



Rapid Gender Analysis

Sub-focus on Shelter and Food Security and Livelihoods

Tropical Cyclone Gita
Kingdom of Tonga

26 February 2016



Executive Summary

Tropical Cyclone Gita

Cyclone Gita passed through the Kingdom of Tonga on 12 February 2018 as a Category 4 cyclone with winds up to 200km per hour. 79,556 people, 75% of the population, have been affected. 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 with a curfew in effect between 8 pm and 8 am. 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 (schools, churches and village halls) on the night of the storm.

As of 22 February, many areas of Tongatapu are without electricity and the government has been undertaking repairs. 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 was restored within two weeks to all areas of 'Eua, including to evacuation centres which is important in ensuring the safety of 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 communications were restored within two weeks of the cyclone. This is an important contributing factor in ensuring vulnerable people can stay connected to family and friends and seek help if required. However, those living on Tongatapu 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, with concerns about water quality and quantity and the risk of disease outbreak. NEMO¹ is encouraging self-recovery approaches. A lack of access to clean water is increasing the risk of waterborne diseases, and rainwater collecting in debris are potential mosquito breeding sites, increasing the risk of vector borne diseases (dengue in particular). Counselling and psycho-social support services are limited, as is information regarding support for protection concerns. At evacuation centres, there is a lack of separated WASH, toilet facilities and sleeping arrangements. Many toilets do not have locks and lighting is insufficient – this creates additional risks of sexual assault and exploitation and many women residents have reported feeling unsafe. Further, lack of supervision of children at evacuation centres has raised child protection concerns, especially for young girls who may be at increased risk of sexual assault and/or exploitation.

The Safety and Protection Cluster has outlined the following priority activities in the Draft Response Plan²:

- Distribute food relief for the affected including women, disability, youth and children
- Provide gender inclusion sanitation, hygiene and dignity kits
- Provide assistive devices for people with disabilities
- Provide counselling and psychosocial support

The 2018 cyclone season will not be over for another two months and the threat of another storm remains, along with the ever present possibility of other natural hazards such as earthquakes and tsunamis. Recovery will take place within the context of a rapidly changing climate.³ Children and youth, people living with disability or chronic illness, elderly people, people living on the outer islands, widows, young single mothers, pregnant and breastfeeding women, and people of diverse sexual orientation and gender identity and expression (⁴SOGIE) have been identified as most vulnerable to the impacts of TC Gita.

¹ The National Emergency Management Office

² A link cannot be provided to the Safety and Protection Cluster's Draft Response Plan as it not available for widespread dissemination.

³ Recent disasters include Cyclone Ian in 2014, a Category 5 severe tropical cyclone which struck the Ha'apai islands between Tongatapu and Vava'u; and the 2009 Tsunami, predominantly effecting the island of Niuaotupapu. Historically the worst droughts to be 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.

⁴ SOGIE or diverse 'sexual orientation and gender identity and expression' is the preferred term by Tonga Leitis Association for LGBTQI.

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 Cyclone Gita. It provides a snapshot of the different needs, capacities and coping strategies. Taking into consideration the tight time-frame, rapidly changing context and limited information, this analysis seeks to understand gender roles and relations and how they may be impacted by the disaster, and provide practical programming/operational recommendations to meet differing needs, ensure we 'do no harm' and where feasible, identify windows of opportunity to advance gender equality.

Methodology

The analysis is based on a review of secondary literature and reports and primary data collected during rapid needs assessments conducted by the Safety and Protection Cluster and Tonga Red Cross, a safety audit by the Women and Children Crisis Centre (WCCC), as well as consultations with NATA, MFFF, Talitha Project, and other development partners and UN agencies responding to Cyclone 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 regarding disability involving disability organisations (DPOs), a government disability focal point and followed up by advocacy training to support disability inclusive disaster response – and the other focusing on GBV and protection issues involving the Ministry of Internal Affairs (MIA), SRH and GBV service providers.

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 (shelter – integrated with WASH, and food security and livelihoods) and are likely to be relevant to other shelter and FSL stakeholders.

