

# Simplified Approval Process Annex 4: Gender assessment and action plan

## **AKAMATUTU'ANGA TO TATOU ORA'ANGA MEITAKI (ATOM)**

BUILDING RESILIENT AND HEALTHY COOK ISLANDS COMMUNITIES



GREEN  
CLIMATE  
FUND



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## Abbreviations

AE	Accredited entity
AF	Adaptation Fund
AMA	Accreditation Master Agreement
AR6	Sixth Assessment Report of the IPCC
ARA	Adaptation results area
CC&HAP	Climate Change & Health Adaptation Plan
CHS	Community health settings
CCCI	Climate Change Cook Islands
CIIC	Cook Islands Investment Corporation
CIG	Cook Islands Government
CIREC	Cook Islands renewable energy chart
CSHR	Climate sensitive health risk
CN	Concept note
COVID-19	Coronavirus disease 2019
CPR	Critical Readiness and Preparedness Response Plan
CSD	Climate sensitive diseases
CVD	Cardiovascular diseases
DRM	Disaster risk management
EE	Executing entity
EEZ	Exclusive economic zone
EMCI	Emergency Management Cook Islands
ESMF	Environment and Social Management Framework
ESMP	Environmental and Social Management Plan
ESMS	Environmental and Social Management System
ESS	Environmental and social safeguard
FP	Funding proposal
GAP	Gender Action Plan
GCF	Green Climate Fund
HHS	Hospital health settings
HIS	Health information system
HIU	Health intelligence unit

HSV	Health specialist visits
ICT	Information communication technology
IRMF	Integrated Results Management Framework
LFS	Labour force survey
MFEM	Ministry of Finance and Economic Management
MMR	Ministry of Marine Resources
MOA	Ministry of Agriculture
MOU	Memorandum of understanding
NCD	Non-communicable disease
NDA	National designated authority
NDRMC	National Disaster Risk Management Council
NES	National Environment Service
NGO	Non-government organisation
NIE	National implementing entity
NSDA 2020+	National Sustainable Development Agenda, Te Ara Akapapa'anga Nui
NSDP	National Sustainable Development Plan
OPM	Office of the Prime Minister
PE	Pa Enua (outer Islands)
PSEAH	Prevention and Protection of sexual exploitation, sexual abuse and sexual harassment
PFS	Prefeasibility study
PPF	Project Preparation Facility
RE	Renewable energy
SAP	Simplified Approval Process
SEAH	Sexual exploitation, sexual abuse and sexual harassment
SDG	Sustainable Development Goals
SIDS	Small Island Developing States
SLR	Sea-level rise
SPC	Secretariat of the Pacific Community
SRIC-CC	Strengthening the Resilience of our Islands and our Communities to Climate Change
TAU	Te Aponga Uira o Tumutevarovaro (power utility on Rarotonga)
tCO <sub>2e</sub>	tons of carbon dioxide equivalent
TFR	Total fertility rate

TMO	Ministry of Health, Te Marae Ora
ToC	Theory of change
TVP	Tarai Vaka process, government project management system
UNDP	United Nations Development Programme
UNFCCC	United Nations Framework Convention on Climate Change
UNICEF	United Nations International Children's Emergency Fund
V&A	Vulnerability and adaptation
VAT	Value added tax
WHO	World Health Organisation

# 1. Background

This Gender Assessment and Gender Action Plan (GA-GAP) is a supporting document for the design of the GCF Funding Proposal: Akamatutu'anga to tatou ora'anga meitaki (**ATOM**), Building Resilient and Healthy Cook Islands Communities. The proposal is guided by the Te Ara Akapapa'anga Nui – National Sustainable Development Agenda (NSDA) 2020+. The NSDA 2020+ the first extended outlook over 100 years and the planning horizons over generational periods that align with the philosophy and practice of Akapapa'anga; the importance and use of genealogical legacies to and for the Cook Islands and its people that is now being implemented. This project will build resilient and healthy Cook Islands communities which is the same primary goal as espoused in the NSDA 2020+ and therefore appropriate that this project is guided by these same principles. The aim of GA-GAP is to ensure that the overall project provides for a gender responsive health system that will generate targeted care and support towards women, men, the Anuanua community and children, by recognising their unique needs to manage health risks induced by climate change.

Preparation of the funding proposal was managed by the Accredited Entity (AE) Ministry of Finance and Economic Development (MFEM) by Development Cooperation Division (DCD) in collaboration with Te Marae Ora (TMO – Ministry of Health), the Executing Entity (EE). The preparation of the funding proposal was supported from the GCF project preparation facility (PPF). The funding proposal would be the first comprehensive national effort to focus on increasing the resilience of Cook Islands most vulnerable communities to improve health resilience in the face of climate change. Specifically, the proposed project will work to:

- Establish an enabling environment for adaptive action and investment including strengthening the evidence base for adaptation, mainstreaming climate risk into development planning, and disseminating actionable climate information to community and state decision makers.
- Build institutional capabilities and capacities to respond to climate change and health (CC&H) issues, and effectively deliver health services to the country's population. This aspect of the project is to be achieved via eight activities, comprising three outputs that are identified in the Gender Action Plan
- Resilience-building measures to reduce the health impacts of climate change at the community level. These will be community-based adaptation measures that are clearly outlined in Component 3.

ATOM focuses on strengthening the health sector in the Cook Islands which is consistent with the country's national priorities, policies and action plans and programs and is consistent with country ownership as elaborated in a number of nationally endorsed plans and strategies that highlight the Health Sector as a priority for resilience building<sup>1</sup>.

The project will support an estimated 30 communities and 22 health facilities and/or emergency centres in 11 highly vulnerable outer island sites to improve the resilience of health services. Activities will directly benefit an estimated 15,040 people, of whom 7,648 are expected to be women. The

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<sup>1</sup> Annex 2 Prefeasibility Study outlines all country plans, policies and programmes.

project will also work with TMO to incorporate Climate Sensitive Health Risks (CSHRs) into an enhanced health information system, indirectly benefitting the country’s entire population. Currently available disaster risk management information from the ADB Disaster Resilience Program classified all 11 inhabited Pa Enua and 10 punas on Rarotonga as having high to very high vulnerability to disasters, including those driven by climate change impacts<sup>2</sup>. In light of the uniformity of climate vulnerability and disaster risk, beneficiary sites are also all TMO and emergency centre facilities in the Cook Islands

## 2. Demographics

The 2021 Census has the resident population of the Cook Islands at 15,040. Twelve of the 15 islands of the Cook Islands are inhabited and, with the exception of Rarotonga and Aitutaki, the other ten islands have communities of less than 500 people. Key findings of Census 2021 are provided in Figure 1 below.

