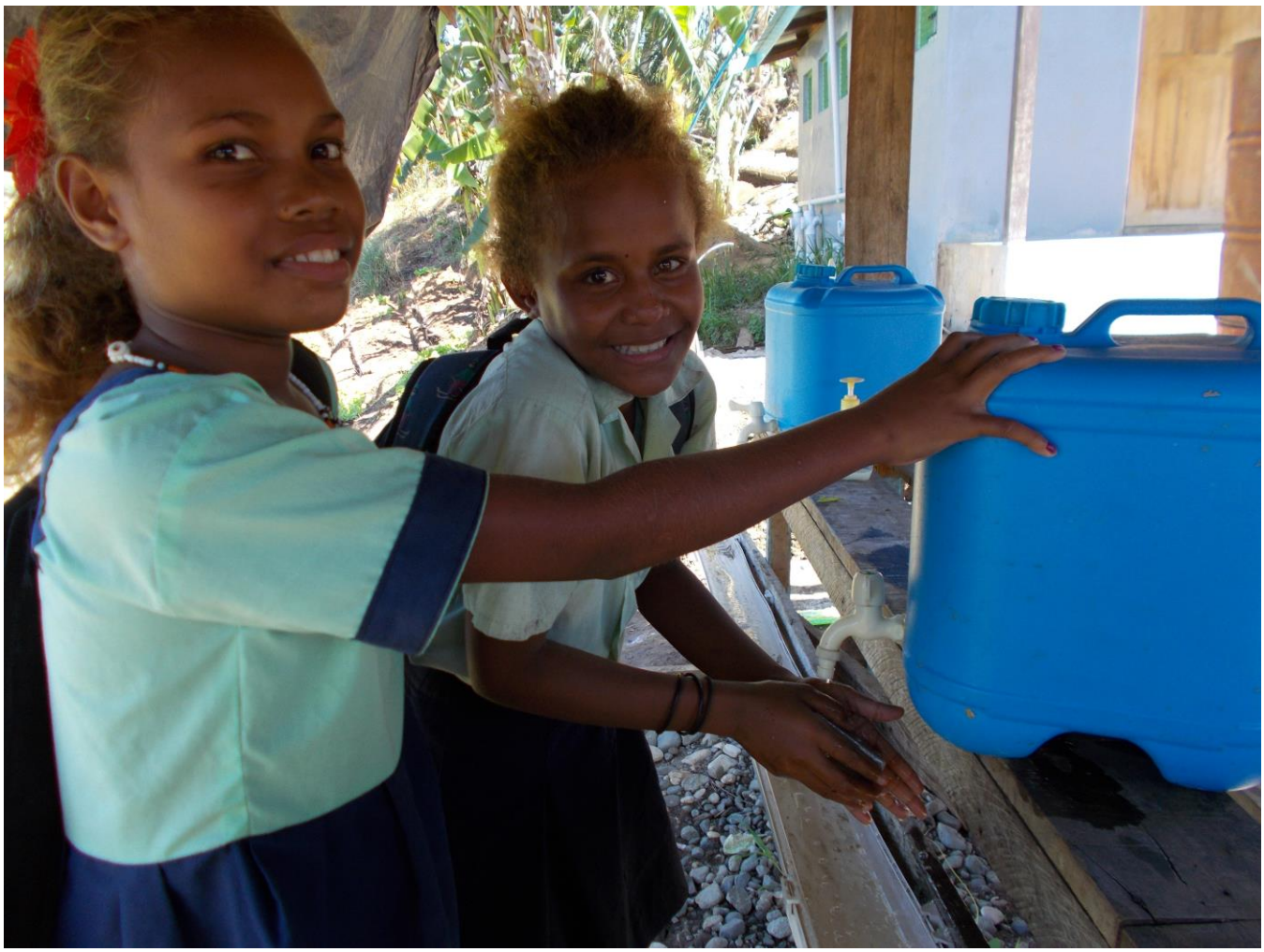

Gender, Disability and Inclusion Analysis for COVID-19 and Tropical Cyclone Harold

Solomon Islands

June 2020 (updated November 2020)

LIVE&LEARN SOLOMON ISLANDS

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Cover page photo: School children washing their hands, Solomon Islands
Photo credit: Live and Learn Solomon Islands

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Acronyms

COVID-19	Novel coronavirus 2019
DPO	Disabled Persons Organisation/s
GBV	Gender-based violence
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer or questioning & Intersex
NCDs	Noncommunicable diseases
PICTs	Pacific Island Countries and Territories
PSEA	Prevention of Sexual Exploitation and Abuse
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
TC	Tropical Cyclone
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation

Executive Summary

The novel coronavirus 2019 (COVID-19) was declared a pandemic on 11th March 2020.[1] When Tropical Cyclone Harold hit on the 2nd April, the Solomon Islands was among the first countries forced to grapple with the complex intersection of COVID-19 and disaster. While the country has managed to contain the spread of COVID-19 and prevent community transmission to date, the pandemic is still having a major impact on everyday life for men, women, boys and girls. Lock-down measures, the abrupt cessation of tourism, severe disruptions to international trade and other flow-on effects of the global pandemic (combined with the effects of TC Harold and pre-existing vulnerabilities) are resulting in widespread income and job losses, heightened stress and tension, increased family violence, displacement, and disrupted access to education, health, and water and sanitation.

If community transmission of COVID-19 occurs, there will be a public health crisis with complex contextual challenges. These include a population dispersed across isolated islands and limited resources, including limited access to quality health services.

The current COVID-19 impacts are disproportionately affecting women, girls and people with disabilities in the Solomon Islands, and this will be exacerbated in the case of a wider COVID-19 outbreak. All humanitarian programming must consider gender roles and responsibilities and the existing patterns of community participation and leadership, in order to 'do no harm' and help facilitate a gender and disability inclusive approach to COVID-19 prevention and recovery.

Key Findings

- Family violence has reportedly increased since COVID-19, in a country which already had one of the highest rates of family and sexual violence in the world.
- Livelihoods are particularly vulnerable to shocks due to semi-subsistence lifestyles and a high reliance on the informal sector for income.
- The pandemic is having devastating impacts on local open-air produce and handicraft markets, with many markets closed, prices dropping, and reports of produce left to waste.
- COVID-19 has led to a sharp drop in commodities exports (including logging and fisheries) and tourism, resulting in widespread job and income losses.
- Hygiene information is being widely received, though the resulting behaviour change it is often temporary, with infrastructure gaps a constraint to sustainable changes in handwashing behaviour.
- Women (as primary care givers and with significant domestic responsibilities) have an increased workload.
- Pre-crisis patterns of representation, participation and decision-making are reflected in forums and processes for decision making about COVID-19 at household and community level.

Key recommendations

Recommendation 1: Ensure availability of sex, age and disability disaggregated data, including on differing rates of infection, economic impacts, care burden, and incidence of domestic violence and sexual abuse**.**

Recommendation 2: Ensure response teams include men, women and people with disabilities and that essential protection policies and mechanisms are in place.

Recommendation 3: Ensure meaningful engagement of women, girls and people with disabilities (including their networks and organizations) in all COVID-19 decision making on preparedness and

response at the national, provincial and community levels, to ensure efforts and response are not further discriminating and excluding those most at risk**.**

Recommendation 4: Ensure hygiene promotion is accompanied by improvements to WASH infrastructure where possible, to support sustainable behaviour change and reduce the burden and risks to women and girls. Ensure that any structural improvements to sanitation facilities incorporate flood-resistant latrine design, given the country's vulnerability to climate change and extreme weather events.

Recommendation 5: Prioritize services for prevention and response to gender-based violence in communities affected by COVID-19, ensuring they are fully funded and able to operate like other essential services.

Recommendation 6: Ensure that preparedness, response and recovery activities include a focus on livelihoods diversification and economic recovery, targeting vulnerable groups such as female-headed households, people with disabilities, and women and men who depend on the informal sector for income.

Recommendation 7: Design and implement preparedness, response and recovery activities targeting people with disabilities in ways which highlight their strengths, capacities and rights, in order to avoid unintentionally reinforcing harmful beliefs and stereotypes that people with disabilities cannot take a full and active part in community life.

Introduction

Background information: the Solomon Islands, TC Harold and COVID-19

The novel coronavirus 2019 (COVID-19) was declared a pandemic on 11th March 2020.[2] When Tropical Cyclone Harold hit on the 2nd April, the Solomon Islands was among the first countries forced to grapple with the complex intersection of COVID-19 and disaster. Following the government's announcement that a lockdown would be introduced due to the pandemic, thousands of people living in Honiara returned to their home villages.[3] Some of those evacuating the capital were caught up in Tropical Cyclone Harold, and tragically 27 people lost their lives when they were swept overboard from an overcrowded ferry during the storm.[4]

Tropical Cyclone (TC) Harold also caused damage to crops, food gardens, home, buildings and roads across Honiara, Western Province, Guadalcanal, Makire, Rennell and Bellona.[5] Though other countries experienced more extensive damage, the destruction wrought by TC Harold impacted nutrition, water and sanitation, education and health in the Solomon Islands.[6] The multi-layered impacts of COVID-19 are unfolding against this backdrop, compounding the effects of TC Harold and the ongoing effects of climate change.

The COVID-19 pandemic is having devastating impacts around the world. As of 28th November, there have been 61,299,371 confirmed cases of COVID-19 globally, including 1,439,784 deaths.[7] There are now only nine countries in the world who have not reported any cases of COVID-19, and seven of them are in the Pacific (Nauru, Tonga, Kiribati, Micronesia, Palau, Samoa and Tuvalu).[8] The relative isolation of the Pacific Island Countries (PICs) and their swift decisions to close borders were important factors in preventing or delaying the outbreak from reaching their shores.[9]

The Solomon Islands remained COVID-19 free for more than six months into the pandemic, recording its first case (a student who had returned from the Philippines on a repatriation flight) on the 3rd of October.[10] As of 27th November, there have been 16 recorded cases of COVID-19, with no deaths.[11] All of these are imported cases, and have so far been contained within quarantine stations .[12] The World Health Organization (WHO) classifies the Solomon Islands' transmission status as 'Sporadic cases', with no clusters of cases or widespread community transmission reported to date.[13] The government has sought to reassure the public that the threat of community transmission remains low, though the State of Public Emergency was still extended on 24th November for an additional four months to help protect the country from any community spread.[14]

The experience of other Pacific Islands highlight the risks. At the time of writing, Guam is experiencing large-scale community transmission, and French Polynesia is experiencing a second wave with large-scale community transmission in Tahiti.[15] As at 27th of November, there have been a total of 20,829 cases (including 187 deaths) in the Pacific Islands.[16] The remoteness and isolation of the Solomon Islands have helped to delay and contain the threat of COVID-19.[17] However, these same factors - vast distances, isolated islands, a population dispersed across almost one thousand islands - and the country's limited resources would make responding to widespread community transmission extremely challenging, and could mean that even a small number of cases could have a disproportionately devastating impact.[18]

Accordingly, there has been an emphasis on prevention, with the Solomon Islands proactively introducing strict preventive measures, including movement restrictions, border closures, school closures, and the closure of public spaces such as markets. While movement restrictions have been promoted by public health authorities around the world as an effective way to control the spread of the disease, when applied in low-resource settings, these same restrictions can cut off people's

access to livelihoods and basic goods and services, increase food insecurity and malnutrition, and leave people more exposed to violence, including gender-based violence (GBV).[19] These restrictions exacerbate existing vulnerabilities, and the risks are multiplied for groups who are already systemically disadvantaged, including women and girls.[20]

Given the Solomon Island's history of conflict, with the Tensions of 1998-2003 and sporadic outbreaks of violence as recently as 2019, there is a risk that the economic impacts of COVID-19, prevention measures and the influx of people returning from urban areas to their home islands could stoke tension and conflict.[21] In responding to the risk of COVID-19, the Solomon Islands faces the challenge of finding - and constantly recalibrating - a balance between preventing COVID-19 and the other basic needs of its communities, especially their most vulnerable segments.

Objectives of the Gender, disability and inclusion analysis

This gender, disability and inclusion analysis has the following objectives:

- To analyse and understand the different impacts that COVID-19 and TC Harold is having on women, men, girls, boys, people living with disabilities and other vulnerable groups in the Solomon Islands;

- To inform humanitarian programming in the Solomon Islands based on the different needs of women, men, boys, girls and people living with disabilities with a particular focus on gender-based violence (GBV) and livelihoods.

Methodology

This Gender, Disability and Inclusion Analysis was comprised of a secondary data review, and face-to-face interviews with 91 key informants in the Solomon Islands. Key informants included representatives of 11 organisations, including violence referral services, women's organisations, agricultural organisations, government departments, a disabled persons organisation (DPO) and a utility company. An additional 80 interviews were conducted with men and women from communities across Honiara, including chiefs, women's group leaders, mother's union members, church leaders, elders, community committee members, youth leaders, and savings club members. 57% of community level interviewees were women and 43% men, ranging in age from 20-65 years old. The sample included nine people with disabilities (six female, 3 male), including sensory and physical disabilities.

Key informants were selected based on a purposive sampling approach. It is not intended to be a representative sample, but instead to offer a snapshot and some key insights into the evolving situation. The secondary data review was conducted May-June 2020, and primary data collection during August-September 2020.

Some limitations of this analysis include:

- While the majority of the population of the Solomon Islands lives in rural areas, the men and women interviewed as part of this assessment were all living in Honiara.[22] As such, the primary data reflects urban experiences, with secondary data used to fill in this gap where possible.

- The primary data collection and secondary data review were completed before the Solomon Islands recorded its first case of COVID-19 on the 3rd of October.[23] It is important that all findings be interpreted in this context, as there are likely to be significant changes as a result of this milestone and as the emergency situation continues to evolve. Minor updates to this report were made in November 2020, though the bulk of the analysis is from the period before the first in-country case.

