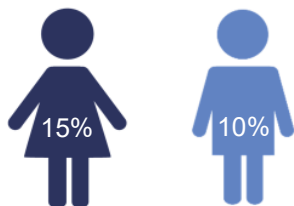


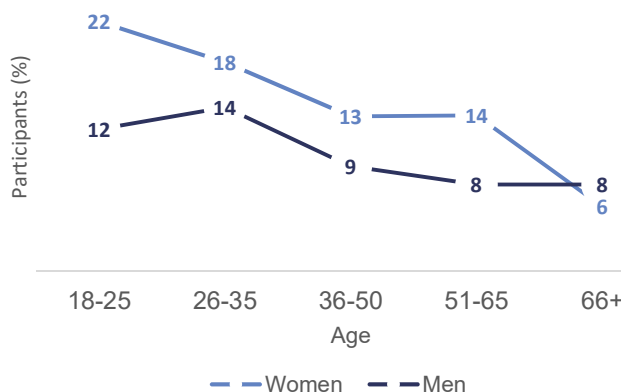
The Individual Deprivation Measure (IDM) is gender-sensitive measure of multidimensional poverty that assesses 15 key dimensions of life, including some that are particularly significant for women. Because it measures at an individual level and collects information about sex, age, disability and geography, the IDM can provide information about differences in circumstances of women and men, overall and in the 15 dimensions it measures. This brief uses IDM data from Fiji to show differences in four dimensions of life affected by COVID-19, to inform gender-responsive planning and response.

Water



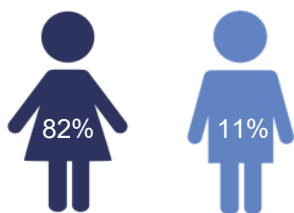
In Fiji, and across the world, women and children have primary responsibility for water collection (WHO and UNICEF, 2017). In rural settlements in Fiji in which the IDM survey was undertaken, women travelled up to 90 minutes a day to access water. Women's gendered and unequal responsibilities for unpaid household care work (cleaning, cooking, washing and care for children and elderly people) increases their water needs. 15% of women reported never or rarely having sufficient water for personal use, compared to 10% of men.

Never or rarely have sufficient water for personal use



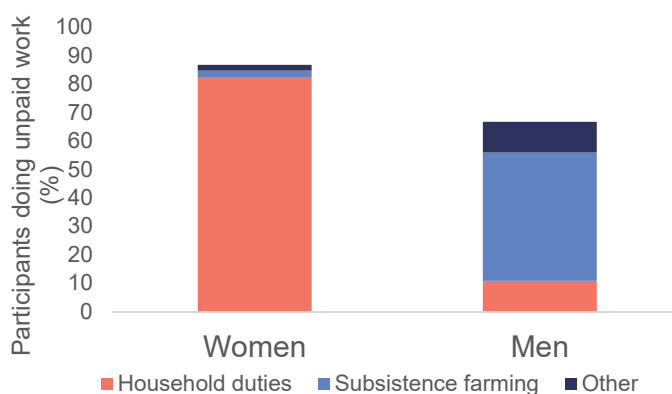
Implications: Requirements for frequent handwashing to prevent the spread of COVID-19 will increase the need for water in households. Where the water source is off premises, this will add to women's time burden, given their primary responsibility for collecting water. Other unpaid household care work also requires water. Ensuring women have access to sufficient water to meet these existing needs *and* increased handwashing requirements is essential to protect the well-being of diverse women, families and communities, and limit the spread of COVID-19.

Unpaid work



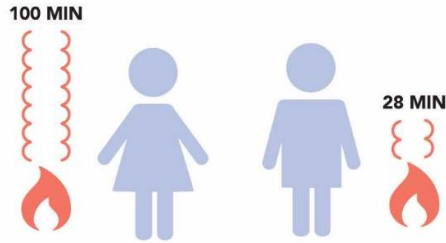
Across Asia and the Pacific as a whole, women do four times more unpaid care work than men (ILO, 2018). In areas of Fiji in which the IDM study was undertaken (areas with a higher prevalence of poverty¹), 82% of women regularly do unpaid household work (including cooking, cleaning, washing clothes, looking after children or other household members, fetching water and cooking fuel) compared to 11% of men.