The capital of Avarua is on the main island of Rarotonga which holds more than 70% of the resident population (10,898) and is the site of the major international airport and harbour. Rarotonga is also the administrative centre and the location for the main offices of all the Cook Islands Public Service Ministries and State-Owned Enterprises. The Southern Group Islands have 20% while Northern Group Islands share the remaining 7% of the population. The total population has been in decline since the early 1970s, with a dramatic decline in 1996 as a result of the substantial reduction in the public service in 1996/97.

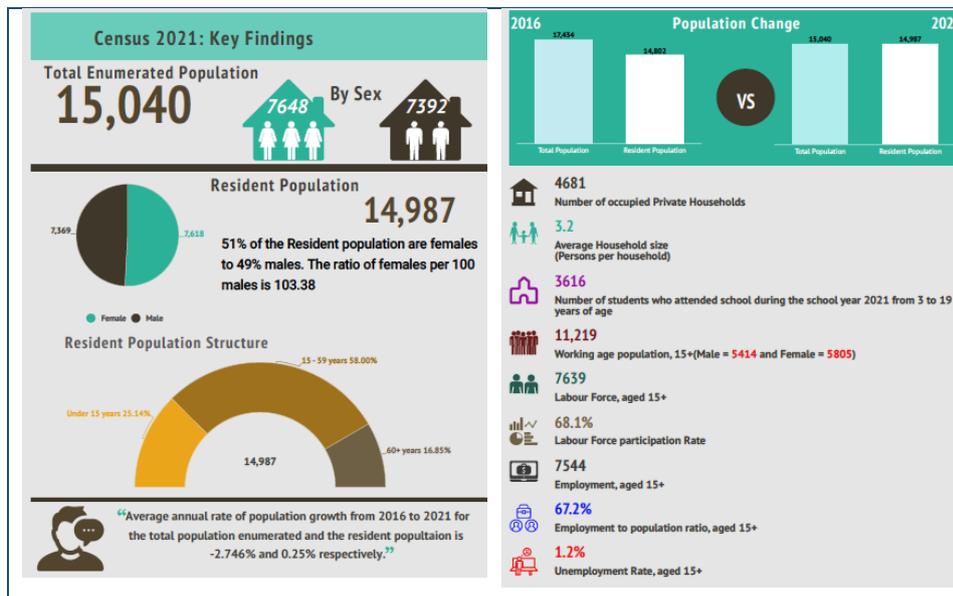


Figure 1: Key findings of 2021 Census

The Cook Islands population structure is characterised by two distinct features. The first is that the 0-4 age group is smaller than the 5-9 group, which suggests a decline in fertility and/or greater emigration from the Cook Islands. The second is a significant decline in the 15-19 age group, which were the 10-14 cohort at the Census in 2011. The likely explanation for this is that young Cook

<sup>2</sup> Asian Development Bank. 2016. "Cook Islands Disaster Resilience Program: Report and Recommendation of the President." *Project Number 50212-001*. Manila: ADB.

Islanders have completed secondary education and travelled overseas for further education or employment opportunities. This number has improved over the last 10 years with more 15-19 year-olds taking advantage of tertiary training on island with either Cook Islands Tertiary Training Institute (CITTI), or University of the South Pacific (USP)

The declining population is a critical development challenge for the Cook Islands, affecting all sectors and particularly in the Pa Enea. Depopulation, especially the younger generations leaving the Cook Islands, has led to a shortage of skilled workers and increasing reliance on foreign workers. The social and economic development disparities between Rarotonga and the Pa Enea have caused emigration from the Pa Enea to Rarotonga. For the Cook Islands, climate change is another critical issue requiring coordinated policy response from the public sector and civil society to strengthen resilience to climate change, address the mitigation and adaptation measures, food security and sea level rise in the longer term.

Tourism is the country's leading source of revenue account representing around 60% of GDP. It plays a vital role in correcting the balance of payments and is a long-term opportunity. Strong growth in tourism in recent years has seen the Cook Islands experience economic growth and progression towards higher levels of economic prosperity. However, the strong economic growth and heavy reliance on the tourism sector means the Cook Islands remains extremely vulnerable to shocks in external markets and natural disasters. If a major tropical cyclone were to hit Rarotonga, it would take time before the tourism industry and the entire country could rebuild as noted in the COVID-19 pandemic where economic activity came to a halt for nearly two years.

Cook Islands has a well-developed private sector on Rarotonga and Aitutaki, mostly based around tourism related businesses. Income generation on the remaining islands is predominantly from central and local government jobs with agriculture showing signs of resurgence since COVID-19 lockdowns as well as strong tourism numbers. As New Zealand passport holders, Cook Islanders can move freely to and from New Zealand, and this option is exercised regularly by families looking for employment opportunities as well as seeking better health care services. The country currently gains income from vessels licensed to fish inside the EEZ and from planes that fly through Cook Islands airspace above. The potential for seabed minerals is also being assessed and exploration licenses were offered through a robust licensing process in 2020/2021

### **3. Project Rationale**

The Cook Islands is among the countries most vulnerable<sup>3</sup> to the impacts of climate variability and change, owing to the triple burden of communicable diseases, non-communicable diseases, and the health impacts of climate change that cause high rates of morbidity and mortality. The country experiences very high levels of non-communicable diseases, while threats to water and food security and safety remain a concern, along with vector-borne disease and heat-related illness - particularly during weather patterns such as El Niño. The country is exposed to natural hazards, including high-intensity cyclones, and rising sea levels, which threaten lives and the livelihoods of communities. Disasters relating to climate change disrupt the delivery of health care services and particularly affect

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<sup>3</sup> Environmental Vulnerability Index (EVI) score of 383 for the Cook Islands is one of the most highly vulnerable SIDS in the Pacific Region - [https://gsd.spc.int/sopac/evi/EVI\\_Country\\_Profiles.htm](https://gsd.spc.int/sopac/evi/EVI_Country_Profiles.htm)

those communities most vulnerable, including young children, women of reproductive age, the elderly, and people with disabilities<sup>4</sup>.