Gender roles and relations prior to Cyclone Gita

Gender roles

Women and men are engaged in distinct and complementary roles in agricultural food production. Men's roles lie predominantly outside the home, often in agriculture and fishing⁵ and tax allotment farming which involve land preparations, planting weed control and crop management. Risky jobs, such as climbing for coconuts, are done by men only. Women, along with younger family members, tend vegetable gardens for home consumption. Men also prepare, plant and maintain commercial crops such as vanilla, while women and children help to pollinate the plants. Men sell root crops and vanilla in local and export markets while women sell surplus crops in the market. Food preparation is shared between the male and female members of a family and men are responsible for preparing and cooking the 'umu.⁶ Significant numbers of (predominantly) men travel overseas to engage seasonal employment. Women weave and produce tapa, and are primarily responsible for caring for family members, and community engagement. Women and girls are also primarily responsible for sanitation and hygiene in the home.

Access to and control of resources

With minimal participation in the formal economy, as well as a lack of land rights, women generally have reduced 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 mainly provide incomes for men through larger business transactions and to women through market sales. Handicrafts have gained importance as a source of income, mainly because Tongans living overseas are willing to pay higher prices for these items. Some men own large equipment for farming plantations in tax allotment plots. Women and men may have different access to, and control over, finances and resources and decisions about household income and expenditures vary.

Participation and decision-making

A complex interplay of factors govern an individual's status in society, including hereditary status, gender, age, birth rank, education, financial means and contributions, and home island. Husbands generally have higher authority than wives, and men are generally considered to be the main decision-makers. However, women and men may take decisions in different spheres, or make decisions jointly. Men tend to make decisions about larger plots for root crops and women make decisions related to the use of land for home gardens. According to the 2016 census just under a quarter of all HHs in Tongatapu and a fifth in 'Eua are headed by women. Women heading their own households are by default 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 sectors⁷. There is one female District Officer in 'Eua out of 21, and three Town Officers out of 153.

Gender-based violence

One of every five women aged 15-49 years reported experiencing intimate partner physical and/or sexual violence in the last 12 months.⁸ 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, so statutory rape is not a crime⁹.

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 also coordinates the Safety and Protection Cluster. A range of CSOs work with women and girls, LGBTQ (SOGIE), people with disabilities and the elderly, and in the area of sexual and reproductive health. Many of these groups are also members of the Safety and Protection Cluster. Key decision-makers relating to the emergency response sector are largely male.

More information on gender issues in Tonga **Annex A**. List of Safety and Protection Cluster members **Annex B**.

⁵ PHARMA 2016

⁶ Tongan earth oven

⁷ 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.

⁸ Ma'a Fafine mo e Famili 2012

⁹ PHARMA 2016

Key Findings

Various factors combine to influence a person's vulnerability. The poorest households in Tonga tend to be those with many children, people with disabilities, high levels of unemployed, and no access to land. Initial data suggests that vulnerable groups post Cyclone Gita generally include people with limited resources to meet daily living expenses and customary obligations, and few sources of external economic or social support networks. Vulnerability is further exacerbated for people living with disabilities; the elderly or widowed or those with chronic illnesses; young children, single mothers, pregnant or breastfeeding; females heading a household; those with a large number of dependents; or diverse sexual orientations and gender identities. Data is still coming in and will need to be analysed to determine more precisely who the most vulnerable people are and where they are located.

Shelter, Safety and Protection

1991 houses were damaged or destroyed on Tongatapu and 257 on 'Eua. As of 22 February, 41 evacuations centres were operating on Tongatapu and 5 on 'Eua. The government is encouraging a self-recovery approach and the Shelter Cluster is expected to develop a strategy to facilitate restoration of residential homes and repatriation of families.

Protection, participation and psycho-social support

Transitional shelter materials have been distributed to all families with damaged or destroyed homes. In many, but not all cases, men will sleep outdoors in tents or under tarpaulins while women stay indoors with family or neighbours, if this option is available. While this may alleviate outdoor safety and security risks for women and girls, in some cases it may increase risks indoors. Initial assessments indicate protection risks related to temporary shelters and evacuation centres particularly in relation to sexual assault for women and girls, as well as difficulties in maintaining overall dignity. People using wheelchairs, particularly women, may require additional material for transitional shelters to ensure privacy and dignity are maintained. 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 those people with limited or no income.

