

33% among households with a child under 4 and 57% in households with at least one person with a disability were found to be deprived of meeting their basic and essential needs



Key Figures



419

households surveyed



37

average respondent age



30%

of female headed households depend on remittances



31%

of households have children under 4 years



18%

of households have persons with disabilities

Key Points

- WFP conducted its first survey across all provinces from June to July 2020.
- 82% of all households nationwide had acceptable food consumption, compared to only 70% of households living with a person with a disability.
- In households living with a person(s) with a disability (PWD), deprivation levels were nearly three times that of households without PWD.
- 33% of households living with a child under 4 were unable to meet their essential needs.
- Female headed households received markedly higher levels of remittances (30% compared to 15% male-headed); any decrease in remittances may disproportionately affect female-headed households.
- Urban households fared better than their rural neighbors; 91% reported acceptable food consumption compared to 72% in rural households.
- 28% of rural households (compared to 9% urban) had borderline food consumption and less than 1% of households were classified as having poor consumption.
- Over half (55%) of all households reported reduced income at time of survey compared to before COVID lockdowns (March 2020). Main issues concerning households were lack of work opportunities and increases in food prices.
- Over a quarter of all households reported being unable to meet their essential needs (health, education, water/sanitation).



18 % of households are experiencing poor or borderline food consumption

Situation Update

Fiji's economy is projected to contract by 15% in 2020 due to the challenges imposed by COVID-19 and compounded by the FJD/USD 46.3 million losses suffered as a result of Tropical Cyclone (TC) Harold¹.

On 5 June, Prime Minister Frank Bainimarama announced all COVID-19 patients had fully recovered². In July, Fiji recorded a total of 9 new border quarantine cases, but these are not considered to pose a risk for community transmission³.

The economic fallout from the global travel shutdown continues to drive high unemployment and business closures⁴. In July, a joint Government-IFC-WBG survey found 50% of Tourism businesses were hibernating or closed, and 35% remained active with a reduced workforce. It is estimated nearly 30% of these businesses will go bankrupt. The Fijian economy is expected to bounce back to pre-COVID 19 levels in 2023⁵.

A downfall in tourism disproportionately affects women, as it is the biggest employer of female workers and provides opportunities to women owned small enterprises and informal employment⁶.

While seasonal workers from Fiji and other countries have not been able to depart, the Bank of Fiji reported an increase of increase of 68% from March to April⁷.

Based on regional Pacific Food Security Cluster (rPFSC) reporting, promotion of locally grown food, food gardens for households in Fiji has aided household consumption. The Pacific Community international development organization (SPC) reached 10,000 households with seeds and agriculture inputs. Distribution of meal packs, seeds and planting equipment has taken place in areas most affected by TC Harold.

Insights from Fijian Households

When asked to share insights into how the pandemic has affected their lives, here is what some respondents had to say:



“ I am a bus driver and I have to stay home until school opens. There is a 50/50 chance I will have a job or not”
(Male age 29 from Rewa)



“Food prices have really gone up and is not helping low income earners”
(Female from Tailevu)



“ At times a lack of access to food gardens” .
(Male age 50 from Cakaudrove)



Household Food Consumption

What is a food consumption score?

The food consumption score is WFP’s corporate indicator for measuring food insecurity. It is used to define categories of household food insecurity. The information gathered to develop the food consumption score captures nutrient rich groups are consumed, including protein, iron and Vitamin A, which are essential for nutritional health and well-being.

In July, Fiji’s national average food consumption (FCS) showed as acceptable nationwide. This measure is used to understand which nutrient rich food groups are consumed by the household that are essential for nutritional health and well-being, namely protein, iron and vitamin A. The survey included questions on consumption by food group that disaggregated for nutrient rich groups.

Nationally, households’ food consumption by food groups showed a majority to have acceptable levels of consumption, with only 18% of households considered to have borderline levels. For 78% of households, heme iron consumption (from meat) was considered to be consumed only sometimes, while 2% of households recorded showed a worrying “no consumption of iron at all” classification.