Key risks in the Pacific identified with high confidence by the Sixth Assessment Report of the Intergovernmental Panel on Climate Change include<sup>5</sup>:

- More intense tropical cyclones
- Loss of livelihoods, coastal settlements, infrastructure, ecosystem services and economic stability
- Continued warming, increasing heat extremes and heat stress
- Increased saltwater intrusion into aquifers
- Decline and possible loss of coral reef ecosystems (and associated sources of seafood) in small islands through thermal stress
- The interaction of rising global mean sea level in the 21<sup>st</sup> century with high-water-level events, which will threaten low-lying coastal areas.

Without proactive adaptation, these climatic changes are expected to result in increased health risks, via direct and indirect pathways. Potential direct impacts include deaths and injuries from extreme events (heatwaves, cyclones, floods and drought). Indirect effects include increased risks of infectious diseases (including waterborne, foodborne and vector-borne diseases); food insecurity and malnutrition; respiratory diseases; and diffuse health impacts from loss of livelihoods, mental health problems and NCDs<sup>6</sup>.

At the country level, the Cook Islands has myriad strengths and opportunities relevant to the proposed project, tempered slightly by threats and weaknesses. Beginning from the strengths, weaknesses, opportunities and threats (SWOT) analyses that was completed as part of the country’s Sustainable Development Plan and incorporating items from TMO-specific analyses of strengths and weaknesses, a hybrid table was created that takes into account the areas specific to the Gender Assessment and GAP. Table 1 identified issues under the Climate Change and Health Adaptation Plan for the Cook Islands, 2012. (CC&HAP).

**Table 1 SWOT analysis of the Health Sector in the Cook Islands**

Strengths	Weaknesses	Opportunities	Threats
Talented people	Geographical isolation	Expand the economic base by growing other economic sectors Equal opportunities for Men and Women as each have equal rights inherited family land	Depopulation – brain drain of trained and educated Cook Islanders  Women have a higher education participation rate than men and tend to remain in the Cook Islands.

<sup>4</sup> World Health Organization, 'Human Health and Climate Change in Pacific Island Countries', ed. by WHO Regional Office for the Western Pacific (WPRO) (Manila: WHO, 2015).

<sup>5</sup> Intergovernmental Panel on Climate Change. 2022. "Climate Change 2022: Impacts, Adaptation and Vulnerability - Regional Fact Sheet (Small Islands)." Geneva: IPCC.

<sup>6</sup> McIver, L., R. Kim, A. Woodward, S. Hales, J. Spickett, D. Katscherian, M. Hashizume, Y. Honda, H. Kim, and S. Iddings. 2016. "Health Impacts of Climate Change in Pacific Island Countries: A Regional Assessment of Vulnerabilities and Adaptation Priorities." *Environmental Health Perspectives* 124(11): 1707-14.

Strengths	Weaknesses	Opportunities	Threats
			Higher number of men are moving overseas to seek work opportunities.  Women remaining to look after family
Unique cultural assets	Dispersed islands	Potential for import substitution  Women find working in handicrafts and cultural activities providing good income	Impact of fluctuations in global economy and capital, currency and commodity markets  Capital is not readily available and less likely for Women than men.
Political stability	Narrow economic base	Growth in economic value of global cultural industries and markets  Young women and men have increased participation in Cultural industries	Instability and unpredictability in the supply and price of imported petroleum  COVID 19 showed how fragile the Cook Islands economy is
Unique environment and natural resources	Reliance on imported goods	Development of the Green Economy  Limited access to funds to build the green economy	Increased likelihood of natural hazards  Requires resilience measures for both men and women to
High educational achievement	High dependence on imported petroleum	Large diaspora with potential to contribute to national development	Inadequate political will or social partnerships to implement transformation  Social bias against women in political roles
Relatively good health outcomes	High energy costs	Strong relationships with regional and international partners	Disparities between Rarotonga and the Pa Enea  Political bias to maintain the status quo
Private sector-led economy	Vulnerability to natural and man-made hazards	Improved and strengthened relationships with donor partners for sustaining funding for unfunded projects	Low/poor capacity / capability / facilities to manage multi-casualty incidents  Ongoing training required
Peaceful society	Low productivity across most economic sectors (except tourism)	Research opportunities to draw potential funding	Emerging diseases and outbreaks  Adaptation tools required.
Vibrant civil society	Small population base and geographically very widely spread	Health co-benefits from climate mitigation and adaptation programmes	Increasing frequency and intensity of most severe extreme weather events

Strengths	Weaknesses	Opportunities	Threats
Integrated health services under the MOH	Difficulty in attracting highly skilled health professionals from overseas due to low remuneration offered	Increasing ICT options (including satellite / O3b)	Supply chain disruptions; inability to procure infrastructure and consumables
Strong health promotion presence in local communities	Declining proportion of Cook Islands Specialised medical, nursing and allied support staff due to low remuneration offered	Co-location of laboratory facilities	Increases in range / distribution of disease vectors
Highly stable and committed health sector workforce	No funding appropriated to implement CI Workforce Plan	Collaboration around augmented HIS	Losses to staple crops / fish due to climate change
Good collaborative relationships with NGOs, donor partners and other government agencies	Displaced individuals ('granny dumping') in the care of Hospital Health Services	Post-Covid return of tourism funding Some businesses closed and require start-up funds	Irregularity in water supply (droughts + floods)
Recent development of primary health care to address NCDs and their risk factors	High rates of NCDs	Cook Islands Māori language revitalisation	Current bandwidth limitations
Regularly updated legislation	High vulnerability to CSHRs	Use of culturally-relevant themes (e.g., vaka) for non-clinical health and wellbeing activities	See footnotes <sup>7,8</sup>

In 2012, the Cook Islands generated a Climate Change and Health Adaptation Plan (CC&HAP). The vulnerability assessment in this CC&HAP highlighted the climate-sensitive health risks of vector, food and waterborne diseases, heat-related illness, respiratory diseases, the health impacts of extreme events such as cyclones, and mental health/non-communicable diseases<sup>9</sup>. The incidence, geographic distribution, and seasonality of these health outcomes can be affected by temperature, precipitation, and extreme weather events. The majority of populations and health care facilities (such as hospitals and community health centres) are located in close proximity to low-lying coastal areas and are highly vulnerable to tropical cyclones, flooding, storm surges, king tides, sea level rise, and water supply instability caused by drought or salinisation of aquifers. Damage to these facilities - buildings and essential supplies/amenities – affects their capacity to provide health services when they are most

<sup>7</sup> Wright-Koteka, E. 2015. "The Cook Islands - Te Kaveinga Nui: National Sustainable Development Plan 2011-2015." Rarotonga: Central Policy and Planning Office - Office of the Prime Minister.

