for hard physical labour in agriculture (and women for domestic labour), women take active roles in agriculture industry and increasingly on tax allotments. For the most part, this work is unpaid and is geared toward home consumption, and as such is not recorded in the formal economy. In coastal areas, the fisheries industry is divided by gender with women fishing along the coast and in lagoons, catching/gathering small fish and shellfish and men fishing the reefs and deeper water. Food preparation is generally shared between men and women and men prepare the 'umu or earth oven on Sundays and special occasions.

Women and girls are primarily responsible for sanitation and hygiene in the home and community. Revolving loans and fundraising for WASH is organised within women's groups. Traditionally, there has been community monitoring of household hygiene by village women's groups. Condition of toilets, bath houses, and management of solid waste is included in the assessment. Involvement in project communities can at times become a burden on women as they still have domestic and other duties to perform.¹⁶

Participation in planning and decision-making

Gender stereotypes are widespread in Tonga, including the notion that politics is the domain of men. Despite the powerful position held by women in Tongan social structure and increased opportunities for education and advancement of women, women are generally excluded from planning and decision-making processes. There is very low participation of women in parliament and the parliamentary and electoral system continue to disadvantage women. Nine of the 33 seats in the House are reserved for 'Nobles' who can only be men, and while women can theoretically occupy any of the 17 seats held by 'Commoners', access is largely constrained by social norms and

¹⁶<http://www.pacificwater.org/userfiles/file/GEF%20IWRM%20Final%20Docs/SOPAC%20Tonga%20Final%20IWRM%20Diagnostic%20report.pdf>

cultural attitudes. Village committees generally have very few female members and although villages have different gender dynamics in many cases women rarely participate actively or equally in community decision-making.

Employment and livelihoods

Men's roles lie predominantly outside the home, often in agriculture and fishing. Men in 'Eua (41%) and Ongo Niua (51%) undertake unpaid activities in family businesses or plantations. Women are primarily responsible for subsistence and informal production, reproduction and family care, and community engagement in a wide range of church and social commitments. Weaving mats, baskets and traditional clothing from pandanus leaves is a significant source of income for many women, as is producing tapa (used for special occasions such as funerals and weddings). Though women are active in the formal economy, there 21% gender gap in labour force participation rates.

Health and nutrition

No chronic malnutrition has been observed on Tonga, but rates of obesity and non-communicable diseases (NCD) such as diabetes and cardiovascular disease are extremely high have been increasing nationwide. State health services are provided free of charge and tend to meet basic health needs, however the health system does not have the capacity to provide quality care for NCDs.¹⁷ This has implications for women, who are primarily responsible for caring for ill family members.

The 2016 Human Development Report records maternal mortality rate (MMR) as 124 per 100,000 live births. Contraceptive use is at around 32%¹⁸. The MOH policy requires a husband's written and signed consent if his wife wants sterilisation denying women bodily autonomy and the right to make informed decisions, while husbands do not need their wife's consent for a vasectomy¹⁹. Cervical cancer is a leading gynaecological problem among Tongan women, but access to tests such as PAP smears is limited.

People living with disabilities

As at the 2016 National Census, 10.6% of the population were living with a disability. While the data does not provide sex disaggregation for specific disabilities, there are approximately the same number of men and women within the disabled population. Disabilities in self-care (34,423), mobility (21,741) and communication (19,325) are the most common, with far lower numbers of memory, seeing and hearing disabilities. In line with population dispersion, the island of Tongatapu has the highest number of disabled persons (15,370 total, 7,610 women). On 'Eua, there are 806 disabled persons (480 women). Some 52% of all disabilities were found in the age group of 60 and over, which is only eight per cent of the population.²⁰

Gender-based violence and protection

Tonga has a Family Protection Act (2013) which allows police to issue immediate protection orders to victims of domestic abuse and a 'No Drop' policy in cases of domestic violence which then proceed to prosecution. A 2005 UN study highlighted increased vulnerability to violence, sexual abuse and rape for Tongan women with disabilities.

Women's organisations and CSOs

The Department of Women's Affairs (DWA) is responsible for coordinating and implementing national policy on gender and development. Its basic mandate is to influence and guide lower-level administration units to advise on issues of special concern for women. A lack of human resources and funding has impeded policy implementation and led to total donor dependency. Programme activities are mainly implemented in partnership with CSOs and NGOs.

A wide range of CSOs and NGOs support/advocate for gender policy in Tonga, particularly regarding protection against GBV/SA and discrimination of SOGIE identifying individuals, women's education, and disability services. Please refer to Annex B for more information.