- Given the broad 'snapshot' goals of this analysis, and the many methodological and ethical challenges of researching sensitive topics such as family violence, the data on gender-based violence here is necessarily limited. It does not aim to provide a comprehensive picture of the current situation, but to offer rapid observations to inform humanitarian programming and a do-no-harm approach.

Demographic profile

The Solomon Islands has a population of approximately 652,858 people (49% female, 51% male).[24] Men outnumber women in all except one province, and the imbalance is highest in Honiara, where there are 112 men for every 100 women, indicating that men are more likely to move to Honiara than women.[25]

Table 1: Solomon Islands population by age and sex[26]

Age group	Female	Male	Total
0-14 years	127,204	135,518	262,722 **(40%)**
15-64 years	181,661	184,981	366,642 **(56%)**
65+ years	12,045	11,449	23,494 **(4%)**
Total	320,910 **(49%)**	331,948 **(51%)**	652,858 **(100%)**

The population of the Solomon Islands is one of the youngest in the region, with a median age of 20.6 years.[27] Incorporating young people into the productive labour force remains a major challenge.[28] Internal migration is an important fact of life in the Solomon Islands, with one fifth of the population living in households that have moved across provinces.[29] Internal migration for economic opportunities has been a key pattern since colonisation, and a source of considerable tension between islanders.[30] International migration is relatively low (0.3% of the population), but prior to COVID-19 there had been increasing participation in seasonal work programs and other labour mobility schemes.[31]

The majority of the population lives in rural areas, with only 20% of the population classified as urban.[32] However, the urban population is growing, with one of the highest urban growth rates in the region.[33] The last national household income and expenditure survey (in 2012-13) found that 12.7% of the population in the Solomon Islands lived below the basic needs poverty line.[34] Poverty is more prevalent in rural communities, with 87% of the poor living in rural areas.[35] However, urban poverty is an increasing challenge, and Honiara's poverty rate (15%) is higher than the national average. [36] The poverty risk for female headed households is slightly less than for male headed households, [37] and migrant households are significantly less likely to be poor than non-migrant households.[38]

Ethnically, the population is comprised of 94% Melanesians, 4% Polynesians, and 2% Asians, Caucasians and Micronesians.[39] The 1999 census distinguished 91 different vernacular languages, though Pidgin is widely used as the *lingua franca*, and English is the official language.[40] The average household size is five people (six in urban areas, five in rural areas).[41] More households are headed by males (82%) than females (18%).[42] Literacy rates are relatively high, though lower among women (82%) than men (90%).[43]

Some of the key patterns of discrimination and inequality in the Solomon Islands are on the grounds of gender, ethnicity (including aspects such as island of origin and wantok), economic status, sexual orientation, citizenship, HIV status and disability.[44]

An estimated 15% of the population have some form of disability, with the prevalence being slightly higher amongst women (15%) than men (13%).[45] People with a severe disability (1% of men, 2% of women) are much less likely to go to school or get work, though there are no significant gender gaps in either the prevalence of disability, or in education or work outcomes.[46] Only 2% of children with disabilities attend primary school,[47] compared to 66% of children overall.[48] The disability rate increases among older age groups, and people with a disability are more likely to live in rural areas, highlighting the importance of providing services to those living outside of urban centres.[49]

Life expectancy in the Solomon Islands is just above the regional average, at 73 years for women and 70 years for men.[50] Non-communicable diseases (NCDs) such as cardiovascular disease, cancer, chronic respiratory disease and diabetes account for 69% of all deaths.[51] Men have a higher risk (26%) of premature death due to NCDs than women (21%).

Findings and analysis

Gender roles and responsibilities and the impact of disability

Women and men in the Solomon Islands typically have gendered household and community roles. These have been shaped by traditional customs (such as bride price) and religious and colonial systems, which have normalized men as decision makers and women as subordinate in the private and public spheres.[52] Many of these same norms also limit the household and community roles of people with disabilities. Traditional attitudes towards disability are based on a belief that people with disabilities cannot be expected to take a full and active part in home or community life and should be cared for by others.[53] While promoting care and charity, these attitudes also close off opportunities to support people with disabilities to participate fully in the private and public spheres, with the cultural norm posing a barrier regardless of the person's actual capacity to participate. Men and women with disabilities may be prevented by their families and communities from getting married,[54] and in some cases husbands leave their wives if they acquire disabilities once already married.[55] As well as isolating men and women with disabilities from family support networks, this also shapes their roles and responsibilities at household level.[56]

Division of (domestic) labour

In both urban and rural households, women and girls perform the majority of unpaid caring and household work, including childcare; caring for household members who are elderly, ill or living with disabilities; food preparation and cooking; washing clothes and working in kitchen gardens.[57] The burden of domestic work is heightened by inadequate water, sanitation and energy infrastructure, particularly in rural areas, where women and girls often walk to water sources to collect drinking water and do laundry, and collect wood for fuel. Only 55% of households have access to electricity (with 68% of these households in urban areas), and 91% of all households use solid fuel (eg. wood, sawdust, shrubs) as their main source of cooking fuel.[58]

The 2012-13 Household Income and Expenditure Survey asked respondents about the main activity they were engaged in the previous week. It found that a higher proportion of females than males are engaged in non-monetary activities such as unpaid household domestic work in both urban (13% females; 6% males) and rural areas (11% females; 4% males).[59] However, this does not reflect the double burden of women who also engage in paid work, and may have reported paid work as their 'main activity'. Women in the Solomon Islands continue to perform the majority of the housework and childcare, despite their increasing economic contributions.[60] This is reflected in a 2018 study which found that across all types of unpaid care and household work, women contribute just under 12.5 hours per day (which goes up to 23.5 hours for young women, due to caring for infants throughout the night), while men and young men average 3.5 and 2.5 hours respectively.[61] As a result, young men enjoy an average of six hours of leisure time per day, compared to 1.5 hours for women and young women.[62]

There is limited data on how disability status impacts the division of labour. While in some cases people with severe physical disabilities may do less domestic work than those without disabilities, there is also some evidence to suggest that women and girls living with disabilities (including physical disabilities) may face a greater burden of domestic work than other household members. Research

by Equal Rights Trust on patterns of discrimination and inequality in the Solomon Islands in 2016 identified the following story, which may be indicative of a broader trend:

> *Jessica, a girl with physical disability from Salisapa, Central province, told our researchers that she felt treated differently compared to girls of the same age and that, while the rest of the family was playing games or telling stories, she was sent to wash dishes, cook and do other menial work*.[63]

The gendered and ableist norms underpinning these roles and responsibilities are often enforced through violence. Many men and women believe that a husband is justified in hitting or beating his wife for perceived failures in household and caring work, such as burning the food (19% of men, 32% of women) or neglecting the children (45% of men, 67% of women).[64] It is striking that these beliefs are more common among women than men. In the 2015 Demographic and Health Survey, 77% of women (compared to 57% of men) identified at least one type of perceived misdeed that they believed justified a husband hitting or beating his wife.[65] Far from fading away, these harmful beliefs were actually more common among women in 2015 than they were in the same survey in 2006/2007, when 69% (compared to 77% in 2015) of women identified at least one reason they believed justified wife beating.[66] Interestingly, these beliefs became less common among men during the same period, though still pervasive, dropping from 65% in 2006/2007 to 57% in 2015.[67] Family violence disproportionately affects women and girls with disabilities, who are two to three times more likely to experience physical and sexual abuse than women and girls with no disabilities.[68]

The COVID-19 pandemic has increased the demand for unpaid care work in the Solomon Islands, with the closure of schools creating additional hours of childcare work. If community transmission of COVID-19 occurs, this care burden will increase dramatically, and it will likely be women and girls who care for the sick at home, in line with their existing roles. This care burden will be of particular significance in the Solomon Islands given its geography: there are a range of logistical and financial constraints to delivering healthcare across small island populations, which mean that hospitals are often difficult to access for people living outside the larger islands, and families are left to care for the sick at home.[69] For some, the pandemic has already generated additional cooking and cleaning work, due to an increased focus on hygiene, and more family members staying home (due to movement restrictions, job losses and reduced working hours, and people leaving cities to return to their village homes).

In areas affected by Tropical Cyclone (TC) Harold, households face additional challenges. Like COVID-19, TC Harold has also increased the demand for unpaid work, such as repairing and cleaning damaged buildings and home gardens. Even in areas where home gardens were not damaged, men and women interviewed as part of this assessment reported spending more time working on home gardens since the crisis. In some cases, this was linked to job losses and newly unemployed family members having more time to work on home gardens (for both subsistence and market purposes), and in at least one case it was attributed to consumption patterns changing in response to income loss:

> *Now families work a lot in the gardens; before people mostly eat from the goods brought in the shop. Income for families is quite low compared to before.*
>
> - 29 year old man from Green Valley, Honiara City Council.

While the primary data indicated a clear increase in domestic labour since TC Harold and COVID-19, the responses were much more mixed on the question of whether there had been any changes in the division of that labour. Some men and women spoke of increased sharing of responsibilities between women and men, with men taking on traditionally female household roles, and women taking on

traditionally male household roles (like building repairs). As one 49 year old woman from East Honiara explained:

> *Generally men work for money, women doing the household work (cooking, washing, look after children) but during TC Harold and COVID-19 they have changed, and everyone shared responsibilities…Women build houses, men help in gardening and cooking. One very important thing is responsibilities are shared between men and women. Working together both men and women. COVID-19 lockdown can bring both men and women doing household work.*

However, even among those who reported men taking on more domestic work (such as cooking and hygiene related tasks), this was often framed as men 'helping' women with work that was still perceived (by both men and women) to be the role of women, rather than a significant re-shaping of gender roles:

> *For Cyclone Harold and COVID-19, good working together [is] happening in the family. Husband and wife cooperate. Some of the roles of men reduced in order to support the wife with her roles. Likewise for women (wife).*
>
> - 58 year old woman from East Honiara

A large minority of interviewees reported no significant changes in household roles and responsibilities, with women more likely to report no change than men. Without changes to existing gendered divisions of labour, the additional domestic and caring work created by the pandemic falls to women, further increasing their care burden and exacerbating existing inequalities in the gendered division of domestic work.[70] Moreover, for some, the crisis appeared to be reinforcing rather than shifting traditional ideas around gender roles. As one 42 year old man from West Honiara explained, the change in roles he noticed as a result of the crisis was not a shift but in fact 'further emphasis on the roles and responsibilities, in order to cope with the situation'. Both men and women reported feeling increased pressure in relation to their family responsibilities, particularly around food and livelihoods, and to a lesser extent cleanliness and hygiene. Where household tensions increase around women's traditional responsibilities, including sourcing and cooking food for the family, women are at greater risk of domestic violence (see section on Gender Based Violence).[71]

Where crises create additional unpaid work, and families are overwhelmed by the demands of additional unpaid work as well as livelihood activities, time and energy for care responsibilities may be traded-off against livelihood activities. There are some indications that this dynamic may be playing out in the context of COVID-19, with one 33 year old man from East Honiara noting 'everyone has to struggle to earn money, not to spend most time in the house'. A 2016 study in the Solomon Islands found that a reduction of time and energy for caring work disproportionately affects people (especially children) with disabilities who need additional care and support, but may be perceived as having little value. [72] This can lead to neglect, mistreatment, and additional barriers in accessing services and educational opportunities for boys and girls with disabilities.[73]

Access to and control over resources

In the Solomon Islands, men generally control productive resources (such as gardens, cocoa and coconut plantations, canoes, generators and gardening tools) while women control resources that support care and domestic work such as cooking equipment and bedding.[74] Some women also have decision-making control over gardens and gardening tools and some lower value productive assets such as fruit trees and small livestock, and decisions over subsistence agriculture.[75] A 2018 study by Strongim Bisnis and Oxfam found that widows and people with disabilities experience the most marginalisation in relation to access to and control of resources.[76] In the case of widows, their sons

often take over decision-making on key resources, though some widows are able to maintain power over their household resources and assets.[77]

The vast majority of men and women interviewed as part of this assessment reported that there had been no change in who is in control of family resources and assets as a result of COVID-19 and TC Harold. This indicates that even in families where the crisis is changing the allocation of household labour between men and women, these changes stop short of shifting gendered patterns of control over high-value resources.

Land is the most critical productive asset influencing economic empowerment in the Solomon Islands.[78] Almost all land in rural areas (and 80% of land overall) is under customary ownership, recognised in national law.[79] Traditionally, land is owned in common by clans, but used by individuals or families, with clan leaders making decisions about access and use.[80] The Solomon Islands has both matrilineal and patrilineal descent and inheritance systems. In patrilineal communities, men have control over land, and provide approval for women to use any of the family land for subsistence or market farming.[81] In the 2018 study, women in patrilineal communities did not report any problems in accessing land, but did not have control over its use or management. [82] In matrilineal clans, land rights are inherited through women. However matrilineal clans are still headed by men, who make the decisions about the use of clan land, including negotiations with investors, and it is generally men who are the signatories to land agreements and beneficiaries of royalty payments.[83]

These gendered power dynamics are shaped by the complex and evolving interactions of *Kastom*, Christianity, capitalism and the cash economy, and inter-island migration. This is highlighted in the 2018 Strongim Bisnis/Oxfam study, which illustrated how the cash economy is influencing customary norms. Male and female participants in the study explained that while women are publicly recognised as the land owners, this has become a formality:

> *"Before, our great grandmothers had more power over land but now women don't have much power. She can talk, but when money is involved, [men] don't listen to what the wife says. The power that men are getting from having money and resources reinforces their power."*
>
> - Woman from Guadalcanal Province[84]

> *"Women own land but men make decisions on how to use the land and what to do with the income from the land".*
>
> - Man from Guadalcanal Province.[85]

Migration status also impacts access to and control over land. Men who remain in their village have more control over land than those who move out, and women with migrant husbands married in from outside have significantly more control over land than other women.[86] Disability amplifies the economic and social insecurity inherent to living on land for which one has a secondary claim. A 2016 study in the Solomon Islands found that children's capacity to claim land rights when their parents pass away was an ongoing source of economic insecurity and concern for families with children with disabilities.[87] More broadly, the same study found that the disability-poverty nexus and inequalities in health, wellbeing and quality of life affecting people living with disabilities in the Solomon Islands was linked to patterns of social vulnerability institutionalised in landownership and patterns of descent.[88]

These findings highlight the critical importance of ensuring a gender sensitive and inclusive approach to agricultural and other livelihoods programming in response to the economic impact of COVID-19 and TC Harold. Without adequate consideration of gender, migration status and disability at all stages of program design and implementation, there is a high risk that livelihoods programming will reinforce existing inequalities, and fail to benefit the most vulnerable.