<sup>8</sup> Fariu, R. 2014. "Health Professionals Competency Assurance Legislation." Rarotonga: TMO Public Health / Psychiatric Services.

<sup>9</sup> Te Marae Ora (Cook Islands Ministry of Health). 2012. "Climate Change and Health Adaptation Plan for the Cook Islands." Rarotonga: TMO.

needed, such as during emergencies. Due to the lack of capacity and resources in the health sector, many health facilities are not yet resilient to climate-induced pressures.

The project will address the identified barriers and root causes (direct and indirect) that inhibit the strengthening of the adaptive capacity of the health sector to climate variability and change in the Cook Islands. Key challenges and barriers include: i) insufficient mainstreaming of climate change risks and responses within the health sector and relevant government agencies; ii) limited health system capacity to manage health information and weather and climate early warning systems; iii) limited coverage and quality of health services addressing climate-sensitive health outcomes (especially in remote / Pa Enua areas), and climate-induced disruptions in health care facilities.

The project is designed to both prepare for and respond to climate change-induced health risks in the Cook Islands, through the pursuit of three components. Within each component, a tailored set of activities are defined to address climate health risks, focusing on mainstreaming climate-related risks and resilience into health policy frameworks; strengthening the capacity of the health system to manage climate-related risks; improving coverage and quality of health services addressing climate-related diseases and reducing climate-induced disruptions of health care facilities; and implementing resilience measures to reduce the health impacts of climate change at the community level

A 'gender lens' is considered both essential and relevant for the project to maximise its outcomes for the health sector and ensuring resilience of infrastructure against natural and climate-induced hazards, disasters and weather variations that cannot be avoided. This gender-responsive approach is also crucial for establishing institutional structures and broad-based political momentum and socioeconomic frameworks to mobilise medium- and long-term adaptation action in the country and derive socioeconomic and gender benefits from improved health services in the communities. Particularly, this project will aim to increase institutional representation and meaningful participation of women in community-based adaptation management of resources, system improvements and new infrastructure. Improved gender parity will help deliver the adaptation pathway chosen by the project, as well as sustain results to ensure that communities are able to transition to a climate-resilient future.

'In terms of the gender lens and paradigm shift, CSHR interventions will be tailored to take into account the gender dimension of differential health risks, outcomes, and baseline health status. Community-based adaptation measures will be informed by the participation of vaintini groups and other female-forward community business organisations and non-government organisations and delivered in cooperation with female-headed groups such as CIRCS and Cook Islands Business and Professional Women's Association (CIBPWA) to ensure female representation and benefit sharing. The health system improvements in this proposal were drafted with careful attention to the gender dimension in order to ensure greater responsiveness to vulnerable communities - especially women, the rainbow community, and people living with disabilities'.

## **4. Purpose and Methodology**

The purpose of the gender assessment and action plan is to assess gender issues and potential gender mainstreaming opportunities as well as identify opportunities and strategies to redress these constraints, building on current initiatives and best practice approaches. Also, the assessment will

provide an overview of gender positions in the country. The Cook Islands Health Roadmap<sup>10</sup> for the next decade is for a quality, equitable and accessible primary, secondary and selected cost-effective tertiary health care services to all, especially in the Pa Enea (Outer Islands). The blueprint also aims to create accessible information that will empower communities to make informed decisions about their health since the role of the TMO is “not just about treatment, but also about the prevention and management of illness”<sup>11</sup>. This project is the catalyst needed by the health sector to empower women and the vulnerable communities<sup>12</sup> to take ownership of their health as envisioned in the roadmap.

The overall objective, therefore, of the gender assessment will be to provide a tool to promote gender mainstreaming in the Cook Islands the project paradigm – particularly, by identifying relevant entry points that the project can benefit from given its focus on climate-resilient health infrastructure and services. Using gender as a lens will also help identify the social relationships between women and men, and other marginalized groups in Cook Islands.

Chapter 7 of this assessment carries voices of the community to give this assessment report deeper understanding of the burdens and hardships on the health of Cook Islanders due to gendered impacts of climate change.

This assessment is both qualitative and quantitative and uses both primary and secondary research data as methods of inquiry.

## 5. Primary research

The participatory research tool of face-to-face interviews was used. Nationwide consultations were carried out on the main island of Rarotonga and in the Pa Enea, coordinated by MFEM, including financial and logistical support. Stakeholder participation was diverse comprising of government officials, a cross section of officials from the line ministry (TMO), politicians, traditional leaders, civil society groups and members of the wider community<sup>13</sup>- inclusive of all genders, women, men, Anuanua community<sup>14</sup>, persons living with disability, elderlies, and caregivers. The discussion-based format generated a wide range of opinions and exchange of ideas and information. This consultative and multi-stakeholder process provided a deeper understanding of the drivers of gendered grievances on impacts of climate change on health in the Cook Islands. Most of the primary data can be found in this assessment. Meetings were also scheduled with Te Tango Akarangatria Ora’anga - Ministry of Internal Affairs’ (INTAFF) which oversees the implementation of the country’s National Gender Equality and Women’s Empowerment (GEWE) Policy. The health of women and girls is one of its five commitments. The other four are a gender responsive government, gender equity in leadership and governance, women engaged in economic development, and eliminating violence against women. The national gender policy also aligns with the Te Ara Akapapa’anga Nui National Sustainable Development Agenda (NSDA) 2020+ 2021–2121 to protect, promote, and advance the rights of all women and girls. The Ministry of Internal Affairs (INTAFF) also presents the official state report to

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<sup>10</sup> (2017). Te Papa Tutara A Te Marae Ora Cook Islands National Health Road Map 2017-2036. T. M. O. C. I. M. O. Health. Rarotonga.

<sup>11</sup> Ibid.

<sup>12</sup> The vulnerable communities for this project are identified in Section 3.5.