During initial assessments all evacuation centres reported a complete lack of information regarding safety rules with no one delegated responsibility for safety and security. Despite notable exceptions, particularly in Latter-Day Saints run evacuation centers, toilets are not sex-separated and largely lack adequate lighting and locks. Six 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 the possibility of sexual exploitation and this has been flagged by the Safety and Protection Cluster for immediate follow up.

Evacuation centres were found to lack clear management systems and engagement with evacuees. Women have reported limited communications and information access, and minimal involvement in decision-making processes. During assessments, 14 of 17 female respondents expressed that they had no involvement in the first 72 hours of the crisis and were instructed where to stay and what to do by those managing the evacuation centres. Anecdotal reports suggest men faced a similar situation.

Several members of Tonga Leitis Association are currently living in evacuation centres or with family members because the cyclone has destroyed their homes. Consultations highlighted that those who are living in temporary housing are at risk of discrimination. Prolonged stays within these arrangements may be problematic if host families are not comfortable with SOGIE persons.¹⁰ The office of Tonga Leitis Association also serves as a refuge and has been damaged from the cyclone. They have launched a 'gofundme' appeal and UNDP has responded.

Many people with disabilities, as well as elderly people did not go to evacuation centres. In some cases, elderly people were forced to go to evacuation centres without sufficient understanding of the need to evacuate. 14 evacuation centres included women and girls living with a disability. Most people with disabilities who relocated to evacuation centres have returned home, due to lack of accessibility and reportedly feeling uncomfortable. 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 separate accessible toilets, most do not. In several cases they have returned to homes which are either partially or completely destroyed. Post disaster assessment reports highlight that the health needs of persons with disabilities is a priority given the lack of mobility around

¹⁰ See <http://www.washingtonblade.com/2018/02/21/cyclone-seriously-damages-tonga-lgbti-center-shelter/>

Tongatapu 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. The Ministry of Agriculture, Food, Forests and Fisheries (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.

Initial assessments on Tongatapu indicated that women and men of varying ages reported feeling unsafe, uncomfortable, insecure and fearful.¹¹ Although this was expressed by a minority of people, there were enough cases to warrant concern about people's ability to cope and recover after the cyclone. Tension is likely increase if people are required to stay in evacuation centres and with host families for prolonged periods of time.¹² Insecure and/or crowded living conditions will add to anxiety about food/water supply and expenses to repair/replace damaged homes and property, potentially leading to conflict within homes or communities. Men may become frustrated due to their inability to fulfill financial expectations and women will have heavier domestic workloads as they have to undertake daily household tasks without power and little or no water.¹³ During assessments when asked about people or places to go for help or counselling people many indicated they went to pastors or church leaders and family members, and a few people noted police (particularly due to easy access – none of the police posts were damaged) or Town Officers.¹⁴ Some reported they could access police for 'counselling' however, cluster members felt this may have meant general 'help'. There is a lack of counselling and psychosocial support (PSS) services to help both women and men people cope with trauma and stress and this is noted in the Draft Response Plan.

Shelter needs and priorities

People with the least durable houses will generally have extremely limited financial means to repair or reconstruct their homes. Single mothers, widows and widowers, the elderly, as well as people with disabilities (and their caregivers) who are not able to draw on strong family or social support networks for financial assistance or labour are likely to be among those least able to repair their homes or construct new houses. In many cases they may also be least likely to have a strong voice in household decision-making around reconstruction. The lack of land rights may also be a concern for women and may need to be negotiated carefully. Families – particularly single-headed households with low incomes and dependents due to age, disability or chronic illness – should be prioritised or they will continue to face high risks living in unsafe shelter, with less ability to prepare and evacuate quickly.

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

CARE/LL/MORDI 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 on people living with disabilities and chronic illness. People will be offered options of fixed value packages containing items 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), gender and social inclusion, and 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.

¹¹ This is also highlighted in the Response Plan. The exact nature of this fear or insecurity was not clear from the assessment.

¹² Exact numbers regarding population density in host families is not available.

¹³ 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.

¹⁴ A few people noted 'women's centre' as a place to seek help, however a WCCC representative stated that very few people seek assistance from the women's centre and assessors may have asked leading questions as it was listed among the options on the assessment form and limited time was given to train assessors

Recommendation: Shelter, Safety and Protection^{15,16}

The Safety and Protection Cluster Draft 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, including 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 PSS 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.