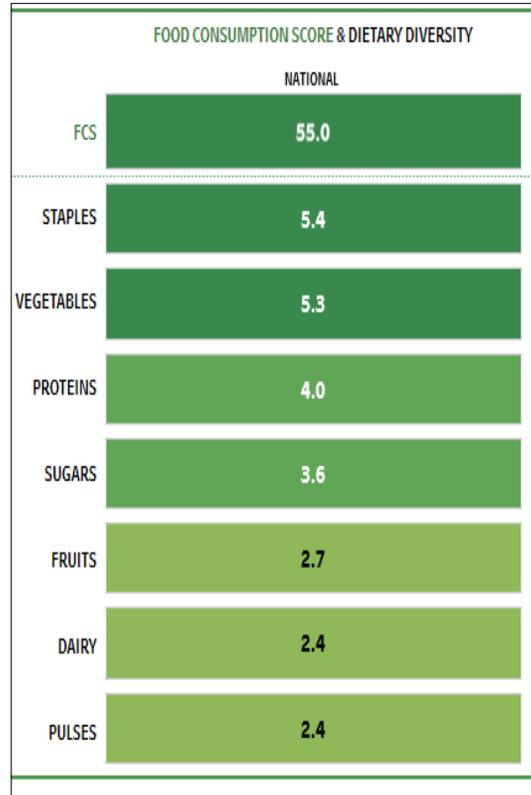


Figure 1 Food consumption score and dietary diversity

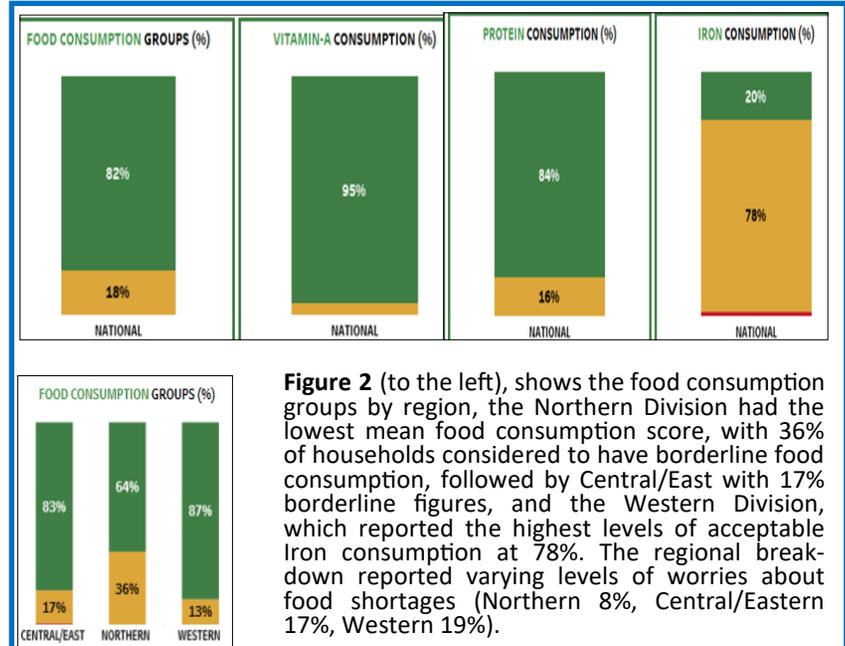


Figure 2 (to the left), shows the food consumption groups by region, the Northern Division had the lowest mean food consumption score, with 36% of households considered to have borderline food consumption, followed by Central/East with 17% borderline figures, and the Western Division, which reported the highest levels of acceptable iron consumption at 78%. The regional breakdown reported varying levels of worries about food shortages (Northern 8%, Central/Eastern 17%, Western 19%).

Urban vs Rural Food Consumption

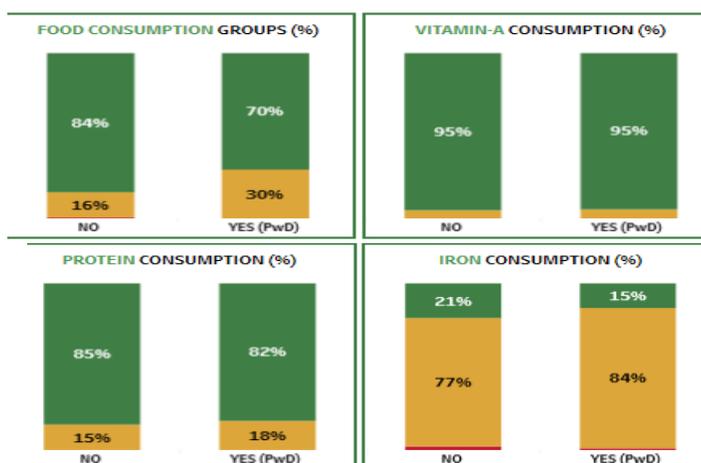
The food consumption comparison between urban and rural identified notable differences, with 28% of rural households recording borderline levels, while 91% of urban households had acceptable levels. Rural households had a lower frequency of heme iron consumption, 87% consumed “only sometimes” and 2% not consuming at all, this is compared to urban areas where 71% of households consume heme iron “only sometimes” and 2% do not consume it at all. The difference in Vitamin A followed a similar pattern, lower for rural at 19% compared to 13% borderline in urban areas.



Household Food Consumption

Persons with disabilities (PWD)

In terms of exacerbated vulnerability **Figure 3** below, shows that there were double the amount of households with one or more person(s) with a disability (PWD) facing poor or borderline food consumption. More specifically, 30% of households with one or more PWD compared to 16% of households without. Micro and macronutrient consumption showed small differences but trended slightly lower in frequency for households with a PWD.