Decision-making, participation and leadership

Patriarchal and ableist norms shape patterns of decision-making at household and community level. Women typically have more control over decision-making at household level than they do over decision-making at community level. [89] However, even at household level, only 66% of currently married women participate in all three categories of decisions asked about in the 2015 Demographic and Health Survey (their own healthcare, making household purchases, and visits to their family or relatives).[90] This represents an improvement from 57% in 2006-2007.[91] 8% of women do not participate in decision-making in any of the three categories.[92] Women's participation in household decision-making was lowest among poor households, and households where women were not in paid employment.[93] The data was not disaggregated by disability status (see recommendation 1), but other studies indicate that women with disabilities are more likely to be excluded from decision-making, even on decisions related to their own health.[94]

These same pre-crisis patterns of household decision-making appear to be reflected in household decision-making related to COVID-19. When asked 'who has been making decisions on behalf of your household on what actions you should take to prepare for COVID 19?', the majority of interviewees identified men as the main decision makers, which tended to line up with responses on who had control over household resources more generally.

At the community level, committees play a key role in decision-making about natural resources; markets; water infrastructure; health and educational services and church.[95] A 2018 study by Strongim Bisnis/Oxfam in three provinces did not find any instances where women chair community committees, even those which align strongly with women's recognised care role.[96] At least some of the committees in each study location included women, but very few included youth and none included people with disabilities.[97]

This under-representation of women, youth and people with disabilities is also reflected in the political sphere. Since Independence, only four women have ever been elected to the Solomon Islands National Parliament, three of whom are currently serving in a fifty seat parliament. [98] There are currently no quotas for women's participation in national parliament, though women's groups continue to campaign for this.[99] At the local level, women make up approximately 12.8% of positions to Honiara City Council and the 9 provincial councils.[100] Within the justice system, there are no female high Court judges and none of the justice agencies have female leaders.[101]

For women with disabilities, there are even fewer opportunities for participation in decision-making.[102] Data on the political representation of people with disabilities is extremely limited, though the underlying norms that contribute to severe constraints on their social, educational and employment opportunities are likely to constrain their opportunities to participate in decision-making and leadership too.[103] Religious and customary beliefs that disability is a punishment or curse result in fear, shame, stigmatisation and marginalisation of people with disabilities.[104] Though often well-intentioned, attitudes towards people living with disabilities which focus on care, charity and family protection (as opposed to strengths, capacities and rights) can also serve to marginalise people with disabilities. Many people in the Solomon Islands believe that people with disabilities cannot be expected to take a full and active part in community life and should be cared for by others.[105] These attitudes close off opportunities to support people with disabilities to participate fully in community life and decision-making, with the cultural norm posing a barrier regardless of the person's actual capacity to

participate. Other barriers include discriminatory laws; limited access to education; inaccessible buildings, transport and infrastructure and the disability-poverty nexus.[106]

Women with disabilities face multiple levels of disadvantage. Key constraints limiting women's leadership and participation in decision-making include gendered patterns of respect and perceptions of women as unfit for leadership roles; the burden of unpaid domestic work; high levels of violence and limited access to financial and other resources.[107] The resulting low level of participation among women and people with disabilities in decision-making at all levels makes it more difficult for them to shape social change, and contributes to the specific needs and priorities of women and people with disabilities being sidelined in legislation, policy and service provision.

These same pre-crisis patterns of representation, participation and leadership are reflected in forums and processes for decision making about COVID-19. When asked about who makes decisions on behalf of their community on what actions the community should take to prepare for COVID-19, the most common responses were chiefs, elders, church leaders, and community committee chairmen and members. Only three out of eighty interviewees mentioned women's leaders, and two mentioned youth leaders. When asked about how men, women, boys and girls participate in community decision-making forums and spaces, a few interviewees said that they were 'only for elders'. However, a much more common response was that participation was open to all. As one member of a women's group in East Honiara put it, 'We all participate. Whether you are a disabled person, young boy/girl, man or woman.'

> [Community decision-making is] for all ages and classes of people in our community. It's all the same. We usually participate in huge general meetings and whoever has an issue or point to make can speak up. It's more like an open forum.
>
> *-Male from East Honiara.*

However, while the majority of interviewees said that women, men, boys and girls were all able to participate, differences emerged in the type of participation:

> *Men lead and appoint people to take responsibility in the activity/event/structure. Through allocation of work, boys support and give help. Women participate by taking part in community activities. Girls assist and support any allocation of work given. People with disabilities participate by taking part in the community activities.*
>
> - 46 year old woman, Vura ward, East Honiara.

> *Men give and make decisions. Women give ideas/suggestions. Boys and girls represent youth during forums. People with disabilities do not participate.*
>
> - 23 year old male, Panatina Ward, East Honiara.

> *Men take part in decision making processes in the community. Women, boys and girls are only supporting men's ideas. People with disabilities are not really included in the community structure.*
>
> - 51 year old woman, Panatina ward, East Honiara.

> *Women can comment and agreed to the decision made. Among girls, some participate by listening to the decision made.*
>
> - 21 year old woman, cCentral Honiara.

> *I don't always have the guts to speak up during community meetings. Men are dominant in the community during meetings. Women have good ideas but are afraid to speak out during meetings.*
>
> - 49 year old woman, East Honiara.

Inclusion of people with disabilities varied dramatically from community to community. When men and women interviewed as part of this assessment were asked specifically about the role of people with disabilities in community decision-making on COVID-19, many acknowledged they did not usually participate - even people who had empathically explained that 'everyone' participates. Responses from interviewees with disabilities (phsycial and sensory) varied, ranging from 'people with disabilities are usually involved like everyone else' to 'people with disabilities don't usually participate'. Of the nine community members with disabilities interviewed, three participated in some way in community decision-making forums. Two young women were involved through church and/or youth groups, and one 29 year old man explained his indirect mode of participation: 'sometimes, with my dad who is a member of the taskforce…he can voice out my concern during meetings'. The majority of people with disabilities interviewed were not participating in community forums on COVID-19, with one 39 year old man with a sensory disability reporting that he had participated 'only once, during disaster awareness years ago'.

This range in the level of inclusion from community to community indicates both that there are positive examples which could be shared and built on, and also a long way to go. Inclusion of people with disabilities is especially urgent in relation to the COVID-19 crisis, as people with disabilities are likely to be among the most affected by the pandemic, and should accordingly be at the centre of decision-making and information sharing.

Access to services and facilities

Access to Water, Sanitation and Hygiene (WASH)

The Solomon Islands have some of the poorest water, sanitation and hygiene (WASH) conditions in the Pacific, particularly in terms of sanitation and hand-washing.[108] 58% of households across the country have no toilet facilities of any kind.[109] This is predominantly a rural phenomenon: 68% of rural households have no toilet facilities, compared to 6% of urban households.[110] However, alarmingly high rates of open defecation occur in both rural (80% of households) and urban (19% of households) areas.[111] This represents some of the highest rates of open defecation in the world, resulting in contamination of water supplies and increased risk of diarrhoeal diseases and hepatitis.[112]

Women, children and people with disabilities are disproportionately affected by poor sanitation and the associated health outcomes. Diarrhoeal disease increases the risk of malnutrition among children, and is the second leading cause of under-five mortality in the Solomon Islands, with about one in every 10 children dying from diarrhoeal disease before reaching the age of five.[113] Women and girls who practice open defecation are vulnerable to sexual violence, with women and girls with disabilities at an even greater risk.[114]

83% of households in the Solomon Islands (95% in urban areas, 80% in rural areas) have an improved source of drinking water. [115] 36% of rural households and 13% of urban households do not have a source of drinking water on the premises,[116] with women and girls primarily responsible for collecting water.[117] This represents a significant time burden and potential safety risk for women and girls, with water collection taking 30 minutes or longer in 9% of all households in rural areas and 3% of all households in urban areas. [118]

Hand-washing is central to preventing the spread of disease. However, only 65% of all households (60% in rural areas, 85% in urban areas) have a place for washing hands with water and soap (or another cleansing agent, like ash) available.[119] If community transmission of COVID-19 were to occur in the Solomon Islands, limited access to hand-washing facilities would be a key challenge in containing the spread of the disease. However, any increased hand washing and other hygiene practices would increase the burden on women and girls, who typically collect water and support children and elderly family members with hygiene. The demand for additional water for hygiene purposes would also present challenges for people with some forms of disability, who may struggle to fill water containers and walk long distances. Women and girls - especially those with disabilities - may also be vulnerable to sexual violence on the way to and from water sources.[120]

The existing challenges with WASH infrastructure were exacerbated by TC Harold, which caused some damage to WASH infrastructure, further decreasing access to water and sanitation facilities in the affected areas.[121] Some men and women interviewed as part of this assessment reported not having access to drinking water, and having to buy expensive bottled water from the shop, which is especially challenging given job losses and reduced incomes. An interviewee from Solomon Water confirmed that cylcone damage to the Kongulai water source is disrupting access to drinking water for some residents of Honiara.

25% of people (no significant difference between men and women) interviewed as part of this assessment mentioned water and sanitation infrastructure as a key priority when asked how humanitarian organisations could support their community's efforts to prepare for and respond to COVID-19 and TC Harold. Given that the Solomon Islands is vulnerable to the impact of climate change and extreme weather events, it is important to consider the impact of future flooding and drought on water and sanitation infrastructure. A recent study highlighted specific threats to the current sanitation infrastructure in the Solomon Islands, and identified the need for structural improvements to sanitation facilities to increase resilience.[122]

With regard to hygiene information, all interviewees reported receiving COVID-19 messaging, such as information on hand-washing practices. Moreover, almost all interviewees reported changing their behaviour in some way (at least initially) in response to this messaging. However, a lack of sustained change emerged as a clear theme from the primary data. As one woman from East Honiara put it, 'At first I followed the instruction being shared. Later on I ignored everything.' Some people described changing their handwashing practices for a day, a week or two, or a month. But while the timeframe varied, a key pattern that emerged was - in the words of another female interviewee - 'firstly we do things differently, but later on we seem to go back to our normal practices'.[1] Infrastructure and resource constraints seemed to be one factor in this, with some people explaining that they stopped handwashing at hygiene-relevant times because the water supply was insufficient, the handwashing station was too far away, or there were not enough jerry cans. This highlights the importance of ensuring hygiene information campaigns are accompanied by appropriate infrastructure work and sufficient hygiene items wherever possible.

[1] While the interviewees who described this were not a majority, the fact that it came up so often (and spontaneously, with no specific question on this) is indicative of a strong trend, as ceasing desirable behaviours is likely to be significantly underreported.

Safe access to health care and services (including SRH)

The Solomon Islands faces specific logistical and financial challenges in delivering health care to small and scattered populations living in remote, often mountainous areas spread over almost 1000 islands.[123] The health system is reliant on donor support, with almost half of all health expenditure coming from donors.[124] Key challenges include clinics in need of physical upgrade or repair; shortages of clinical equipment and medical supplies; availability of medicines in rural areas; high staff turnover and a shortage of allied health professionals (such as medical laboratory staff and radiologists).[125] A key strength of the health system is low out-of-pocket payments, and (possibly for this reason) health service contact rates are high by regional comparison.[126]

Despite high health service contact rates, inequalities in access to health services persist. People living in rural and remote areas face a significant disadvantage in accessing healthcare, often having to travel many hours by boat, truck, or on foot to reach a health facility.[127] Men and women with disabilities reported this as a particular challenge, and it is likely to be especially difficult for those with chronic health conditions and/or disabilities that require repeated visits to a specialist health facility.[128] TC Harold is likely to have exacerbated transport issues in affected areas, with reports of widespread damage to roads across Honiara, Western Province, Guadalcanal, Makire, Rennell and Bellona.[129] For those without a hospital on their island, accessing secondary health care almost always requires access to a boat and fuel, which is expensive and not always available for hire.[130] This creates an additional barrier to access, especially for poorer households. Even without additional barriers, the delays associated with long distances to hospitals are an important contributor to preventable deaths, including child mortality,[131] maternal mortality and perinatal mortality.[132]

Despite improvements in recent years, maternal mortality remains high by regional standards, with a 2017 estimate of 104/100,000 live births.[133] A major contributor is the unmet need for family planning, which is among the highest in the world.[134] Only 25% of married women of reproductive age are using a modern method of contraception, and 35% of married women of reproductive age have an unmet need for family planning. [135] Low use of contraception is associated with increased pregnancy-related health risks for women, and inadequate birth spacing increases the infant mortality rate.[136] These risks are exacerbated by the geographical barriers to accessing health care, which make unintended pregnancies, unsafe abortions, Sexually Transmitted Infections (STIs) and complications during pregnancy and delivery especially dangerous, particularly for teenage girls.[137] The country's young population exacerbates these challenges and puts additional pressure on sexual and reproductive health services, with high numbers of young women reaching reproductive age increasing the need for maternal, newborn and child health services.[138]

Compounding the impact on women and girls, other gendered health disparities remain prevalent. For example, women of reproductive age are more likely to be affected by conditions caused by malnutrition (such as anaemia) and sexually transmitted diseases, than other parts of the population.[139] Moreover, young pregnant women have a heightened risk of malaria, which is the leading cause of morbidity and mortality in the Solomon Islands.[140] The social and political context also shapes health outcomes for women and girls in the Pacific: gender norms increase their vulnerability, inhibit their access to information, limit their ability to make decisions about their own bodies and ultimately constitute a major influence on health outcomes.[141]

People with disabilities also face specific disadvantages in accessing healthcare. In addition to facing additional challenges with long journeys to health facilities, the facilities themselves are not always

accessible for people with disabilities.[142] With many rural clinics in need of physical upgrade or repair, accessibility challenges may be exacerbated. [143] Nurses and healthcare staff not being adequately trained to deal with the specific needs of people with disabilities was also identified as a barrier to accessing healthcare in a 2016 study.[144]

Women and girls with disabilities are doubly disadvantaged, and face specific challenges accessing healthcare. Involuntary use of contraception (including forced sterilization) emerged as an issue affecting women with disabilities in the Solomon Islands in a 2013 UNFPA study.[145] All cases identified in the study involved sexual assault, highlighting the complex interplay between GBV, control over reproductive rights, physical and intellectual disability, and access to healthcare - illustrating the way multiple, intersecting disadvantages can reinforce each-other.[146]

Many men and women interviewed as part of this assessment reported that COVID-19 was already impacting access to healthcare. While some services remained open as usual, others were operating at reduced capacity, with reduced hours, and/or with new referral procedures. In some cases, referrals were to services further away, which was particularly challenging for women and girls (where new locations were considered inappropriate or unsafe, and/or their family did not permit them to travel to the new location) and people with disabilities. Transport disruptions; movement restrictions; fear of contracting the virus; uncertainty about new processes and opening hours; and reduced confidentiality (due to movement restrictions) were also identified as barriers to accessing health services.