Assessments

Incorporating important gender issues in shelter assessments will allow the design of an effective, gender equitable response, including gender-sensitive monitoring and evaluation. A participatory assessment process has the potential to facilitate inclusion and 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, girls and marginalised groups in separate spaces.
- Communicate the results of assessments effectively to women, men and sub-groups in the communities.
- Share data and assessment results with the Safety and Protection Cluster, the Shelter 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.¹⁷
- 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 meet the needs and priorities of women and 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/children, with hygiene promotion to encourage shared roles/responsibilities.
- 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.

¹⁵ For additional guidance see CARE International Gender & Shelter Good Programming Guidelines

https://insights.careinternational.org.uk/media/k2/attachments/CARE_Gender-and-shelter-good-programming-guidelines_2016.pdf

¹⁶ For further guidance please see Emergency Shelter: Gender Marker Tip Sheet <https://www.careemergencytoolkit.org/wp-content/uploads/2017/04/1.0-Shelter-Gender-Marker-Tipsheets.pdf>

¹⁷ 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.

- 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 important actions to support protection, access, dignity, and privacy, including 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

- Establish confidential, accessible and responsive community feedback mechanisms based on methods identified by vulnerable groups and ensure these are well understood by all.
- Identify female staff as contact people for women and girls in the community to provide feedback.
- 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, 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 pro-active 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 should undertake and encourage people to take on non-traditional roles where feasible.
- Provide equal opportunities for women, especially single mothers of young children and female headed households (FHHs), 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 training sessions or arranging child care).
- Discuss/advocate for women's participation in shelter interventions with male leaders and family members.
- Consult women and men living with disabilities in the affected community 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 and policies to 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.

Gender, 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 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. 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.

Access to food

The Ministry of Internal Affairs has supported food pack distribution on Tongatapu to the elderly and disabled 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 Cluster, as well as the WASH, Health and Nutrition Clusters have identified several critical actions to support food security of vulnerable groups.

Reports suggest additional food will need to be distributed in the coming weeks. Households hosting evacuees have additional mouths to feed, possibly for some time depending on the timing of shelter and livelihood interventions. 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. A quarter of all FHHs on 'Eua and 15.5% of FHHs on Tongatapu receive income from the sale of crops, fish and handicrafts. Damage to mulberry trees in particular will have significant impacts on women's livelihoods. An analysis of additional data disaggregated by sex and other factors is needed to determine which households lack the means to produce or purchase and meet daily expenses.

The FSL Cluster has been discussing the need to inform the public if there is a possibility of food shortages within the coming weeks and to preserve root crops. 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 hence incomes, is unknown. There are concerns that these assessments may not consider household food security needs and household gardens (which are critical to household nutritional needs). A supply of healthy food alternatives may 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, elderly people and individuals with compromised immune systems. 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.¹⁸ MORDI is currently undertaking detailed assessments on 'Eua and a more in-depth gender analysis of incoming data will further guide FSL programming. Risks for women may include harassment by husbands in response to insufficient supply of food. Risks for children given added labour roles may include exposure to abuse when going alone to farms to collect food or work the gardens. These may be mediated by promoting group activities where girls can share workloads with elderly women (mitigating the risks of social abuse in working as individuals), including home gardening/farming and handicraft related activities.

CARE/LL/MORDI 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.

¹⁸ See Draft IASC Gender Handbook 2018.

Recommendations: Gender, Food Security and Livelihoods

Assessments

- Ensure assessment teams meaningfully involve women and are gender-balanced
- Ensure prior informed consent is obtained from all respondents
- Collect SADDD at different levels — community, household, individual — to get a clear picture of the specific food security needs of women, girls, men and boys and other groups.
- Analyse SADDD (or collect and analyse new 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.
- Share data and results of assessments relevant stakeholders.

Targeting

- Explicitly note whether ‘farmers’ are male or female.
- Identify and record preferences for seeds, seedling and cuttings of women, men and people with disabilities.
- Disaggregate beneficiary data by sex, age and type of disability, as well as other relevant factors, for example to identify FHHs, single mothers, older widows, HH size and number of dependents and host family households.