<sup>13</sup> Annex 24 provides a complete list of communities’ individuals consulted

<sup>14</sup> Members of the LGBTQ+ (lesbian, gay, bi-sexual, transgender and queer plus) in the Cook Islands have adopted the indigenous Māori word, Anuanua, as a collective name. Anuanua is the Māori word for rainbow.

conventions such as Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). The latest collation of gender documents on the INTAFF's website was nearly 10-years old. At the time of this assessment, the post for a gender/women's officer was still vacant, however an acting manager in the division provided some insight into their focus – elderly and welfare.

## **6. Secondary research**

A literature search was carried out for any qualitative and quantitative data pertaining to gender in the Cook Islands (preferably in the last 10 years) to gain insight into changes that may have occurred over time. This included any gender data relating to climate change and health. At the same time participatory research of face-to-face consultations were conducted on Rarotonga with many senior officers in government entities associated with the project, that included TMO, Climate Change Cook Islands Office, Ministry of Agriculture and Emergency Management Cook Islands.

The desk review mapped the Cook Islands' commitments towards gender equality at various levels: international, regional, national, and community levels, including gender norms. Also, national information and lessons learned from past studies and assessments on gender, and climate change, and if there are gaps relative to health. Secondary data gathered for this assessment are mostly captured in Chapter 4.

This Gender Assessment is guided by three gender policies, that of the Green Climate Fund, the Cook Islands overarching national framework on Gender Equality and Women's Empowerment, and MFEM, the Accredited Entity's (AE) gender policy.

## **7. Green Climate Fund gender policy**

The proposal aligns with GCF's gender policy objectives to: 1) advance gender equality; 2) minimize social, gender-related and climate-related risks through gender mainstreaming, and 3) contribute to reducing the gender gap of climate change-exacerbated social, economic, and environmental vulnerabilities and exclusions. Gender mainstreaming activities in the proposal's gender action plan mirror the GCF's commitment in its gender policy that projects contribute to the Sustainable Development Plan #5 on gender equality. The Cook Islands is a SIDS and this proposal supports the GCF gender policy rationale that to combat climate change is to promote mechanisms to raise capacity for effective climate change-related planning and management in small island developing states by focusing on women, youth, local and the vulnerable groups.

## **8. Cook Islands national gender policy**

The Cook Islands National Policy on Gender Equality and Women's Empowerment 2019-2024 recognises that women and men are equal partners to the development of the Cook Island. It places gender equality at the heart of economic and social progress, giving equal value to the roles and responsibilities of Cook Island women and men. According to the policy, research has shown that while non-communicable diseases (NCD) affect men and women (diabetes, heart disease, cancer, etc), the burden and costs of NCDs affect men and women disproportionately. The burden weighs more on women than men e.g. women are the primary caregivers for the vulnerable (infants, children, elderly,

and disabled) and will take leave from work, or resign to care for those who fall sick or require full-time care.

## 9. MFEM Gender Policy

The AE's core objectives are: to adopt a gender sensitive approach which will achieve greater and more sustainable development results in an efficient manner; to ensure that women and men equally benefit from activities which are funded through MFEM from both national resources and development partner assistances; to avoid or minimise potential risks and impacts on women and men from projects funded through MFEM; and to contribute positively to removing the institutional barriers to gender equality.<sup>15</sup>

It is the responsibility of MFEM as the AE to ensure that this project is aligned and in compliance with the GCF Revised policy on the prevention and protection from sexual exploitation, sexual abuse and sexual harassment (PSEAH). The Cook Islands understand the requirements with regard to GCF Policy and is conversant with the WHO Three year Strategy 2023 – 2025. The Secretary of TMO provided the following response on the Cook Islands position regarding the Strategy. This was discussed at the WHO 74th at the Western Pacific regional meeting. Countries are yet to endorse the 3-year Strategy and a work plan to move it forward is being considered. It is noted that WHO acknowledges that it has a long and hard journey ahead with how it will manage implementing partners and hold them to the standards set for prevention of and response to sexual misconduct.

## 10. Understanding gender equality in the Cook Islands

The Cook Islands Constitution was adopted in 1964, and it guarantees equal rights to all citizens, regardless of sex. The country has since acceded to many international and regional gender equality commitments. National gender policies and gender equality work are currently led by the Ministry of Internal Affairs' Social and Policy Division. Previously, the ministry had a full Gender and Development Division (GADD), which was initially set up as a Women's Desk in 1979 and upgraded to a division in 2002. GADD had a director and research officers but in 2016 it was downgraded (back to its 1979 desk level) with just a coordinator. This Chapter will highlight gender equality, or the lack of it, at various levels - customs and norms, at global level, national level, and community level.

The Cook Islands Constitution recognizes people of the Cook Islands as 'people of Cook Islands decent' and is the closest we have in classifying people as 'indigenous people'. There are no separate laws for people of Cook Island decent and other ethnic groups. The funding proposal has been designed so that all people in their various ethnic groups are identified and recognised at inception phase.

The law of the country applies to everyone in the country whether they are resident or visitor.

*Under [the UN working definition of indigenous peoples](#), "no differentiable indigenous sub-groups exist in the Cook Islands. However, traditional people and communities within the Cook Islands have been engaged, consulted and contributed to the development of this project".*

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<sup>15</sup> Ministry of Finance and Economic Management Gender Policy 2018. Cook Islands. (Introductory note in the MFEM gender policy)

*Au peu tupuna taurekareka tei matau'ia – Tradition and Gender Norms*

In the Cook Islands, customary law, and discriminatory gender norms, on how people of a particular gender and age are expected to behave, differ from one island to another.

*Caregiving and unpaid work are a norm for women*

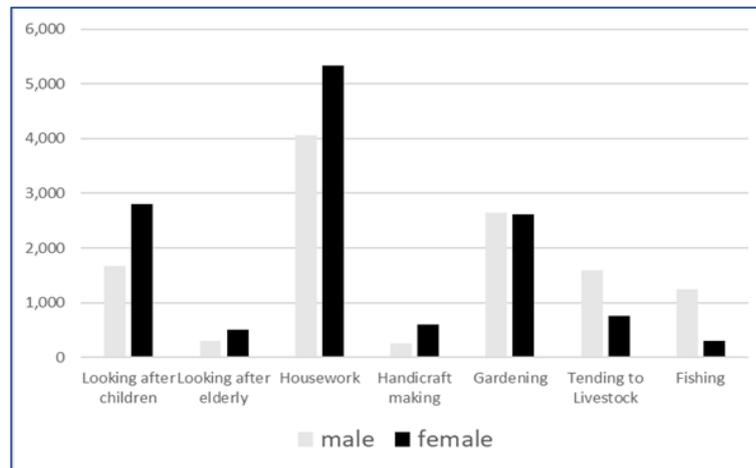


Figure 2 Unpaid work 2021 Census

Remarks made during stakeholder consultations reveal that whilst most women are not expected to plant or fish to feed their families, they are however expected to be caregivers for the family, especially of children, infirm, disabled and the elderly. According to the 2021 Census, women dominate unpaid work category, and this includes looking after children, looking after the elderly, housework, handicraft making and almost equal with men in gardening (planting vegetables and root crops), indicating accessibility to resources as outlined in Figure 2.