Interviewees also reported shortages of medications, and reduced numbers of staff in health centres. Despite steps taken to fast-track nurse recruitment, staffing challenges are likely to worsen, with 500 nurses threatening to strike over the government's failure to pay allowances promised to nurses for working on the 'frontline' of the COVID-19 response.[147]

The economic impact of COVID-19 on households is also constraining access to health services, particularly among households affected by job and income losses. Some interviewees reported difficulties in paying for medications and/or transport to health services, which was already a challenge pre-crisis. However, where people are able to reach health services, low out-of-pocket payments have historically offered a degree of financial risk protection and ensured high rates of access to healthcare in the Solomon Islands, despite service disruptions caused by political instability and unrest.[148]

There are some indications that COVID-19 related barriers to accessing health services may limit uptake of preventative care, and lead to delays in treatment for illnesses which initially present as mild. For example, one fifty-one year old woman from East Honiara mentioned how she used to get diabetes checks at her local clinic beore COVID-19, but had stopped going. As one twenty-five year old man also from East Honiara explained, 'due to COVID-19, people turned not to attend clinic if the case is not serious'. This is likely to compound existing inequalities, and disproportionately affect people with disabilities and/or chronic illnesses, girls and women, especially those who are pregnant.

With the focus on preparing for COVID-19, there is likely to be considerable interruption to other health services, including sexual and reproductive health services, exacerbating the challenges and inequalities discussed above.[149] If community transmission of COVID-19 occurs in the Solomon Islands, this impact is likely to be much greater. Lessons learned from the Ebola Virus Disease (EVD) outbreak suggest that in low-resource settings, limited resources (including funding, staff, equipment and hospital beds) are often redirected to respond the crisis, further limiting already constrained

routine health services, including sexual and reproductive health (SRH) services.[150] However, there were some encouraging indications that where health resources have had to be prioritised, priority has been given to pregnant women and people with disabilities. One thirty-seven year old male from West Honiaria reported that his local clinic was now focusing its limited resources on antenatal care (with other patients provided with referrals). A man from East Honiara with a sensory disability noted that since COVID-19, 'people with disability have more free access to services now compare to before, people with disabilities are now prioritised.' While it's not clear how widespread this phenomenon is, it is an encouraging indication and suggests that communities are working to find ways to maintain access to healthcare for the most vulnerable, amidst the myriad challenges of COVID-19 and TC Harold.

Access to livelihoods

In the last (2009) census, overall labour force participation rates (including both subsistence and paid work) were very similar for men and women.[151] However, a dramatic gender difference emerges with paid work. Of those engaged in some form of work, women were half as likely as men to doing paid work (26% of women compared with 51% of men).[152] The type of paid work also varied along gender lines. Wage jobs - which are considered the most stable and reliable - were much more likely to be held by men.[153] Women held 24% of jobs in the private sector, and 36% of jobs in the public sector.[154] Although women occupy a smaller proportion of wage jobs, their qualification levels are generally higher than their male counterparts, which may indicate a pattern of women requiring better qualifications than men to attain similar types of jobs.[155]

The majority of the population in the Solomon Islands does not have access to wage jobs. Most of the population is in vulnerable employment, with women (86%) more likely to be so than men (67%).[156] Vulnerable employment is highest in rural areas, where the main activity is subsistence agriculture, but the gender gap is prevalent in both rural and urban areas.[157] Vulnerable workers may be unpaid or with an irregular income, lacking formal work arrangements and protection and are therefore thought to be most exposed to risks, such as floods, drought, or fluctuations in market prices.[158] This includes those who are self-employed, producing goods for sale or for their own consumption, and unpaid family workers. It does not include those who are unemployed. There are challenges calculating unemployment rates in the Solomon Islands, but it is a major issue, especially in urban areas and among youth.[159]

Women are resourceful in identifying livelihood opportunities, and highly active in agriculture and small-scale income generation (such as vegetable production, weaving and sewing).[160] However, their ability to reap the full benefit of their economic participation is constrained by patriarchal gender norms, lack of education, and lack of access to key resources such as transport and market infrastructure.[161] For example, women often need permission from their husbands to engage in even small-scale economic activity.[162] While women (61%) are more likely to be engaged in agriculture than men (43%),[163] men are more involved in the production and sale of cash crops, whereas women produce the majority of subsistence food.[164] Even when women do earn cash for their labour, only 27% of women are the main decision-makers on how their earnings are spent.[165]

There are no statistics which confirm the number of people with disabilities in employment in the Solomon Islands: the government does not collect this information, which makes it difficult to monitor progress on inclusion.[166] However, the available data indicates people with disabilities face an additional layer of disadvantage:

> *The high level of unemployment in the economy as a whole, combined with the absence of any laws requiring reasonable accommodation, mean that most persons with disabilities are unable to find work outside of the family structure; this is particularly the case in rural areas.*[167]

Regional data indicates women with disabilities are more likely to be unemployed than men with disabilities, and other women.[168] Where women with disabilities are employed, they are more likely to be in lower paid jobs than men with disabilities or other women.[169] While physical access issues and lack of access to education are relevant constraints, negative attitudes (including the belief that people with disabilities cannot be expected to take a full and active part in community life) are likely to be the greatest barrier for women with disabilities.[170]

Intensifying these pre-existing challenges, the combined effects of TC Harold, measures implemented to protect the country against the spread of COVID-19 (such as border closures), and the broader economic downturn are having a major impact on livelihoods across the Pacific. While Asian Development Bank projections indicate that the economy of the Solomon Islands is likely to fare better than those of some other PICTs (notably the Cook Islands, Fiji, Palau, Samoa, and Vanuatu),[171] the large majority of the population in vulnerable employment and the underlying poverty rate suggest the impact on livelihoods could still be devastating.[172] Livelihoods challenges were one of the main issues prioritised by both men and women interviewed as part of this assessment, with women more likely to raise it than men.

COVID-19 has led to a sharp drop in commodities exports (including logging and fisheries exports) and tourism.[173] Logging is the second most important contributor to GDP (after agriculture), and it has been estimated that nearly half of the country's workforce is directly or indirectly associated with the logging sector.[174] Logging operations employ mainly men, and royalties from forest companies go largely to men, however women also hold wage jobs within forest companies and within the Ministry of Forests.[175] As logging is a key commodity and major contributor to GDP (nearly 20%) there are likely to be consequences that reverberate well beyond the forest industry and affect all segments of society, including the most vulnerable.[176]

The fisheries sector has also been negatively impacted by both TC Harold and COVID-19.[177] The majority of the unskilled and semi-skilled labour force in the country's tuna processing industry are women (though they earn a lower wage than their male counterparts working similar jobs).[178] Media reports indicate that fisheries workers are being laid off, with Soltuna (which employs over 1000 workers, two thirds of whom are women)[179] foreshadowing a scale-down and job losses.[180]

Job losses are also being reported in the tourism sector.[181] While tourism comprises a smaller segment of the economy in the Solomon Islands than in Fiji and Vanuatu, the sudden halt is still having a considerable impact, with the sector's share of employment larger than its share of GDP.[182] While sex disaggregated employment figures for the sector are not available, it's likely that women are disproportionately represented in the tourism industry, based on the gendered trend in tourism education in the Solomon Islands,[183] and the gendered patterns of employment in the tourism sector regionally.[184]

A study by the Solomon Islands Chamber of Commerce and Industry found that the COVID-19 crisis has significantly affected enterprises in Solomon Islands across a range of sectors.[185] 9% of surveyed enterprises had stopped operating due to COVID-19; 55% have had to lay off or are planning to lay off workers, and 34% of this number have dismissed or are dismissing over forty percent of their workforce.[186] Gender disaggregation was not available, but the proportion of private sector jobs held by women (24%) suggests this is likely to primarily affect men, at least directly.[187]

The government's decisions to cut 780 'non-essential' public service salaries to 50% will have far-reaching consequences for both men and women, who hold 64% and 36% of public service jobs respectively.[188] Gender norms may also influence which jobs were considered non-essential.

Although wage job losses are more visible and easier to quantify, it's critical to consider the impact of COVID-19 on the informal sector, which is the main source of livelihood for the majority of the population. One form of informal employment is market vending, which provides a critical source of income for those excluded from wage jobs.[189] However, COVID-19 lockdown measures and related disruptions to tourism, transport, supply chains and household income have had a major impact on the operation of local open-air markets.

Interviewees reported that many roadside markets were closed, or had reduced operating hours. Even where markets were open and physically accessible, interviewees reported that prices for their produce had dropped dramatically. A staff member of an organic farming organisation described how 'gardens and organic produce become spoilt and left to waste, due to less markets available for the produce.' In the context of warnings that the COVID-19 pandemic could spark a regional food crisis in the Indo-Pacific, this is especially alarming.[190]

Many interviewees described how income losses (including wage job losses) were driving more people to work in their gardens, which was increasing supply of produce at local markets, at the same time as reducing demand for that produce (with more people turning to their own gardens instead of buying produce at the market like before). This loss of income from market vending disproportionately affects women, who are responsible for about 90% of earnings from Honiara Central Market, and comprise an even higher proportion of market vendors who were partially or fully catering to tourists, such as those selling handicrafts .[191] For approximately 80% of market vendors, it is their only source of income, without which they are struggling to feed, clothe and educate their families.[192]

Where money for food and school fees is scarce, the needs of women, girls and people with disabilities are least likely to be prioritised.[193] As a DPO staff member explained, even where families do prioritise the needs of people with disabilities, some of their needs (for example, mobility devices or medicines) may be out of reach for families relying on subsistence agriculture:

> *For families who are well off, supporting people with disabilites in terms of financial support will be ok. However for families with un-paid job, that's where the main challenges are, because it will be very difficult in terms of providing the needs for people with disabilities. Prioritizing and financing people with disabilities, especially in large families, can be a challenge. Especially where disabilities are very severe.*

The pandemic is shaping access to livelihoods in the Solomon Islands in myriad complex ways, creating a huge range of flow-on challenges and opportunities for different groups, which are only just beginning to unfold. However, it is clear that many families in the Solomon Islands are currently experiencing the pandemic as primarily an economic crisis, and as the COVID-19 pandemic evolves it will be critical to monitor how it is impacting the livelihoods of the most vulnerable.

Access to information and technology

Representatives from women's organisations, crisis response organisations, disability advocacy organisations and others identified a lack of information as one of the main challenges facing the people they are working with. A women's organisation staff member explained how a lack of information and confusing messages made it difficult for people to prepare appropriately and make

good decisions for their families. Several interviewees identified a lack of clear information (about the lockdown measures as well as the disease) as a contributing factor to the panic and rapid repatriation to the provinces that occurred in the initial phase.

One challenge was that COVID-19 messaging was not always appropriately contextualised or simplified. As one female government official explained, 'sometimes when using hard words, people will not understand'. She highlighted how this was a challenge across the population, but especially for boys and girls:

> *For these vulnerable groups…understanding how to go about this event is much less clear. Children depend on adults for information on what to do for pandemic... Even non-vulnerable mature groups they lack information on what to do during this phase, so panic and anxiety happened that time. So how much more to the group that depend on caregivers.*

As this caregiving role is largely performed by women in the Solomon Islands, it is particularly important for them to know, understand and pass onto health messages on handwashing and other prevention measures. However, women are more likely to face both literacy and technology related barriers to accessing information in emergencies. While literacy rates are relatively high in the Solomon Islands, they are lower among women (82%) than men (90%).[194] At the time of the last Household Income and expenditure Survey (HIES 2012/13), ownership and use of mobile phones was higher among men than women, with the biggest gender disparity in rural areas, where 16% of females owned a phone, compared with 25% of males.[195] Both men and women interviewed as part of this assessment spoke about receiving COVID-19 information through mobile phones, as well as radio, face to face, social media and print media. While the sample size was not large enough to accurately determine gendered preferences and access patterns, some key benefits and challenges around the use of mobile phones for COVID-19 information dissemination were identified.

Both official text messages and radio broadcasts were considered to be reliable: 'they get original message/info, from health workers, rather than hearing rumours' as one 20 year old male from East Honiara explained. People also appreciated being able to access the latest updates through mobile and radio (compared to posters, for example), and being able to receive information through those channels without leaving the house, which was particularly relevant given movement restrictions. However, several interviewees pointed out that this kind of one-way messaging could also cause misunderstandings and unnecessary panic, as there is no opportunity for people to seek clarification or ask questions. Other challenges with mobile phone based information sharing included issues with network coverage, battery charging, and money for phone credit.