Education level

In addition to households with a PWD, the education level of the head of household is another strong determinant of food consumption vulnerabilities.

22% of households with no education or primary education recorded borderline consumption while 1% are classified as having poor consumption. For households with secondary education this figure decreased slightly to 20% borderline, while for households with tertiary or vocational education it decreased significantly to 5%.

Across the board, 80% to 81% of households at all levels of education showed infrequent heme iron consumption. By contrast, households with none/primary education, and secondary education reported no heme iron consumption at all: 6% and 3% respectively.

Multi-dimensional Deprivation Index (MDDI)

Traditional measures of poverty based on income are insufficient to describe the food security and livelihood situation in Fiji. mVAM data analysis provides multi-dimensional deprivation as a measure of food security, education, health, shelter and living conditions, water sanitation and hygiene, and debt. This enables a fuller picture of the levels of deprivation in access to basic and essential needs.

The degree to which respondents are deprived in each individual dimension can be informative of the needs of the population, and the degree to which multiple deprivations overlap in the same household can illustrate the added amount of stress due to COVID-19. The survey found instances of not having enough food was statistically significantly and positively correlated with food consumption, number of household members that were reported to be sick, and living conditions (lower numbers of bedrooms based on number of household members and those households renting and worried about livelihood disruptions). This points to the intersection of multiple deprivations leading to overall household stress.

For each dimension, indicators were selected to capture the main impacts of COVID-19, with results requiring continued monitoring to ensure any changes in the percentage of households considered deprived are addressed in regional and national Food Security Clusters and related forums.

Nationally, 26% of households are experiencing deprivation along non-economic dimensions. There is an evident contrast between rural (31%) and urban (21%). Between heads of household by gender, deprivation is 26% for both, but female headed receive markedly higher remittances (30% compared to 15% for male headed); though remittances have not decreased, any changes pose higher risks to female headed households.

Deprivation levels along educational attainment show similar trends to food consumption, with deprivation increases as the levels of education decrease, as 32% of none/primary education were classified as deprived, compared to 24% for secondary and 28% for tertiary/vocational.

These results indicate the broad impact the economy has had. Households with higher education have borrowed in higher percentages than other educational attainment groups (13% compared to 12% and 9% for secondary and primary/none), demonstrating a difference in approach in meeting essential and basic needs.

Deprivation by households with one or more person(s) with a disability or children under 4

The biggest differences in deprivation were found between households with person(s) with a disability (PWD) and those without, with nearly 3 times as many households with PWD classified as deprived. Reduction in income for this cohort is also higher than for other households, pointing to challenges in the labor market that are unique to individual PWD and their households.

Households with children under 4 years also showed worrying signs, with 37% of households classified as deprived compared to 23% of households without children under 4. Households with children under 4 also have high dependency ratios, or the ratio between those not in the labor force with those typically in the labor force, with 45% of these households having high dependency, compared to the 23% of households without children under 4.

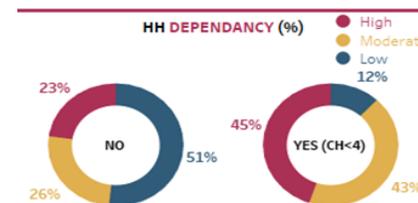


Figure 4 Showing the dependency percentages of households having children under 4 years in comparison to households without children under 4

Food security dimension

Food security dimension is a measure based on borderline and poor food consumption and reported instances of not having enough food to feed all members of the household. 15% of households nationwide expressed worries regarding food shortages. 20% of households responded that at some point there had not been enough food. This same indicator showed 9% of households from Central/Eastern and Western Divisions at some point did not have enough food, while Northern division reported a lesser percentage of 3%.

Health dimension

The health dimension is developed by looking at the number of household members that fell ill and their ability to access medical care. Rural and urban households experienced differences in health, with 18% of households in rural areas compared to 27% in urban reporting someone in their household falling ill. When medical care was needed, the majority of families from rural and urban households reported being able to access medical care.

Shelter dimension

Shelter dimension is based on number of bedrooms compared to number of members in the household as well as worries related to no work or disruptions to livelihoods for those renting. This dimension serves as a proxy to measure whether households are meeting their essential needs as they relate to shelter. Deprivation along this dimension was defined as either renting or living for free, number of bedrooms in the house, and worries about livelihood and work. Nationwide, 12% of households lived in dwellings with 2 or less bedrooms and more than 6 or more household members.