Women and men of the Cook Islands play different roles in their use of natural resources and provisions of food for the family.<sup>16</sup> According to the customs of Pukapuka, an island in the northern group, women inherit and manage wetland taro<sup>17</sup> plots, and they clean, replant and harvest this staple crop for the family's daily meals. However, like the rest of the Cook Islands, women of Pukapuka are not expected to fish but are expected to be primary caregivers for their families.

The Cook Islands' Third National Communication to the UNFCCC, in 2019 noted that distinct roles and responsibilities in the homes for men and women give rise to differences in both vulnerability and the ability to cope with the consequences of climate change, including disasters.<sup>18</sup> Climate change affect men and women differently. Women, as main caregivers with the highest number in unpaid work, are expected to have food prepared and ensure family hygiene in the midst of natural disasters or

<sup>16</sup> Government of the Cook Islands, 2011. Cook Islands, Second National Communication under the United Nations Framework Convention on Climate Change. Rarotonga: Government of the Cook Islands. p22.

<sup>17</sup> Taro is a starchy root crop with edible leaves. This root vegetable has provided good nutrition to Pacific Islanders for hundreds of years. It is a widely cultivated herbaceous plant of the arum family (Araceae) and is planted in water or on dry land.

<sup>18</sup> Government of the Cook Islands, 2019. Cook Islands Third National Communication under the United Nations Framework Convention on Climate Change. Rarotonga: Government of the Cook Islands

extreme weather events. These norms are drivers of food insecurity, loss of livelihood and hardship on women, due to environmental degradation.<sup>19</sup>

### *Power imbalances and gender-based violence*

A common theme that stood out during stakeholder consultations is that decision-making and power rest mostly with men. Research has found that there is no single factor that causes violence or leads to its perpetration, however, underlying gender inequalities and power imbalances between women and men are the foundational causes of violence against women and girls.<sup>20</sup> The vulnerability of women and girls to violence is deeply rooted in unequal gender relations and the access that many societies provide men and boys to material, symbolic and relational resources.<sup>21</sup>

The TMO, the Cook Islands National Council of Women (CINCW), and other development partners produced a country report titled Family Health and Safety Study in 2014.<sup>22</sup> The report highlighted that nearly 39-percent of women surveyed reported having experienced physical violence by a non-partner since the age of 15 in their lifetime. It further reveals that physical violence against women and girls perpetrated by men (other than intimate partners) is widespread, mostly by immediate family members. However, the report concludes that not enough is known about whether physical violence is a result of gender norms, or because it was the prevalent form of discipline for both girls and boys by both males and females.<sup>23</sup>

The Cook Islands is similar to the global trend where women make up three quarters of medical doctors and nursing personnel,<sup>24</sup> and women spend three times as many hours as men on unpaid care work at home.<sup>25</sup> Reports from several countries suggest that domestic violence was rife against women (doctors and nurses) and children during the global COVID lockdown.<sup>26</sup>

Cook Islands Police report that “discouraging reality of consistent high levels of domestic violence, and corresponding gaps in resources to deal with ongoing cases”.<sup>27</sup> It acknowledges that statistical data on reported domestic violence incidents is problematic, partly due to indeterminate number of unreported cases.<sup>28</sup> Shame and embarrassment, misplaced guilt, powerlessness, and a lack of confidence, also contribute to the withdrawal of prosecutions even if court proceedings have begun.

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<sup>19</sup> Ibid

<sup>20</sup> Partners for Prevention, a UNDP, UNFPA, UN Women and UNV regional joint programme for the prevention of violence against women and girls in Asia and the Pacific. <https://partners4prevention.org/page/frequently-asked-questions-faq>.

<sup>21</sup> Ibid.

<sup>22</sup> (Te Ata O Te Ngakau Shadows of the Heart, The Cook Islands Family Health and Safety Study 2014) <https://pacific.unfpa.org/sites/default/files/pub-pdf/CIFHSSReportweb.pdf>. Te Ata O te Ngakau can have different meanings depending on the context and vantage point. For this study, these words mean, firstly, respect for the secrets that interviewed women released to the research team and, secondly, they refer to the wealth of experience and knowledge that has at last come to light. For this study, Te Ata O te Ngakau captures the depths, the shadows, the secrets...of the heart.

<sup>23</sup> Ibid

<sup>24</sup> UN Economic and Social Council. 2020. Progress towards the Sustainable Development Goals - report of the Secretary General. High-level segment: ministerial meeting of the high-level. New York: UN. <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N20/108/02/PDF/N2010802.pdf?OpenElement>

<sup>25</sup> Ibid

<sup>26</sup> UN Economic and Social Council. 2020. Progress towards the Sustainable Development Goals - report of the Secretary General. High-level segment: ministerial meeting of the high-level. New York: UN. <https://documents-dds-ny.un.org/doc/UNDOC/GEN/N20/108/02/PDF/N2010802.pdf?OpenElement>

<sup>27</sup> Cook Islands Police Press Release, <https://www.facebook.com/photo/?fbid=580580974104211&set=a.458637152965261> 25 March 2023,

<sup>28</sup> Ibid

Over the past five years, reported domestic incidents have ranged from over 170 to nearly 350, annually.<sup>29</sup>

The violent cases, according to Cook Islands Police, involving offenses of a physical nature, are a smaller share of these cases - ranging from 23% to 65% of the total.<sup>30</sup> A more alarming figure is the number of prosecutions withdrawn by the victims, despite the Force's No Drop Policy. Police use up a lot of time and effort, but prosecutions can be undone by those more willing to forgive and forget.<sup>31</sup>

The Police Media Officer reported in the Cook Island News in October 2023 that last year the violence cases were over 26 percent of the total number of cases requesting Police intervention and generally result in physical action. Cook Islands counselling services, Punanga Tauturu Inc (PTI) and Te Punanga Ora'anga Matutu (Te POM), said the stats could have been a lot higher. Concerns were raised by both organisations. However, Buchanan says they would prefer that the victims or those accused be referred to them earlier, than or as soon as they are identified. She says when cases are taken to court and if the court orders counselling, then the counselling takes about six weeks, causing a delay to the matter. Buchanan says the best way to work with them is to have both the defendant and victim attend both the men and women's counselling sessions.