People with disabilities faced additional barriers in accessing information. As a staff member of a disability advocacy organisation explained:

> *Lack of awareness…is a big challenge…causing panicking, and for a person with disability will be even more challenging. People living with disabillity, especially women and girls are not prioritised in terms of getting information. Those that are deaf are finding it hard in terms of receiving information. Communication using formal deaf language cannot be used in most rural areas, since most deaf people in rural areas are illiterate.*

For some people with disabilities, the use of mobile phones as a primary channel of COVID-19 information dissemination enabled the use of assistive technologies like voiceover apps. Two people with disabilities interviewed as part of the assessment also mentioned being able to receive information from disability support/advocacy organisations through their mobile phones. When asked how humanitarian organisations could support the community's efforts to prepare for and respond to COVID-19, one man with a sensory disability suggested that providing mobile phones (with voiceover apps) to the blind could be a useful intervention, which would allow them to access important information independently, quickly and directly instead of depending on others to relay information.

Gender-based violence (GBV)

The Solomon Islands has one of the highest rates of family and sexual violence in the world. Prior to COVID-19, violence against women was already reported at epidemic levels: 64% of women who had ever been in an intimate relationship reported experiencing physical and/or sexual abuse by an intimate partner, and 42% of the women reported experiencing such violence in the previous 12 months.196 Many men and women believe this violence is justified: 45% of men and 67% of women believe that a husband is justified in hitting or beating his wife for neglecting the children, or burning the food (19% of men, 32% of women).[197]

It is striking that these beliefs are more common among women than men. In the 2015 Demographic and Health Survey, 77% of women (compared to 57% of men) identified at least one type of perceived misdeed that they believed justified a husband hitting or beating his wife.[198] Far from fading away, these harmful beliefs were actually more common among women in 2015 than they were in the same survey in 2006/2007, when 69% (compared to 77% in 2015) of women identified at least one reason they believed justified wife beating.[199] Interestingly, these beliefs became less common among men during the same period, though still pervasive, dropping from 65% in 2006/2007 to 57% in 2015.[200]

Other forms of GBV are also widespread in the Solomon Islands. More than one-third (37%) of women report experiencing sexual abuse before the age of 15, most often by male acquaintances or male family members.[201] Women and girls with disabilities are disproportionately affected by gender-based violence: they are two to three times more likely to experience physical and sexual abuse than women and girls with no disabilities, and may face additional barriers accessing support services.[202]

Staff members of Violence Referral Services interviewed as part of this assessment reported that TC Harold, COVID-19 and their flow-on effects were causing income and job losses, stress and tension in families, displacement, and increased domestic violence. Given that pre-pandemic levels were already among the highest in the world, this is especially alarming.

In addition to increasing household tensions that often trigger violence, lockdown measures have also made it more difficult for survivors to report incidents and/or seek support. As a staff member of one service provider (part of the SafeNet Refferal Network) explained:

> *Violence cases in the province slightly dropped since COVID-19 - the drop in cases of domestic violence is due to restriction of movement and isolation measures which does not allow them to report cases. Priorities by law enforcers all divert to COVID-19 and does not give room for other matters like GBV etc. It is challenging for women in terms of seeking help.*

While lockdown restrictions have made it more difficult for survivors to access support even in urban areas, rural survivors face additional barriers. In rural areas, there is limited access to trained care providers, few formal justice options, and police are less likely to be trained to handle domestic disputes.[203] As part of this assessment, all men and women interviewed at community level were asked ‘If you have a safety concern, are there people or services in the community you can go to?’ Common responses were chiefs, police, elders, and health workers. However, more than 20% of interviewees (equal numbers of men and women) reported that they did not have anyone they could go to (excluding spouse/children, and support groups that are not currently active). This proportion would likely be even higher outside of Honiara.

Despite this critical situation, frontline service providers of crisis accommodation, counselling and legal advice are reporting major funding cuts. One service provider estimated that funding cuts have led to a 50% reduction in their capacity, causing overcrowding and very limited space to accommodate new clients. This is a critical gap, which is undermining the capacity of response organisations to support survivors at a time when it is likely to be needed most.

Conclusions and Recommendations

While the Solomon Islands has managed to contain the spread of COVID-19 and prevent community transmission to date, the pandemic is still having a major impact on everyday life for men, women, boys and girls. Lock-down measures, the abrupt cessation of tourism, severe disruptions to international trade and other flow-on effects of the global pandemic (combined with the effects of TC Harold) are resulting in widespread income and job losses, heightened stress and tension, increased family violence, displacement, and disrupted access to education, health, and water and sanitation. If community transmission of COVID-19 occurs, there will be a public health crisis with complex contextual challenges. These include a population dispersed across isolated islands and limited resources, including limited access to quality health services.

The current COVID-19 impacts are disproportionately affecting women, girls and people with disabilities in the Solomon Islands, and this will be exacerbated in the case of a wider COVID-19 outbreak. All humanitarian programming must consider gender roles and responsibilities and the existing patterns of community participation and leadership, in order to 'do no harm' and help facilitate a gender and disability inclusive approach to COVID-19 prevention and recovery.

Recommendations

Recommendation 1: Ensure availability of sex, age and disability disaggregated data, including on differing rates of infection, economic impacts, care burden, and incidence of domestic violence and sexual abuse**.**

Recommendation 2: Ensure response teams include men, women and people with disabilities and that essential protection policies and mechanisms are in place.

Recommendation 3: Ensure meaningful engagement of women, girls and people with disabilities (including their networks and organizations) in all COVID-19 decision making on preparedness and response at the national, provincial and community levels, to ensure efforts and response are not further discriminating and excluding those most at risk**.**

Recommendation 4: Ensure hygiene promotion is accompanied by improvements to WASH infrastructure where possible, to support sustainable behaviour change and reduce the burden and risks to women and girls. Ensure that any structural improvements to sanitation facilities incorporate flood-resistant latrine design, given the country's vulnerability to climate change and extreme weather events.

Recommendation 5: Prioritize services for prevention and response to gender-based violence in communities affected by COVID-19, ensuring they are fully funded and able to operate like other essential services.

Recommendation 6: Ensure that preparedness, response and recovery activities include a focus on livelihoods diversification and economic recovery, targeting vulnerable groups such as female-headed households, people with disabilities, and women and men who depend on the informal sector for income.

Recommendation 7: Design and implement preparedness, response and recovery activities targeting people with disabilities in ways which highlight their strengths, capacities and rights, in order to avoid unintentionally reinforcing harmful beliefs and stereotypes that people with disabilities cannot take a full and active part in community life.

Endnotes

[1] World Health Organization (WHO) 2020, 'WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020', https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020, accessed 22 June 2020.
[2] World Health Organization (WHO) 2020, 'WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020', https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020, accessed 22 June 2020.
[3] Radio New Zealand (RNZ) 2020, 'Search continues for 27 missing from ferry in Solomon Islands', 5 April 2020, https://www.rnz.co.nz/international/pacific-news/413514/search-continues-for-27-missing-from-ferry-in-solomon-islands, accessed 23 June 2020.
[4] Asssociated Press 2020, '27 dead on Solomon Islands ferry: did it follow virus order?', 8 April 2020, Nick Perry, https://apnews.com/f15a56f7b85f79c9f22fc28d055c78ec, accessed 22 June 2020.
[5] Australian Government Department of Foreign Affairs and Trade (DFAT) 2020, 'Tropical Cyclone Harold', https://www.dfat.gov.au/crisis-hub/Pages/tropical-cyclone-harold, accessed 22 June 2020.
[6] UNICEF 2020, 'Pacific Islands: Tropical Cyclone Harold Humanitarian Situation Report No. 2', https://reliefweb.int/report/vanuatu/pacific-islands-tropical-cyclone-harold-humanitarian-situation-report-no-2-reporting, accessed 22 June 2020.
[7] World Health Organization (WHO) 2020, 'WHO Coronavirus Disease (COVID-19) Dashbaord', https://covid19.who.int/region/wpro/country/sb, accessed 29 November 2020.
[8]Australian Broadcasting Corporation (ABC) 2020, 'Coronavirus has touched every corner of the globe, but these countries have reported no cases', https://www.abc.net.au/news/2020-11-12/what-are-the-countries-that-remain-free-of-coronavirus/12874248, accessed 29 November 2020.
[9] Public Broadcasting Service (PBS) 2020, 'Many Pacific isladns are untouched by COVID-19. It's arrival could be disastrous', https://www.pbs.org/newshour/world/many-pacific-islands-are-untouched-by-covid-19-its-arrival-could-be-disastrous, accessed 22 June 2020.
[10] Radio New Zealand 2020, https://www.rnz.co.nz/international/pacific-news/427539/solomon-islands-has-first-case-of-covid-19, accessed 5 October 2020.
[11] World Health Organization (WHO) 2020, COVID-19 Pacific Islands Situation Report, https://app.powerbi.com/view?r=eyJrIjoiMTQwZmJmZjctMjkwMC00MThkLWI5NDgtNmQ3OGUwNDc4ZWE3IiwidCI6IjBmOWUzNWRiLTU0NGYtNGY2MC1iZGNjLTVlYTQxNmU2ZGM3MCIsImMiOjh9, accessed 29 November 2020.
[12] World Health Organization (WHO) 2020, 'COVID-19 Joint external situation report for Pacific Islands #30', 11 November 2020, https://www.who.int/westernpacific/internal-publications-detail/covid-19-joint-external-situation-report-for-pacific-islands-30, accessed 29 November 2020.
[13] World Health Organization (WHO) 2020, 'WHO Coronavirus Disease (COVID-19) Dashbaord', https://covid19.who.int/table , accessed 29 November 2020.
[14] Solomon Times 2020, 'Governor General Extends State of Public Emergency', 25 November 2020, https://www.solomontimes.com/news/governor-general-extends-state-of-public-emergency/10450, accessed 26 November 2020.
[15] World Health Organization (WHO) 2020, COVID-19 Pacific Islands Situation Report, https://app.powerbi.com/view?r=eyJrIjoiMTQwZmJmZjctMjkwMC00MThkLWI5NDgtNmQ3OGUwNDc4ZWE3IiwidCI6IjBmOWUzNWRiLTU0NGYtNGY2MC1iZGNjLTVlYTQxNmU2ZGM3MCIsImMiOjh9, accessed 29 November 2020.
[16] World Health Organization (WHO) 2020, 'COVID-19 Pacific Islands Situation Report', https://app.powerbi.com/view?r=eyJrIjoiMTQwZmJmZjctMjkwMC00MThkLWI5NDgtNmQ3OGUwNDc4ZWE3IiwidCI6IjBmOWUzNWRiLTU0NGYtNGY2MC1iZGNjLTVlYTQxNmU2ZGM3MCIsImMiOjh9, accessed 29 November 2020.
[17] Public Broadcasting Service (PBS) 2020, 'Many Pacific isladns are untouched by COVID-19. It's arrival could be disastrous', https://www.pbs.org/newshour/world/many-pacific-islands-are-untouched-by-covid-19-its-arrival-could-be-disastrous, accessed 22 June 2020.
[18] Cornish, Lisa 2020. 'Is the Pacific ready for coronavirus?', 28 February 2020, DevEx, https://www.devex.com/news/is-the-pacific-ready-for-coronavirus-96658, accessed 22 June 2020.
[19] IASC 2020, 'Interim Guidance: Public Health and Social Measures for COVID-19 Preparedness and Response in Low Capacity and Humanitarian Settings (Version 1)', https://interagencystandingcommittee.org/system/files/2020-06/IASC%20Interim%20Guidance%20on%20Public%20Health%20Measures%20for%20COVID-19%20in%20Low%20Capacity%20and%20Humanitarian%20Settings_For%20circulation.pdf, accessed 4 June 2020.
[20] CARE International, *BALANCING MEASURES TO CONTAIN COVID-19 WITH BASIC SURVIVAL NEEDS IN LOW-RESOURCE CONTEXTS A CALL FOR A LOCALIZED AND GENDER-RESPONSIVE Approach* , accessed 4 June 2020
[21] World Bank 2020, 'Community responses to COVID-19: from the Horn of Africa to the Solomon Islands', https://reliefweb.int/report/world/community-responses-covid-19-horn-africa-solomon-islands, accessed 22 June 2020.
[22] UNFPA 2014, 'Population and development profiles: Pacific Island Countries', p. 70, https://pacific.unfpa.org/sites/default/files/pub-pdf/web__140414_UNFPAPopulationandDevelopmentProfiles-PacificSub-RegionExtendedv1LRv2_0.pdf, accessed 22 June 2020.
[23] Radio New Zealand 2020, https://www.rnz.co.nz/international/pacific-news/427539/solomon-islands-has-first-case-of-covid-19, accessed 5 October 2020.
[24] World Bank 2018, 'Population total - Solomon Islands', https://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS?locations=SB, accessed 22 June 2020.
[25] Solomon Islands National Statistical Office 2014, '2009 Population and Housing Census: Report on Gender', pp. 21-22, https://www.statistics.gov.sb/statistics/demographic-statistics/census, accessed 22 June 2020.