Main kind of unpaid work

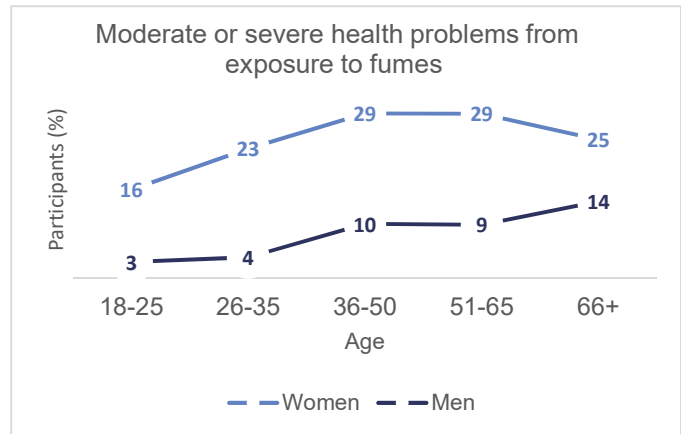
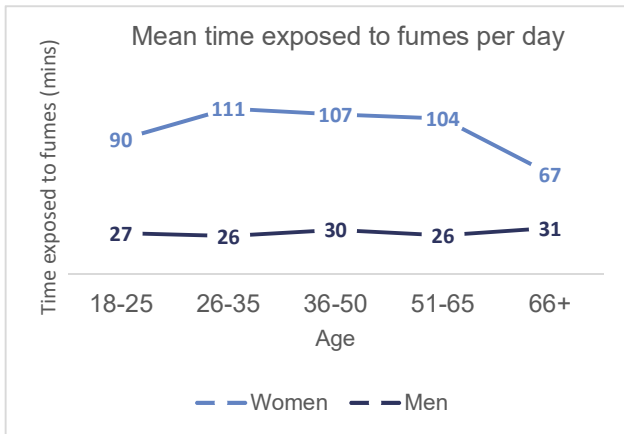


Implications: If schools close, women will be disproportionately affected given gendered expectations about who in the family will take on increased care responsibilities. An increase in the number of meals eaten at home will increase the time required for food preparation. The time required to collect water may also increase, particularly in rural areas. This will affect the time women have available for other productive activities. Consultation with women is critical to understand the support and flexibility that can help in managing multiple additional demands linked to COVID-19.

Energy/Fuel

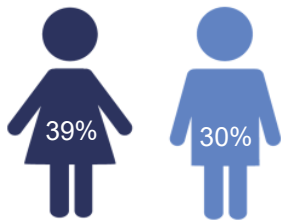


Gendered and unequal responsibilities for unpaid household and care work mean women spend much more time cooking than men. The IDM study in Fiji found that women spend an average of 1 hour and 40 minutes per day exposed to smoke from cooking or heating compared to 28 minutes for men. On average, 25% of women reported moderate or severe health problems from exposure to fumes in the home, compared to 8% of men. Women aged between 36 and 65 were more likely to report moderate or severe health problems than younger women.

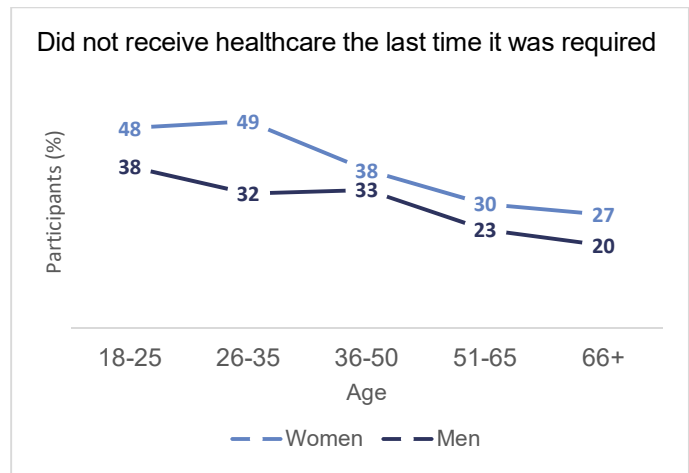


Implications: Requirements to stay at home to limit the transmission of COVID-19 may increase women’s exposure to fumes from unclean fuel. Actions to reduce long-term health impacts as communities tackle the immediate challenges of COVID-19 include increasing the availability of clean fuel and cook stoves, public health messaging about the importance of ventilation and more equal sharing of unpaid care work, to reduce the exposure of each household member below critical levels.

Health



The IDM study in Fiji found that women are less likely than men to seek and receive healthcare when it is required, across every age group. The gap between women and men is widest for those aged between 26 and 35 years. On average, 39% of women did not receive care the last time it was required, compared to 30% of men.



Implications: Women face a range of barriers to accessing health care. Care responsibilities can limit women’s mobility. Women earn less than men, in all countries including Fiji. Women may not be able to control how money is spent. These factors can all affect women’s ability to access health care for themselves. Specific steps are needed to address these barriers, such as bringing health services to women and subsidising costs. As health systems come under pressure from COVID-19, it is critical to provide sufficient funding to cope with increased demand *and* sustain services for vital non-COVID-19 services including maternal and neonatal care, and sexual and reproductive healthcare.

Data in this infographic are from an Individual Deprivation Measure Study in Fiji, undertaken by International Women’s Development Agency with the Fiji Bureau of Statistics in 2015-16. The sample was focused on areas with a high prevalence of poverty, as identified by a previous World Bank study (2011). For further details, see Fisk, K & Crawford, J 2017, *Exploring multidimensional poverty in Fiji – Findings from a study using the individual deprivation measure*, International Women’s Development Agency, Melbourne.