Daryl Gregory of Te POM, men's counselling service said there still needed to be a lot of awareness taking place. He once again called on traditional leaders, church, and government leaders to talk about domestic violence and create awareness. "They should preach about it and leaders should speak out about it," Gregory said. "If we have to make a change, then talk about it, don't be silent."

#### *Customary land ownership*

Cook Islands customary land is kept in communal ownership by the indigenous people, the Cook Islands Māori, and their children inherit equally from both parents, via bilineal descent. Most of the islands in the Cook Islands group use the Torrens system, a "land registration and land transfer system, in which a state creates and maintains a register of land holdings". However, three islands, namely, Mangaia, Mitiaro and Pukapuka do not recognise the land court, as matters relating to land and chiefly titles are dealt with by the Aronga Mana (locally):

"... and in recognition of the customs and traditions of the people of those islands, the Land Division shall not exercise any jurisdiction or power in relation to land or chiefly titles in any of the Islands of Mangaia, Miti'aro and Pukapuka, and such other islands as may be prescribed by Act, provided that no such Act shall be introduced to Parliament except with the consent of the Aronga Mana of the island to which it relates"<sup>32</sup>.

**Recommendation:** Gender-responsive health policies and strategies should place greater emphasis on lived experiences of all genders to address the underlying causes of gender-based norms, power structures and gender inequality. Regardless of a woman's status, it is a customary norm that they are caregivers, and prepare food even in times of disaster. Awareness should be on addressing caregiving

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<sup>29</sup> Ibid

<sup>30</sup> Ibid

<sup>31</sup> Ibid

<sup>32</sup> Constitution of the Cook Islands 1964

and unpaid work as a burden that men must also carry. The communications strategy will address gender stereotypes and discrimination through images and narratives in its products.

## **11. Taokota'i'anga ki o tatou, e ki to va'o ake i a tatou – Global Level**

The Cook Islands government has ratified various international conventions and declarations, and this section will highlight some of these conventions and declarations relevant to this project proposal.

### *2030 Agenda for Sustainable Development*

The Cook Islands is committed to achieving the Global Goals of the 2030 Agenda for Sustainable Development, including gender equality and the empowerment of all women and girls. Greater investment in gender statistics is vital, since less than half of the data required to monitor Goal 5 for gender equality are currently available, and this project will contribute to gender statistics and data collation through its gender action plan.

### *Beijing Fourth World Conference on Women*

The Cook Islands and other Pacific Islands countries attended the Beijing Fourth World Conference on Women in Beijing, China, in 1995, and approved the Beijing Platform for Action (BPA) aimed at establishing priority actions at the threshold of the new millennium. Of the 12 critical areas of concern in the BPA, two are relevant to this project proposal, women in power and decision making, and health. However, the country is committed to taking measures to ensure women's equal access to and full participation in power structures and decision-making and intends to set specific targets and implementation measures to increase women's participation.

### *United Nations Framework Convention on Climate Change*

In 1992 the Cook Islands signed the United Nations Framework Convention on Climate Change (UNFCCC). The country ratified the UNFCCC in 2003. In 1998 and 2001, the Cook Islands signed and ratified respectively the Kyoto Protocol. The UNFCCC's gender commitment/action plan has 5 priority areas which are: capacity building, knowledge management and communications; gender balance, participation, and women's leadership; gender responsive implementation and means of implementation; coherence; and monitoring and reporting.<sup>33</sup> The gender and climate change decision 3/CP. 25, paragraph 11 "Encourages Parties to appoint and provide support for a national gender and climate change focal point for climate negotiations, implementation and monitoring". The Cook Islands has yet to appoint a UNFCCC gender focal point, which is not compulsory but countries are encouraged to do so. This project proposal, if approved, will support the Cook Islands commitment to the UNFCCC's gender action plan output on knowledge management and communications.

### *Convention on the Elimination of all forms of Discrimination Against Women*

In 2009 the Cook Islands became a party to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). The Convention, also known as the international bill of rights, is an international legal instrument that requires countries to eliminate discrimination against

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<sup>33</sup> The enhanced UNFCCC gender action plan sets out objectives and activities under five priority areas that aim to advance knowledge and understanding of gender-responsive climate action and its coherent mainstreaming in the implementation of the UNFCCC and the work of Parties, the secretariat, United Nations entities and all stakeholders at all levels, as well as women's full, equal and meaningful participation in the UNFCCC process. <https://unfccc.int/topics/gender/workstreams/the-gender-action-plan>.

women and girls in all areas and promotes women's and girls' equal rights. Unfortunately, the Anuanua community and migrant workers in the Cook Islands are blurred under the Convention as it does not integrate discrimination based on sexual orientation and ethnicity. The Cook Islands submitted its initial report on the status of women in the country in 2010. In 2018, when presenting its four-yearly periodic reports on progress to remove obstacles to gender equality, government was queried about mechanisms to enhance equality between women and men, temporary special measures, fight against stereotypical attitudes towards women, gender-sensitive media reporting, domestic violence, sex work and sex trafficking, women's participation in the political and public sphere, citizenship, maternity leave, abortion, teenage pregnancies, sex education, access to sexual and reproductive healthcare, the situation of women living in the outer islands, access to employment and education, social welfare benefits, support for female entrepreneurship, recognition of same-sex partnerships, marital property, and the minimum age of marriage.<sup>34</sup>

### *Convention on the Rights of Persons with Disabilities (CRPD)*

In 2009 the country ratified the Convention on the Rights of Persons with Disabilities (CRPD) which has the equality of men and women as a guiding principle, amongst seven others. The Convention recognizes that women and girls with disabilities are subject to multiple discrimination, and in this regard, parties to the convention will take measures to ensure the full and equal enjoyment by people with disabilities of all human rights and fundamental freedoms. So, to promote the advancement of women and girls with disabilities, the Government developed a five-year Strategic Plan of Action (2018-2022) of the Cook Islands Women and Girls with the Disabilities Organisation.<sup>35</sup>

### **Data Gaps**

Data gaps for all agencies in the Cook Islands is a major issue. Cook Islands is a remote country with limited population base, limited connectivity, limited health budget, limited health workforce, limited Health Information Systems (HIS), limited data collection, limited reporting, etc. Considering its circumstances, it punches well above its weight class. In some ways, Cook Islands is using climate change and health / climate resilience as a means to address wider/long standing issues. It is beyond the scope of the project to remedy all of these things, but if data collection is incidentally improved by things like bolstering connectivity, augmenting HIS, etc., then that's not beyond the scope of the project. Similarly In some cases, references are made to data that is almost ten years old – simply because this is the only data available and more recent data is used where available.