[26] World Bank 2018, 'Population total - Solomon Islands', https://data.worldbank.org/indicator/SP.POP.65UP.TO.ZS?locations=SB, accessed 22 June 2020.
[27] UNFPA 2014, 'Population and development profiles: Pacific Island Countries', p. 70, https://pacific.unfpa.org/sites/default/files/pub-pdf/web__140414_UNFPAPopulationandDevelopmentProfiles-PacificSub-RegionExtendedv1LRv2_0.pdf, accessed 22 June 2020.
[28] UNFPA 2014, 'Population and development profiles: Pacific Island Countries', p. 70, https://pacific.unfpa.org/sites/default/files/pub-pdf/web__140414_UNFPAPopulationandDevelopmentProfiles-PacificSub-RegionExtendedv1LRv2_0.pdf, accessed 22 June 2020.
[29] Solomon Islands National Statistics Office & the World Bank Group 2015, 'Solomon Islands Poverty Profile Based on the 2012/13 Household Income and Expenditure Survey', p. xi, http://documents.worldbank.org/curated/en/922811528186449003/pdf/Solomon-Islands-Poverty-Assessment.pdf, accessed 22 June 2020.
[30] CARE 2017, 'Gender in Brief: Solomon Islands', https://insights.careinternational.org.uk/in-practice/gender-equality-in-emergencies, accessed 22 June 2020.
[31] IOM 2018, 'The Solomon Islands', https://www.iom.int/countries/solomon-islands, accessed 22 June 2020.
[32] UNFPA 2014, 'Population and development profiles: Pacific Island Countries', p. 70, https://pacific.unfpa.org/sites/default/files/pub-pdf/web__140414_UNFPAPopulationandDevelopmentProfiles-PacificSub-RegionExtendedv1LRv2_0.pdf, accessed 22 June 2020.
[33] UNFPA 2014, 'Population and development profiles: Pacific Island Countries', p. 70, https://pacific.unfpa.org/sites/default/files/pub-pdf/web__140414_UNFPAPopulationandDevelopmentProfiles-PacificSub-RegionExtendedv1LRv2_0.pdf, accessed 22 June 2020.
[34] Solomon Islands National Statistics Office & the World Bank Group 2015, 'Solomon Islands Poverty Profile Based on the 2012/13 Household Income and Expenditure Survey', p. vii, http://documents.worldbank.org/curated/en/922811528186449003/pdf/Solomon-Islands-Poverty-Assessment.pdf, accessed 22 June 2020.
[35] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', p. 15, http://sdd.spc.int/media/155, accessed 22 June 2020.
[36] Solomon Islands National Statistics Office & the World Bank Group 2015, 'Solomon Islands Poverty Profile Based on the 2012/13 Household Income and Expenditure Survey', p. vii, http://documents.worldbank.org/curated/en/922811528186449003/pdf/Solomon-Islands-Poverty-Assessment.pdf, accessed 22 June 2020.
[37] Solomon Islands National Statistics Office & the World Bank Group 2015, 'Solomon Islands Poverty Profile Based on the 2012/13 Household Income and Expenditure Survey', p. x, http://documents.worldbank.org/curated/en/922811528186449003/pdf/Solomon-Islands-Poverty-Assessment.pdf, accessed 22 June 2020.
[38] Solomon Islands National Statistics Office & the World Bank Group 2015, 'Solomon Islands Poverty Profile Based on the 2012/13 Household Income and Expenditure Survey', p. xi, http://documents.worldbank.org/curated/en/922811528186449003/pdf/Solomon-Islands-Poverty-Assessment.pdf, accessed 22 June 2020.
[39] CARE International 2017, 'Gender in Brief: Solomon Islands', https://insights.careinternational.org.uk/in-practice/gender-equality-in-emergencies, accessed 22 June 2020.
[40] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', p. 1, http://sdd.spc.int/media/155, accessed 22 June 2020.
[41] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', p. 15, http://sdd.spc.int/media/155, accessed 22 June 2020.
[42] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', p. 15, http://sdd.spc.int/media/155, accessed 22 June 2020.
[43] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', p. 41, http://sdd.spc.int/media/155, accessed 22 June 2020.
[44] Equal Rights Trust 2016, 'Stand up and Fight: Addressing Discrimination and Inequality in the Solomon Islands', https://www.equalrightstrust.org/ertdocumentbank/SI%20report.pdf, accessed 22 June 2020.
[45] Solomon Islands National Statistical Office 2014, '2009 Population and Housing Census: Report on Gender', p. 42, https://www.statistics.gov.sb/statistics/demographic-statistics/census, accessed 22 June 2020.
[46] Solomon Islands National Statistical Office 2014, '2009 Population and Housing Census: Report on Gender', p. 43, https://www.statistics.gov.sb/statistics/demographic-statistics/census, accessed 22 June 2020.
[47] People With Disabilities Solomon Islands (PWDSI) 2015, 'Universal periodic review - NGO submission', https://uprdoc.ohchr.org, accessed 22 June 2020.
[48] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', p. 34, http://sdd.spc.int/media/155, accessed 22 June 2020.
[49] Solomon Islands National Statistical Office 2014, '2009 Population and Housing Census: Report on Gender', p. 45, https://www.statistics.gov.sb/statistics/demographic-statistics/census, accessed 22 June 2020.
[50] Word Health Organization (WHO) 2019, 'WHO Country Profile: Solomon Islands', https://www.who.int/countries/slb/en/, accessed 22 June 2020.
[51] Word Health Organization (WHO) 2018, 'Noncommunicable Diseases (NCD) Country Profiles - Solomon Islands', https://www.who.int/nmh/countries/2018/slb_en.pdf?ua=1, accessed 22 June 2020.
[52] CARE International 2017, 'Gender in Brief: Solomon Islands', https://insights.careinternational.org.uk/in-practice/gender-equality-in-emergencies, accessed 22 June 2020.
[53] Equal Rights Trust 2016, 'Stand up and Fight: Addressing Discrimination and Inequality in the Solomon Islands', p. 94, https://www.equalrightstrust.org/ertdocumentbank/SI%20report.pdf, accessed 22 June 2020.
[54] Equal Rights Trust 2016, 'Stand up and Fight: Addressing Discrimination and Inequality in the Solomon Islands', p. 93, https://www.equalrightstrust.org/ertdocumentbank/SI%20report.pdf, accessed 22 June 2020.
[55] UNFPA 2013, 'A Deeper Silence - The Unheard Experiences of Women with Disabilities: Sexual and Reproductive Health and Violence against Women in Kiribati, Solomon Islands and Tonga', p. 100, https://pacific.unfpa.org/sites/default/files/pub-pdf/UNFPAReport-ADeeperSilenceA4PublicationLR3%283%29.pdf, accessed 23 June 2020.
[56] Alexandra Gartrell, Megan Jennaway, Lenore Manderson, Judy Fangalasuu and Simon Dolaino 2018, 'Social determinants of disability-based disadvantage in Solomon Islands', *Health Promotion International*, Vol. 33, No. 2, pp. 250–260, https://academic.oup.com/heapro/article/33/2/250/2555438, accessed 23 June 2020.
[57] CARE International 2017, 'Gender in Brief: Solomon Islands', https://insights.careinternational.org.uk/in-practice/gender-equality-in-emergencies, accessed 22 June 2020.
[58] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', p. 15, http://sdd.spc.int/media/155, accessed 22 June 2020.
[59] Solomon Islands National Statistics Office 2015, 'Solomon Islands 2012/13 Household Income and Expenditure Survey: National Analytical Report Vol. 1', p.18, www.statistics.gov.sb, accessed 23 June 2020.

[60] International Women's Development Agency (IWDA) 2016, 'The double burden: the impact of economic empowerment initiatives on women's workload', p. 1, https://iwda.org.au/assets/files/20161207-The-double-burden_digital-002.pdf, accessed 23 June 2020.
[61] Strongim Bisnis and Oxfam 2018, 'Community perceptions of gender norms and economic opportunity in rural Solomon Islands', p. 4, https://strongimbisnis.com.sb/resources/women-s-economic-empowerment/12-gender-norms-and-economic-opportunity-2018/file.html, accessed 23 June 2020.
[62] Strongim Bisnis and Oxfam 2018, 'Community perceptions of gender norms and economic opportunity in rural Solomon Islands', p. 4, https://strongimbisnis.com.sb/resources/women-s-economic-empowerment/12-gender-norms-and-economic-opportunity-2018/file.html, accessed 23 June 2020.
[63] Equal Rights Trust 2016, 'Stand up and Fight: Addressing Discrimination and Inequality in the Solomon Islands', p. 93, https://www.equalrightstrust.org/ertdocumentbank/SI%20report.pdf, accessed 22 June 2020.
[64] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', pp. 284-286, http://sdd.spc.int/media/155, accessed 22 June 2020.
[65] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', pp. 284-286, http://sdd.spc.int/media/155, accessed 22 June 2020.
[66] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', pp. 283, http://sdd.spc.int/media/155, accessed 22 June 2020.
[67] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', pp. 285, http://sdd.spc.int/media/155, accessed 22 June 2020.
[68] UNFPA 2013, 'A Deeper Silence - The Unheard Experiences of Women with Disabilities: Sexual and Reproductive Health and Violence against Women in Kiribati, Solomon Islands and Tonga', p. 11, https://pacific.unfpa.org/sites/default/files/pub-pdf/UNFPAReport-ADeeperSilenceA4PublicationLR3%283%29.pdf, accessed 23 June 2020.
[69] CARE Australia 2020, 'CARE Rapid Gender Analysis COVID-19 Pacific Region', p. 5, https://reliefweb.int/sites/reliefweb.int/files/resources/Pacific%20RGA%20FINAL%20APPROVED%2026March2020.pdf, accessed 23 June 2020.
[70] UN Women 2020, 'The first 100 days of COVID-19 in Asia and the Pacific: a Gender Lens', p. 18, https://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/04/ap_first_100-days_covid-19-r02.pdf?la=en&vs=3400, accessed 19 May 2020.
[71] CARE Australia 2020, 'CARE Rapid Gender Analysis COVID-19 Pacific Region', p. 10, https://reliefweb.int/sites/reliefweb.int/files/resources/Pacific%20RGA%20FINAL%20APPROVED%2026March2020.pdf, accessed 23 June 2020.
[72] Alexandra Gartrell, Megan Jennaway, Lenore Manderson, Judy Fangalasuu and Simon Dolaino 2018, 'Social determinants of disability-based disadvantage in Solomon Islands', *Health Promotion International*, Vol. 33, No. 2, pp. 250–260, https://academic.oup.com/heapro/article/33/2/250/2555438, accessed 23 June 2020.
[73] Alexandra Gartrell, Megan Jennaway, Lenore Manderson, Judy Fangalasuu and Simon Dolaino 2018, 'Social determinants of disability-based disadvantage in Solomon Islands', *Health Promotion International*, Vol. 33, No. 2, pp. 250–260, https://academic.oup.com/heapro/article/33/2/250/2555438, accessed 23 June 2020.
[74] Strongim Bisnis and Oxfam 2018, 'Community perceptions of gender norms and economic opportunity in rural Solomon Islands', p. 42, https://strongimbisnis.com.sb/resources/women-s-economic-empowerment/12-gender-norms-and-economic-opportunity-2018/file.html, accessed 23 June 2020.
[75] Strongim Bisnis and Oxfam 2018, 'Community perceptions of gender norms and economic opportunity in rural Solomon Islands', p. 42, https://strongimbisnis.com.sb/resources/women-s-economic-empowerment/12-gender-norms-and-economic-opportunity-2018/file.html, accessed 23 June 2020.
[76] Strongim Bisnis and Oxfam 2018, 'Community perceptions of gender norms and economic opportunity in rural Solomon Islands', p. 44, https://strongimbisnis.com.sb/resources/women-s-economic-empowerment/12-gender-norms-and-economic-opportunity-2018/file.html, accessed 23 June 2020.
[77] Strongim Bisnis and Oxfam 2018, 'Community perceptions of gender norms and economic opportunity in rural Solomon Islands', p. 44, https://strongimbisnis.com.sb/resources/women-s-economic-empowerment/12-gender-norms-and-economic-opportunity-2018/file.html, accessed 23 June 2020.
[78] Strongim Bisnis and Oxfam 2018, 'Community perceptions of gender norms and economic opportunity in rural Solomon Islands', p. 44, https://strongimbisnis.com.sb/resources/women-s-economic-empowerment/12-gender-norms-and-economic-opportunity-2018/file.html, accessed 23 June 2020.
[79] Asian Development Bank 2015, 'Solomon Islands: Country Gender Assessment', p. 54, https://www.adb.org/documents/solomon-islands-country-gender-assessment, accessed 23 June 2020.
[80] Asian Development Bank 2015, 'Solomon Islands: Country Gender Assessment', p. 54, https://www.adb.org/documents/solomon-islands-country-gender-assessment, accessed 23 June 2020.
[81] Strongim Bisnis and Oxfam 2018, 'Community perceptions of gender norms and economic opportunity in rural Solomon Islands', p. 46, https://strongimbisnis.com.sb/resources/women-s-economic-empowerment/12-gender-norms-and-economic-opportunity-2018/file.html, accessed 23 June 2020.
[82] Strongim Bisnis and Oxfam 2018, 'Community perceptions of gender norms and economic opportunity in rural Solomon Islands', p. 46, https://strongimbisnis.com.sb/resources/women-s-economic-empowerment/12-gender-norms-and-economic-opportunity-2018/file.html, accessed 23 June 2020.
[83] Asian Development Bank 2015, 'Solomon Islands: Country Gender Assessment', pp. 54-55, https://www.adb.org/documents/solomon-islands-country-gender-assessment, accessed 23 June 2020.
[84] Strongim Bisnis and Oxfam 2018, 'Community perceptions of gender norms and economic opportunity in rural Solomon Islands', p. 45, https://strongimbisnis.com.sb/resources/women-s-economic-empowerment/12-gender-norms-and-economic-opportunity-2018/file.html, accessed 23 June 2020.
[85] Strongim Bisnis and Oxfam 2018, 'Community perceptions of gender norms and economic opportunity in rural Solomon Islands', p. 45, https://strongimbisnis.com.sb/resources/women-s-economic-empowerment/12-gender-norms-and-economic-opportunity-2018/file.html, accessed 23 June 2020.
[86] Strongim Bisnis and Oxfam 2018, 'Community perceptions of gender norms and economic opportunity in rural Solomon Islands', p. 45, https://strongimbisnis.com.sb/resources/women-s-economic-empowerment/12-gender-norms-and-economic-opportunity-2018/file.html, accessed 23 June 2020.
[87] Alexandra Gartrell, Megan Jennaway, Lenore Manderson, Judy Fangalasuu and Simon Dolaino 2018, 'Social determinants of disability-based disadvantage in Solomon Islands', *Health Promotion International*, Vol. 33, No. 2, pp. 250–260, https://academic.oup.com/heapro/article/33/2/250/2555438, accessed 23 June 2020.