Access with safety and dignity

- Consider the specific dietary needs of different groups. Ensure future food distributions prioritise the nutritional needs of pregnant and breastfeeding women, the very young/old and people disabilities and chronic illness.
- Undertake outreach to ensure people with limited mobility or who may be marginalised are able to access distributions of food, seeds, seedlings and cuttings or tools.
- Ensure all staff and volunteers at all levels fully understand child protection and the prevention of sexual exploitation and abuse (PSEA) and sign codes of conduct.
- Put in place mechanisms, including awareness-raising for staff and volunteers and codes of conducts, to 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.

Accountability, participation and decision-making

- Ensure women (staff, volunteers and community members), as well as men, oversee registration, distribution and post-distribution monitoring.
- Strive for gender balanced FSL programme staff and volunteers and an equal distribution of roles, including in relation to management, construction and technical support.
- Ensure women are meaningfully involved in response design, implementation, monitoring and evaluation.
- Consult people with disabilities to identify ways to facilitate meaningful participation in FSL activities. Ensure they have a voice in planning/decision-making and are included beyond protection risk/accessibility discussions.
- Facilitate access to childcare to enable the participation of women who often carry the responsibility of caring for children, elderly and people with disabilities.
- 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 Diversity 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 context

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), in reality 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 – as such it is not recorded in the formal economy. In coastal areas, the fisheries industry is divided by gender. Women hunt along the coast and in lagoons, catching small fish and gathering shellfish (largely for home consumption). Men undertake large scale fishing in the reefs and deeper water. Food preparation is generally shared between men and women.

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. In anticipation of these events, homes and the village are rigorously cleaned. Condition of toilets, bath houses, and management of solid waste is included in the assessment. Involvement in project communities can become a burden on women as they still have domestic and other duties to perform.¹⁹

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 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.

¹⁹<http://www.pacificwater.org/userfiles/file/GEF%20IWRM%20Final%20Docs/SOPAC%20Tonga%20Final%20IWRM%20Diagnostic%20report.pdf>

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 is a 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 and 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.²⁰ Women 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, and the infant mortality rate as 14.4 per 1000 live births. Contraceptive use is at around 32%²¹. 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 vasectomy²². Cervical cancer is a leading gynaecological problem among Tongan women, but access to tests such as PAP smears is limited.

As outlined in the 2016 National Census, 87,774 people in Tonga were identified as having a mental health illness.²³

People living with disabilities

As at the 2016 National Census, there were 21,237 people living with a disability in Tonga, constituting 20.1% of the population. 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.²⁴

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 (as well as vulnerability to budgetary cuts) has impeded policy implementation and led to total donor dependency. Programme activities are mainly implemented in partnerships initiated by DWA, civil society organisations (CSOs) and non-governmental organisations (NGOs).

Langafonua 'a e Fefine ('nation building by women') Tonga are the national umbrella/coordinating body for women's organisations in Tonga. Their objective is the promotion and of the role of women in building healthy families, arts/culture, education, business and economics. It has also been actively engaged in supporting the installation of rainwater harvesting systems by assisting women to raise the necessary funds to contribute to construction. The effort required to raise this money usually results in long term care of the system rather than provision of rainwater tanks.

For more information regarding women's organisations and CSOs and their contact details refer to Annex C.

²⁰ 2016 PHARMA Report

²¹ <https://www.fpnsw.org.au/who-we-help/international/international-countries/tonga>

²² SPC 2012, *Stockade of the Gender Mainstreaming Capacity of Pacific Island Governments*; Tonga, Noumea.

²³ <http://tonga.prism.spc.int/tdos-documents-library?view=download&fileId=2243>

²⁴ 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 providing the 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.	'Eva Tuipetau – Tu'uholaki Deputy Director 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.	Reverand '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	A charity and crisis centre whose mission is to work towards the elimination of violence against women and children.	tncwinfo@gmail.com

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Tonga Red Cross	National Red Cross Society member of the International Red Cross and Red Crescent Society	Mr Sione TAUMOEFOLAU General Secretary sg@tongaredcross.to
Tonga Youth Congress	<p>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.</p> <p>Activities: Capacity building, farming skills, income generation, health promotion</p>	tongayouth@tnyc.to
Women & Children Crisis Centre (WCCC)	<p>Mission: Eliminate all forms of violence against women and children in Tonga</p> <p>Services: counselling, refuge and advocacy for survivors of domestic violence, sexual assault and child abuse.</p>	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

*The full list of Safety and Protection Cluster members and their contact details is still being confirmed so this list is partial and will be updated.