¹⁷ 2016 PHAMA Report

¹⁸ <https://www.fpnsf.org.au/who-we-help/international/international-countries/tonga>

¹⁹ SPC 2012, *Stockade of the Gender Mainstreaming Capacity of Pacific Island Governments*; Tonga, Noumea.

²⁰ Government of Tonga (2014) National Policy on Disability Inclusive Development 2014-2018, p.4

Annex B Safety and Protection Cluster*

Leading the Safety and Protection Cluster		
Ministry of Internal Affairs (MIA)	The Ministry of Internal Affairs focuses on <i>providing the</i> Tongan people with the support to help them achieve their social and economic independence and secure a better tomorrow as envisioned in the Kingdom's National Development Strategic Framework.	Mr 'Onetoto 'Anisi, Acting CEO 77 16311, oanisis@mia.gov.to Eva Tu'uhuloaki, Deputy CEO 28977/34586, evaipomana@gmail.com
Members		
Catholic Women's League	Women's health, well-being and employment.	(+676) 27524 tonga.women.catholic.league@gmail.com
Civil Society Forum of Tonga (CSFT)	Coordinates the needs and collective roles of CSO's to better serve their communities.	(+676) 28282, csft@kalianet.to
Ma'a Fafine Mo E Famili (MFF)	Mission: Foster and promote a just and peaceful society through the empowerment of women's knowledge of their Human Rights thus improving their economic, social and political knowledge, skills and status in the society. Social services for the elderly and very young children with disabilities: case-management, social care home visits, health promotion and disease prevention.	Betty Blake (+676) 25991, mfftonga@gmail.com
Mango Tree Centre	A religious organisation that helps provide care to handicapped and disabled children and their families, through respite care, vocational and educational services, rehabilitative home visits, and provision of wheelchairs and home modifications.	Reverend 'Amanaki Kim (+676) 28202, inkwonkim@gmail.com
NATA (Naunau 'o e 'Alamaite Tonga Association Incorporated)	Non-government, NFP, association formed by a group of people with disabilities who have come together to speak out for themselves and empower people of differing abilities in the Kingdom of Tonga. NATA believes that people with disabilities are the best people to make decisions about disability issues.	Rhema Nisser Chairperson puamau.misa@gmail.com
Samaletani Lelei	Conduct home and hospital visits to the sick, elderly and terminally ill offering prayer and spiritual comfort as well as food shopping and financial support.	
Talitha Project	Empower young women aged 10-19 years to make informed decisions through informal education, life skills and development programmes.	Vanessa Heleta (+676) 28590, talithaproject@gmail.com

Tonga Family Health Association (TFHA)	Provide knowledge, information and education on family planning and sexual/reproductive health. TFHA targets vulnerable groups (poor, marginalised, at risk). Member association of IPPF. Services: general and specialised counselling, management of STIs, antenatal care, family planning, maternal and gender health, child health, and general health.	(+676) 22770, tfha@tongafamilyhealth.org.to
Tonga Leitis Association (TLA)	Advocates for SOGIE discrimination protections and law reforms. Services: refuge and HIV response/prevention	Cruella / Henry Aho (+676) 28806 tongaleitisassociation@gmail.com
Tonga National Centre for Women & Children	A charity and crisis centre whose mission is to work towards the elimination of violence against women and children.	tncwinfo@gmail.com Fuiva Kavaliku 7749509/26567, heimoana.paunga@gmail.com
Tonga Red Cross	National Red Cross Society member of the International Red Cross and Red Crescent Society	Mr Sione TAUMOEFOU General Secretary sg@tongaredcross.to
Tonga National Youth Congress	Mission: To better the well-being of the young people of the Kingdom of Tonga through programs that promote responsibility, good citizenship, community service and leadership. Activities: Capacity building, farming skills, income generation, health promotion	tongayouth@tnyc.to Vanessa Lolohea 7714751/25474, vanessa_lolohea@hotmail.com
Women & Children Crisis Centre (WCCC)	Mission: Eliminate all forms of violence against women and children in Tonga Services: counselling, refuge and advocacy for survivors of domestic violence, sexual assault and child abuse.	Ofa Guttenbeil Likiliki Executive Director ofa.guttenbeil@gmail.com
Women-in-Law Association (WILA)	Aim to influence policy and educate women about their legal rights in regards to divorce, custody issues, and abuse.	Gloria Guttenbeil Pole'o Executive Secretary

* Note: The full listing of members and their contact details is in the process of being updated by the Safety and Protection Cluster.

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About CARE

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

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

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

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