[88] Alexandra Gartrell, Megan Jennaway, Lenore Manderson, Judy Fangalasuu and Simon Dolaino 2018, 'Social determinants of disability-based disadvantage in Solomon Islands', *Health Promotion International*, Vol. 33, No. 2, pp. 250–260, https://academic.oup.com/heapro/article/33/2/250/2555438, accessed 23 June 2020.
[89] Strongim Bisnis and Oxfam 2018, 'Community perceptions of gender norms and economic opportunity in rural Solomon Islands', p. 42, https://strongimbisnis.com.sb/resources/women-s-economic-empowerment/12-gender-norms-and-economic-opportunity-2018/file.html, accessed 23 June 2020.
[90] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', pp. 269, http://sdd.spc.int/media/155, accessed 22 June 2020.
[91] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', pp. 269, http://sdd.spc.int/media/155, accessed 22 June 2020.
[92] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', pp. 281, http://sdd.spc.int/media/155, accessed 22 June 2020.
[93] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', pp. 281, http://sdd.spc.int/media/155, accessed 22 June 2020.
[94] UNFPA 2013, 'A Deeper Silence - The Unheard Experiences of Women with Disabilities: Sexual and Reproductive Health and Violence against Women in Kiribati, Solomon Islands and Tonga', p. 104, https://pacific.unfpa.org/sites/default/files/pub-pdf/UNFPAReport-ADeeperSilenceA4PublicationLR3%283%29.pdf, accessed 23 June 2020.
[95] Strongim Bisnis and Oxfam 2018, 'Community perceptions of gender norms and economic opportunity in rural Solomon Islands', p. 46, https://strongimbisnis.com.sb/resources/women-s-economic-empowerment/12-gender-norms-and-economic-opportunity-2018/file.html, accessed 23 June 2020.
[96] Strongim Bisnis and Oxfam 2018, 'Community perceptions of gender norms and economic opportunity in rural Solomon Islands', p. 46, https://strongimbisnis.com.sb/resources/women-s-economic-empowerment/12-gender-norms-and-economic-opportunity-2018/file.html, accessed 23 June 2020.
[97] Strongim Bisnis and Oxfam 2018, 'Community perceptions of gender norms and economic opportunity in rural Solomon Islands', p. 46, https://strongimbisnis.com.sb/resources/women-s-economic-empowerment/12-gender-norms-and-economic-opportunity-2018/file.html, accessed 23 June 2020.
[98] Pacific Women in Politics 2020, 'Country Profile: Solomon Islands', https://www.pacwip.org/country-profiles/solomon-islands/, accessed 24 June 2020.
[99] Pacific Women in Politics 2020, 'Country Profile: Solomon Islands', https://www.pacwip.org/country-profiles/solomon-islands/, accessed 24 June 2020.
[100] CARE International 2017, 'Gender in Brief: Solomon Islands', https://insights.careinternational.org.uk/in-practice/gender-equality-in-emergencies, accessed 22 June 2020.
[101] Asian Development Bank 2015, 'Solomon Islands: Country Gender Assessment', p. 101, https://www.adb.org/documents/solomon-islands-country-gender-assessment, accessed 23 June 2020.
[102] Pacific Disability Forum 2018, 'Pacific Disability Forum SDG-CRPD Monitoring Report 2018', p. 17, http://www.pacificdisability.org/What-We-Do/Research/FINAL_SDG-Report_Exec-Summary_2018.aspx, accessed 24 June 2020.
[103] Equal Rights Trust 2016, 'Stand up and Fight: Addressing Discrimination and Inequality in the Solomon Islands', pp. 92-104, https://www.equalrightstrust.org/ertdocumentbank/SI%20report.pdf, accessed 22 June 2020.
[104] Equal Rights Trust 2016, 'Stand up and Fight: Addressing Discrimination and Inequality in the Solomon Islands', p. 94, https://www.equalrightstrust.org/ertdocumentbank/SI%20report.pdf, accessed 22 June 2020.
[105] Equal Rights Trust 2016, 'Stand up and Fight: Addressing Discrimination and Inequality in the Solomon Islands', p. vii, https://www.equalrightstrust.org/ertdocumentbank/SI%20report.pdf, accessed 22 June 2020.
[106] Equal Rights Trust 2016, 'Stand up and Fight: Addressing Discrimination and Inequality in the Solomon Islands', pp. 92-104, https://www.equalrightstrust.org/ertdocumentbank/SI%20report.pdf, accessed 22 June 2020.
[107] Asian Development Bank 2015, 'Solomon Islands: Country Gender Assessment', p. 62, https://www.adb.org/documents/solomon-islands-country-gender-assessment, accessed 23 June 2020.
[108] CARE International 2018, 'Because she is important: concrete actions for gender equity in rural WASH: Solomon Islands', p. 13, shared in personal communication by CARE Australia, 1 June 2020.
[109] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', p. 18, http://sdd.spc.int/media/155, accessed 22 June 2020.
[110] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', p. 18, http://sdd.spc.int/media/155, accessed 22 June 2020.
[111] Lisa Fleming, Carmen Anthoni, Mamita Thakkar, Waqairapoa Tikoisuva, Musa Manga, Guy Howard, Katherine Shields, Emma Kelly, Marc Overmars and Jamie Bartram 2019, 'Urban and rural sanitation in the Solomon Islands: How resilient are these to extreme weather events?', *Science of The Total Environment*, vol. 683, p. 333, https://www.researchgate.net/publication/333243437_Urban_and_rural_sanitation_in_the_Solomon_Islands_How_resilient_are_these_to_extreme_weather_events, accessed 24 June 2020.
[112] CARE International 2018, 'Because she is important: concrete actions for gender equity in rural WASH: Solomon Islands', p. 6, shared in personal communication by CARE Australia, 1 June 2020.
[113] Ambrose Gali, Keshwa Krishna, John Lowry and Masoud Mohammadnezhad 2020, 'Environmental factors associated with diarrhoea prevalence among under-five children in the Mataniko settlements in Honiara, Solomon Islands', Rural and Remote Health, vol. 20, no. 1, https://www.rrh.org.au/journal/article/5308, accessed 24 June 2020.
[114] CLTS Foundation 2019, 'Children and sanitation: the effects of open defecation', http://www.cltsfoundation.org/children-and-sanitation-the-effects-of-open-defecation/, accessed 24 June 2020.
[115] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', p. 17, http://sdd.spc.int/media/155, accessed 22 June 2020.
[116] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', p. 17, http://sdd.spc.int/media/155, accessed 22 June 2020.
[117] CARE International 2018, 'Because she is important: concrete actions for gender equity in rural WASH: Solomon Islands', p. 18, shared in personal communication by CARE Australia, 1 June 2020.
[118] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', p. 17, http://sdd.spc.int/media/155, accessed 22 June 2020.
[119] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', p. 24, http://sdd.spc.int/media/155, accessed 22 June 2020.

[120] UNFPA 2013, 'A Deeper Silence - The Unheard Experiences of Women with Disabilities: Sexual and Reproductive Health and Violence against Women in Kiribati, Solomon Islands and Tonga', p. 95, https://pacific.unfpa.org/sites/default/files/pub-pdf/UNFPAReport-ADeeperSilenceA4PublicationLR3%283%29.pdf, accessed 23 June 2020.
[121] UNICEF 2020, 'Pacific Islands Tropical Cyclone Harold: Humanitarian Situation Report No. 3', p. 3, https://reliefweb.int/sites/reliefweb.int/files/resources/UNICEF%20Pacific%20Islands%20Humanitarian%20Situation%20Report%20No.%203%20%28Tropical%20Cyclone%20Harold%29%2030%20April%20-%2007%20May%202020.pdf, accessed 24 June 2020.
[122] Lisa Fleming, Carmen Anthoni, Mamita Thakkar, Waqairapoa Tikoisuva, Musa Manga, Guy Howard, Katherine Shields, Emma Kelly, Marc Overmars and Jamie Bartram 2019, 'Urban and rural sanitation in the Solomon Islands: How resilient are these to extreme weather events?', *Science of The Total Environment*, vol. 683, p. 331-340, https://www.researchgate.net/publication/333243437_Urban_and_rural_sanitation_in_the_Solomon_Islands_How_resilient_are_these_to_extreme_weather_events, accessed 24 June 2020.
[123] CARE Australia 2020, 'CARE Rapid Gender Analysis COVID-19 Pacific Region', p. 7, https://reliefweb.int/sites/reliefweb.int/files/resources/Pacific%20RGA%20FINAL%20APPROVED%2026March2020.pdf, accessed 23 June 2020.
[124] World Health Organization (WHO) 2017, 'Health closer to home: transforming care in the Solomon Islands', https://www.who.int/news-room/feature-stories/detail/health-closer-to-home-transforming-care-in-the-solomon-islands, accessed 24 June 2020.
[125] World Health Organization (WHO) 2015, 'Solomon Islands Health System Review', http://www.searo.who.int/entity/asia_pacific_observatory/publications/hits/hit_solomon_island/en/, accessed 24 June 2020.
[126] World Health Organization (WHO) 2015, 'Solomon Islands Health System Review', http://www.searo.who.int/entity/asia_pacific_observatory/publications/hits/hit_solomon_island/en/, accessed 24 June 2020.
[127] World Health Organization (WHO) 2017, 'Health closer to home: transforming care in the Solomon Islands', https://www.who.int/news-room/feature-stories/detail/health-closer-to-home-transforming-care-in-the-solomon-islands, accessed 24 June 2020.
[128] Equal Rights Trust 2016, 'Stand up and Fight: Addressing Discrimination and Inequality in the Solomon Islands', p. 102, https://www.equalrightstrust.org/ertdocumentbank/SI%20report.pdf, accessed 22 June 2020.
[129] Australian Government Department of Foreign Affairs and Trade (DFAT) 2020, 'Tropical Cyclone Harold', https://www.dfat.gov.au/crisis-hub/Pages/tropical-cyclone-harold, accessed 24 June 2020.
[130] World Vision 2015, 'World Health Day - Access to health care in rural Solomon Islands still a problem', https://reliefweb.int/report/solomon-islands/world-health-day-access-health-care-rural-solomon-islands-still-problem, accessed 24 June 2020.
[131] St Vincent's Mission 2010, 'Supportive care in the Solomon Islands', p. 3, https://www.svhm.org.au/ArticleDocuments/3121/Rami%20Subhi%20-%20Feb%202010%20-%20Supportive%20Care%20in%20the%20Solomons.pdf.aspx?embed=y, accessed 24 June 2020.
[132] Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) 2017, 'Improving women's health in the Pacific', p. 2, https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Global%20Health/Pacific-Briefing-Document-Final-web.pdf, accessed 24 June 2020.
[133] World Bank 2019, 'Maternal mortality ratio (modelled estimate, per 100,000 live births) - Fiji, Pacific island small states, Vanuatu, Solomon Islands', https://data.worldbank.org/indicator/SH.STA.MMRT?locations=FJ-S2-VU-SB, accessed 24 June 2020.
[134] Elissa C Kennedy, Sean Mackesy-Buckley and Sumi Subramaniam 2013, 'The case for investing in family planning in the Pacific: costs and benefits of reducing unmet need for contraception in Vanuatu and the Solomon Islands', *Reproductive Health*, vol 10, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3700798/, accessed 24 June 2020.
[135] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', pp. 289-290, http://sdd.spc.int/media/155, accessed 22 June 2020.
[136] World Health Organization (WHO) 2020, 'Family planning/contraception methods', https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception, accessed 24 June 2020.
[137] UNFPA 2015, 'Solomon Islands Sexual and Reproductive Health Rights Needs Assessment', p. 8, https://pacific.unfpa.org/sites/default/files/pub-pdf/3.SolomonIslandsSexualandReproductiveHealthRightsNeedsAssessmentReportLRv2.pdf, accessed 24 June 2020.
[138] World Health Organization (WHO) 2015, 'Solomon Islands Health System Review', http://www.searo.who.int/entity/asia_pacific_observatory/publications/hits/hit_solomon_island/en/, accessed 24 June 2020.
[139] Equal Rights Trust 2016, 'Stand up and Fight: Addressing Discrimination and Inequality in the Solomon Islands', p. 61, https://www.equalrightstrust.org/ertdocumentbank/SI%20report.pdf, accessed 22 June 2020.
[140] Equal Rights Trust 2016, 'Stand up and Fight: Addressing Discrimination and Inequality in the Solomon Islands', p. 61, https://www.equalrightstrust.org/ertdocumentbank/SI%20report.pdf, accessed 22 June 2020.
[141] Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) 2017, 'Improving women's health in the Pacific', p. 1, https://ranzcog.edu.au/RANZCOG_SITE/media/RANZCOG-MEDIA/Women%27s%20Health/Global%20Health/Pacific-Briefing-Document-Final-web.pdf, accessed 24 June 2020.
[142] Equal Rights Trust 2016, 'Stand up and Fight: Addressing Discrimination and Inequality in the Solomon Islands', p. 102, https://www.equalrightstrust.org/ertdocumentbank/SI%20report.pdf, accessed 22 June 2020.
[143] World Health Organization (WHO) 2015, 'Solomon Islands Health System Review', http://www.searo.who.int/entity/asia_pacific_observatory/publications/hits/hit_solomon_island/en/, accessed 24 June 2020.
[144] Equal Rights Trust 2016, 'Stand up and Fight: Addressing Discrimination and Inequality in the Solomon Islands', p. 102, https://www.equalrightstrust.org/ertdocumentbank/SI%20report.pdf, accessed 22 June 2020.
[145] UNFPA 2013, 'A Deeper Silence - The Unheard Experiences of Women with Disabilities: Sexual and Reproductive Health and Violence against Women in Kiribati, Solomon Islands and Tonga', p. 104, https://pacific.unfpa.org/sites/default/files/pub-pdf/UNFPAReport-ADeeperSilenceA4PublicationLR3%283%29.pdf, accessed 23 June 2020.
[146] UNFPA 2013, 'A Deeper Silence - The Unheard Experiences of Women with Disabilities: Sexual and Reproductive Health and Violence against Women in Kiribati, Solomon Islands and Tonga', p. 104, https://pacific.unfpa.org/sites/default/files/pub-pdf/UNFPAReport-ADeeperSilenceA4PublicationLR3%283%29.pdf, accessed 23 June 2020.
[147] Asia and the Pacific Policy Society 2020, 'COVID-19 - the Pacific response: 4 November', https://www.policyforum.net/covid-19-the-pacific-response-4-november/, accessed 10 November 2020.
[148] World Health Organization (WHO) 2015, 'Solomon Islands Health System Review', http://www.searo.who.int/entity/asia_pacific_observatory/publications/hits/hit_solomon_island/en/, accessed 24 June 2020.