In conjunction with the shelter dimension, household wellbeing measures showed that concerns to disruptions to livelihoods were most acute in the Western Division (21%), followed by Central/Eastern divisions (10%) and Northern division (5%). Concerns about disruptions were higher in urban areas compared to rural (10% versus 18%). Households with higher levels of education showed higher levels of concern regarding shelter at 20% for tertiary education, compared to no education, primary and secondary education households, which ranged from 9 to 11% of households.

Education dimension

Education dimension is based on remote education policies. Education was a challenging disruption, with 19% of households reporting remote learning for children at the national level due to experienced COVID-19 restrictions. At the national level, 1.3% of households reported no learning activities; 90% of these households reside in rural areas.

Debt dimension

Debt dimension is based on needing to borrow money for food and health expenditures with a recall from when COVID-19 restrictions were first enforced. Borrowing for urban households is higher than for rural households (15% urban and 9% rural), possibly due to access to financial instruments from institutions and reliance on community support in rural areas (bartering, exchange of labor). The number one reason for borrowing by both urban and rural households was to purchase food, the same trend held for gender of head of household. For households with PWD, borrowing to purchase food was 9% higher than the national average of 6%. Borrowing based on source of income had high variation, with 28% of daily casual workers needing to borrow to purchase food, followed by 16% of households who chose 'other', received income from petty trade, or received assistance from government, UN, NGO, or charity as their source of income. These figures highlight the vulnerability of the daily casual workforce and households that potentially rely on informal markets or assistance to meet food needs.

The water and sanitation dimension

The water health and sanitation dimension for deprivation of basic and essential needs was measured by accounting for households that do not have enough access to clean drinking water when needed. Urban and rural households both showed challenges with accessing clean drinking water, 20% and 18% respectively. The biggest differences were found for dwelling type, with 28% of households that do not own but live for free reporting not having clean drinking water when needed. Access to clean water was also determined by livelihood, with 33% of households choosing 'other' as occupation having a lack of access to clean water, followed by 29% for casual labor, 21% for households receiving assistance from government, UN, and NGOs.

Methodology

WFP Pacific began data collection according to quotas made based on the proportion to population size for each provinces. The national data collection schedule is divided into rounds, which roughly amount to a month of 400 households interviewed. Results are tracked over time, identifying trends in food security and nutrition, agriculture and livelihoods, access to services, markets as well as challenges and needs of affected populations.

This mVAM bulletin is based on data collected via live telephone interviews in June and July 2020 from households in locations across Fiji. The telephone numbers called were generated using random-digit dialing. Location of respondent was determined by geo-location using the last incoming and outgoing date range (0-7 and 15-21 days) to triangulate with location of subscriber.

WFP Pacific's mVAM approach assumes a normal distribution for continuous variables with the sample set at a 95% confidence interval. A total of 400 observations per country meet the minimum sampling requirements to ensure data validity at the national level. The sampling design cannot provide statistically significant outputs at lower administrative boundaries. To control for potential differences in data collection rounds, after data collection, WFP will look at confidence intervals and run statistical tests to detect statistically significant changes between data collection rounds. In order to understand who is replying to our surveys, WFP obtains information on each respondent's demographics and socio-economic status by asking 'profiling' questions.

Language can also introduce bias, as well as operators who conduct the surveys. In the case of Fiji, the questionnaire is carried out in iTaukei and Fijian Hindi. For call centre operators, unintentional operator bias is addressed through coaching, data collection monitoring, data reviews, and routine reports.

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For more information please contact:

Andre Martinez VAM Officer Pacific Multi-Country Office andre.martinez@wfp.org

¹ Asian Development Bank, July 2020. "Pacific Economic Monitor". Accessed: <https://www.adb.org/sites/default/files/publication/622976/pem-july-2020.pdf>

² Asian Development Bank, July 2020. "Pacific Economic Monitor". Accessed: <https://www.adb.org/sites/default/files/publication/622976/pem-july-2020.pdf>

³ Source: Government of Fiji, Ministry of Health and Medical Services.

⁴ Asian Development Bank, July 2020. "Pacific Economic Monitor". Accessed: <https://www.adb.org/sites/default/files/publication/622976/pem-july-2020.pdf>

⁵ Asian Development Bank, July 2020. "Pacific Economic Monitor". Accessed: <https://www.adb.org/sites/default/files/publication/622976/pem-july-2020.pdf>

⁶ United Nations Socio-economic Impact Assessment, July 2020. Accessed: www.undp.org/docs/SEIA_Fiji_Consolidated_Report

⁷ International Organization for Migration Fiji, 2020. "Rapid Assessment of the Socio-economic Impacts of COVID-19 on Labour Mobility in the Pacific Region". Accessed: <https://publications.iom.int/books/rapid-assessment-socioeconomic-impacts-covid-19-labour-mobility-pacific-region>

⁸ Due to changes in survey design, a livelihood based coping strategies classification will only be made available in Bulletin #2



vam
food security analysis