[149] CARE Australia 2020, 'CARE Rapid Gender Analysis COVID-19 Pacific Region', p. 8, https://reliefweb.int/sites/reliefweb.int/files/resources/Pacific%20RGA%20FINAL%20APPROVED%2026March2020.pdf, accessed 23 June 2020.
[150] Vijay Kumar Chattu & Sanni Yaya 2020, 'Emerging infectious diseases and outbreaks: implications for women's reproductive health and rights in resource-poor settings', *Reproductive Health* Vol. 17, No. 43, https://link.springer.com/article/10.1186/s12978-020-0899-y, accessed 22 June 2020.
[151] Solomon Islands National Statistical Office 2014, '2009 Population and Housing Census: Report on Gender', p. 65, https://www.statistics.gov.sb/statistics/demographic-statistics/census, accessed 22 June 2020.
[152] Solomon Islands National Statistical Office 2014, '2009 Population and Housing Census: Report on Gender', p. 65, https://www.statistics.gov.sb/statistics/demographic-statistics/census, accessed 22 June 2020.
[153] Solomon Islands National Statistical Office 2014, '2009 Population and Housing Census: Report on Gender', p. 67, https://www.statistics.gov.sb/statistics/demographic-statistics/census, accessed 22 June 2020.
[154] Solomon Islands National Statistical Office 2014, '2009 Population and Housing Census: Report on Gender', p. 68, https://www.statistics.gov.sb/statistics/demographic-statistics/census, accessed 22 June 2020.
[155] Solomon Islands National Statistical Office 2014, '2009 Population and Housing Census: Report on Gender', p. 69, https://www.statistics.gov.sb/statistics/demographic-statistics/census, accessed 22 June 2020.
[156] Solomon Islands National Statistical Office 2014, '2009 Population and Housing Census: Report on Gender', p. 67, https://www.statistics.gov.sb/statistics/demographic-statistics/census, accessed 22 June 2020.
[157] Solomon Islands National Statistical Office 2014, '2009 Population and Housing Census: Report on Gender', p. 67, https://www.statistics.gov.sb/statistics/demographic-statistics/census, accessed 22 June 2020.
[158] Solomon Islands National Statistical Office 2014, '2009 Population and Housing Census: Report on Gender', p. 67, https://www.statistics.gov.sb/statistics/demographic-statistics/census, accessed 22 June 2020.
[159] International Labour Organization (ILO) 2019, 'Youth employment policy in Pacific Island countries', https://www.ilo.org/suva/areas-of-work/youth-emp-policy/lang--en/index.htm, accessed 24 June 2020.
[160] Asian Development Bank 2015, 'Solomon Islands: Country Gender Assessment', p. 43, https://www.adb.org/documents/solomon-islands-country-gender-assessment, accessed 23 June 2020.
[161] Asian Development Bank 2015, 'Solomon Islands: Country Gender Assessment', p. 43, https://www.adb.org/documents/solomon-islands-country-gender-assessment, accessed 23 June 2020.
[162] CARE Australia 2019, 'Gender analysis prepared for the cash and voucher assistance feasibility study in the Solomon Islands', p. 13, shared in personal communication by CARE Australia, 1 June 2020.
[163] Asian Development Bank 2015, 'Solomon Islands: Country Gender Assessment', pp. 71-72, https://www.adb.org/documents/solomon-islands-country-gender-assessment, accessed 23 June 2020.
[164] CARE International 2017, 'Gender in Brief: Solomon Islands', https://insights.careinternational.org.uk/in-practice/gender-equality-in-emergencies, accessed 22 June 2020.
[165] Solomon Islands National Statistical Office 2014, '2009 Population and Housing Census: Report on Gender', p. 272, https://www.statistics.gov.sb/statistics/demographic-statistics/census, accessed 22 June 2020.
[166] Equal Rights Trust 2016, 'Stand up and Fight: Addressing Discrimination and Inequality in the Solomon Islands', p. 101, https://www.equalrightstrust.org/ertdocumentbank/SI%20report.pdf, accessed 22 June 2020.
[167] Equal Rights Trust 2016, 'Stand up and Fight: Addressing Discrimination and Inequality in the Solomon Islands', p. 101, https://www.equalrightstrust.org/ertdocumentbank/SI%20report.pdf, accessed 22 June 2020.
[168] UNDP 2009, 'Pacific Sisters with Disabilities: at the Intersection of Discrimination', p. 22, http://wwda.org.au/wp-content/uploads/2013/12/pacificsisters1.pdf, accessed 24 June 2020.
[169] UNDP 2009, 'Pacific Sisters with Disabilities: at the Intersection of Discrimination', p. 22, http://wwda.org.au/wp-content/uploads/2013/12/pacificsisters1.pdf, accessed 24 June 2020.
[170] UNDP 2009, 'Pacific Sisters with Disabilities: at the Intersection of Discrimination', p. 22, http://wwda.org.au/wp-content/uploads/2013/12/pacificsisters1.pdf, accessed 24 June 2020.
[171] Asian Development Bank 2020, 'Tourism-driven economies in the Pacific to feel brunt of COVID-19', https://www.adb.org/news/tourism-driven-economies-pacific-feel-brunt-covid-19-pandemic-adb, accessed 24 June 2020.
[172] Griffith Asia Institute 2020, 'COVID-19 and the Solomon Islands: how is the economy holding up?' https://blogs.griffith.edu.au/asiainsights/covid-19-and-solomon-islands-how-is-the-economy-holding-up/, accessed 24 June 2020.
[173] International Monetary Fund (IMF) 2020, 'IMF Executive Board Approves a US$28.5 Millino Disbursement to Solomon Islands to Address the COVID-19 Pandemic', https://www.imf.org/en/News/Articles/2020/06/01/pr20229-solomon-islands-imf-executive-board-approves-disbursement-to-address-the-covid-19-pandemic, accessed 24 June 2020.
[174] Solomon Times 2020, 'As recession looms country looks to the economic stimulus', 7 May 2020, https://www.solomontimes.com/news/as-recession-looms-country-looks-to-the-economic-stimulus/9805, accessed 24 June 2020.
[175] Asian Development Bank 2015, 'Solomon Islands: Country Gender Assessment', p. 56, https://www.adb.org/documents/solomon-islands-country-gender-assessment, accessed 23 June 2020.
[176] Griffith Asia Institute 2020, 'COVID-19 and the Solomon Islands: how is the economy holding up?' https://blogs.griffith.edu.au/asiainsights/covid-19-and-solomon-islands-how-is-the-economy-holding-up/, accessed 24 June 2020.
[177] Pacific Islands Oceanic Fisheries Management Project 2020, 'COVID-19 threatens Solomon Islands' global tuna industry', http://www.tunapacific.org/2020/04/17/covid-19-threatens-solomon-islands-global-tuna-industry/, accessed 24 June 2020.
[178] Pacific Community (SPC) 2018, 'Gender analysis of the fisheries sector - Solomon islands', p. 1, https://www.researchgate.net/profile/Philippa_Cohen2/publication/333659730_Gender_analysis_of_the_fisheries_sector_-_Solomon_Islands/links/5cfafe51a6fdccd1308a6737/Gender-analysis-of-the-fisheries-sector-Solomon-Islands.pdf, accessed 24 June 2020.
[179] World Bank 2018, 'Solomon Islands: sustainable fisheries and jobs', https://www.worldbank.org/en/about/partners/brief/solomon-islands-sustainable-fisheries-and-jobs, accessed 24 June 2020.
[180] The Island Sun 2020, 'Employees of tourism industry and Soltuna to be laid off', 9 April 2020, https://theislandsun.com.sb/employees-of-tourism-industry-and-soltuna-to-be-laid-off/, accessed 24 June 2020.
[181] The Island Sun 2020, 'Employees of tourism industry and Soltuna to be laid off', 9 April 2020, https://theislandsun.com.sb/employees-of-tourism-industry-and-soltuna-to-be-laid-off/, accessed 24 June 2020.
[182] IMF 2020, 'Pacific islands threatened by COVID-19', https://www.imf.org/en/News/Articles/2020/05/27/na-05272020-pacific-islands-threatened-by-covid-19, accessed 24 June 2020.
[183] Asian Development Bank 2015, 'Solomon Islands: Country Gender Assessment', pp. xiv-xv, https://www.adb.org/documents/solomon-islands-country-gender-assessment, accessed 23 June 2020.

[184] World Toursim Organization 2019, 'Global Report on Women in Tourism - Second edition', p. 30, https://www.e-unwto.org/doi/pdf/10.18111/9789284420384, accessed 24 June 2020.
[185] Solomon Islands Chamber of Commerce and Industry, 'COVID-19 has significantly affected enterprises, survey reveals', https://www.solomonchamber.com.sb/news-reports/posts/2020/may/covid-19-has-significantly-affected-enterprises-survey-reveals/, accessed 24 June 2020.
[186] Solomon Islands Chamber of Commerce and Industry, 'COVID-19 has significantly affected enterprises, survey reveals', https://www.solomonchamber.com.sb/news-reports/posts/2020/may/covid-19-has-significantly-affected-enterprises-survey-reveals/, accessed 24 June 2020.
[187] Solomon Islands National Statistical Office 2014, '2009 Population and Housing Census: Report on Gender', p. 68, https://www.statistics.gov.sb/statistics/demographic-statistics/census, accessed 22 June 2020.
[188] Asia and the Pacific Policy Society 2020, 'Together or apart against COVID-19? The Solomon Islands State of Emergency', https://www.policyforum.net/together-or-apart-against-covid-19-the-solomon-islands-state-of-emergency/, accessed 24 June 2020.
[189] Keen, M & Ride, A 2019, 'Markets Matter: ANU–UN Women Project on Honiara's Informal Markets in Solomon Islands', http://dpa.bellschool.anu.edu.au/sites/default/files/publications/attachments/2018-04/ib2018_9_keen_and_ride.pdf, accessed 23 June 2020.
[190] Australian Centre for International Agricultural Research 2020, 'COVID-19 and food systems in the Indo-Pacific', https://aciar.gov.au/publication/covid19, accessed 11 November 2020.
[191] Keen, M & Ride, A 2019, 'Markets Matter: ANU–UN Women Project on Honiara's Informal Markets in Solomon Islands', http://dpa.bellschool.anu.edu.au/sites/default/files/publications/attachments/2018-04/ib2018_9_keen_and_ride.pdf, accessed 23 June 2020.
[192] Keen, M & Ride, A 2019, 'Markets Matter: ANU–UN Women Project on Honiara's Informal Markets in Solomon Islands', http://dpa.bellschool.anu.edu.au/sites/default/files/publications/attachments/2018-04/ib2018_9_keen_and_ride.pdf, accessed 23 June 2020.
[193] Plan International 2019, 'Our education our future', p. 15, https://www.plan.org.au/wp-content/uploads/2020/08/our-education-our-future-pacific-girls-lewading-change-to-create-greater-access-to-secondary-education-solomon-islands.pdf, accessed 22 June 2020.
[194] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', p. 41, http://sdd.spc.int/media/155, accessed 22 June 2020.
[195] CARE Australia 2019, 'Gender analysis prepared for the cash and voucher assistance feasibility study in the Solomon Islands', p. 14, shared in personal communication by CARE Australia, 1 June 2020.
[196] Asian Development Bank 2015, 'Solomon Islands: Country Gender Assessment', p 67, https://www.adb.org/documents/solomon-islands-country-gender-assessment, accessed 23 June 2020.
[197] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', pp. 284-286, http://sdd.spc.int/media/155, accessed 22 June 2020.
[198] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', pp. 284-286, http://sdd.spc.int/media/155, accessed 22 June 2020.
[199] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', pp. 283, http://sdd.spc.int/media/155, accessed 22 June 2020.
[200] Solomon Islands National Statistical Office 2017, 'Solomon Islands Demographic and Health Survey 2015', pp. 285, http://sdd.spc.int/media/155, accessed 22 June 2020.
[201] Asian Development Bank 2015, 'Solomon Islands: Country Gender Assessment', p 67, https://www.adb.org/documents/solomon-islands-country-gender-assessment, accessed 23 June 2020.
[202] UNFPA 2013, 'A Deeper Silence - The Unheard Experiences of Women with Disabilities: Sexual and Reproductive Health and Violence against Women in Kiribati, Solomon Islands and Tonga', p. 11, https://pacific.unfpa.org/sites/default/files/pub-pdf/UNFPAReport-ADeeperSilenceA4PublicationLR3%283%29.pdf, accessed 23 June 2020.
[203] CARE 2017, 'Gender in Brief: Solomon Islands', https://insights.careinternational.org.uk/in-practice/gender-equality-in-emergencies, accessed 22 June 2020.

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