TMO just does not collect statistics' as disaggregated data and hence no information if all genders are exposed to the same risks to the same degree. The Cook Islands simply does not have an indication of differential risks to climate sensitive health risks (CSHRs).

**Recommendation:** The lack of up-to-date gender-disaggregated data, and qualitative gender data, pose a huge problem for the Cook Islands meeting its obligations to UN conventions it has ratified.

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<sup>34</sup> Committee on the Elimination of Discrimination against Women considers reports of the Cook Islands, 13 July 2018, <https://www.ohchr.org/en/press-releases/2018/07/committee-elimination-discrimination-against-women-considers-reports-cook?LangID=E&NewsID=23381>.

<sup>35</sup> Government report to the CEDAW committee, 13 July 2018

This project will generate qualitative and gender disaggregated data to assist the Cook Islands to deliver on, and report against, these conventions.

## **12. Au kaveinga na roto i te Kavamani e te au kaveinga na va'o akei – National level**

Implementation of policies and regulations should be aligned to the NSDA 2020+ as outlined in Goal 9 Our Inclusiveness, that looks to accelerate gender equality, empower all women and girls, and advance the rights of youth, the elderly and disabled. Both TMO and NGO's deliver health services to the Cook Islands community. This section aims to highlight national gender-responsive policies and regulations relating to health and climate change.

### *Cook Islands Climate Change Policy 2018-2028*

In this policy gender is a cross cutting issue, and it aims to strengthen resilience and reduce vulnerability to climate change for all. It seeks 100-percent involvement for gender issues across all climate related activities. In principle the policy wants climate change activities to be gender-responsive, participatory, and fully transparent. The policy aligns with the two NSDP goals: improve health and promote healthy lifestyles; and accelerate gender equality, empower all women and girls, and advance the rights of youth, the elderly and disabled.

### *Te Marae Ora (Ministry of Health) and gender*

As a ministry, TMO has no gender policy. However, its Primary Healthcare Development Strategy 2021, has a gendered-focused outreach, awareness campaigns, and health promotion activities. It notes that primary healthcare in the Pa Enua has a role in supporting mothers throughout pregnancy:

- Routine antenatal care.
- Early assessment and referral for at risk pregnancies.
- Screening and management of emergency deliveries and emergency complications.
- Support for early bookings to work out gestational age and estimated due date.
- Antenatal screening and nutritional education.
- Provision of folate supplement within first trimester.
- Support and safe referral.
- Unexpected delivery (uncomplicated), provide safe childbirth delivery care for uncomplicated deliveries, early referral and lifesaving emergency obstetric and new-born care.
- Prevention of gender-based violence.

Documenting history and reporting any maternal deaths either at the health facility or from catchment communities. This project provides the platform for gender sensitisation of the TMO as an organisation and to ensure all policies and plans are gender sensitised.

### **TMO has no Gender Policy had an impact on health system for vulnerable groups?**

- TMO has 129 national health indicators and there are no signals a gender imbalance on the client side (e.g. life expectancy, maternal mortality, service utilization) and data suggests health service provision is roughly even across genders (or perhaps even slightly better for women than men on common indices);

- TMO staff (including management) is disproportionately female - thus, remedial gender action didn't come up as a high priority therefore – Gender profile for TMO 326 staff 66% are female and 34% male.
- a fairly large share of sexual and reproductive healthcare services are provided by outside agencies rather than TMO, so these issues aren't necessarily on TMO's radar and was not expressed as a high priority during MO staff and stakeholder discussions – more important issues such as capacity training and connectivity were much higher priorities

#### *MOU to Eliminate Discrimination Against Women*

The Ministry of Internal Affairs (INTAFF), which is responsible for women and gender empowerment actions plans and policies in the country, signed a memorandum of understanding (MOU) with CINCW (the umbrella body of women organisations in the country) in 2008 to: work towards eliminating all forms of discrimination against women, as per the CEDAW Convention; advocate nationally and globally for governance, development, cultural, religious, and environment issues that affect the lives of women and their families; and promote gender awareness, planning, and analysis in order to support ongoing efforts to improve the social status of women.

#### *National Policy on Gender Equality and Women's Empowerment*

The national policy on Gender Equality and Empowerment of Women 2019-2024 contains many plans and actions, but many of them could not be implemented due to high staff turnover.<sup>36</sup> Sadly, health, climate change, leadership and decision-making, and violence against women are the four areas of the national policy that had not been advanced. The biggest challenge, according to government's discussion with the CEDAW committee, was the training of newly arrived ministry and support staff, and to identify gender focal points in each ministry.

An outcome relevant to this project is “Healthy Women and Girls”, where all women and girls’ 1) rights are respected and 2) have healthy lifestyles, with two objectives: to improve access to health information and quality services targeting women, girls, and other vulnerable people to reduce premature death from NCDs; and promote women’s sexual and reproductive health rights. Strategic actions identified for this outcome are:

- to establish and support targeted education programmes that aim to reduce risky behaviours, and encourage positive, healthy life choices targeting youth.
- Support health research on NCDs and mental health exploring issues from a gender perspective.
- Establish relevant, targeted mental health programmes and services, and improve women’s and girl’s access to mental health information and support.
- Develop an awareness campaign to promote and support women’s sexual and reproductive health rights on Rarotonga, and in the Pa Enua.

#### *The Cook Islands Integrated National Strategic Plan for Sexual and Reproductive Health 2014 – 2018*

It is the responsibility of Ministry of Finance and Economic Management (MFEM) as the Accredited Entity (AE) to ensure that this project is aligned and in compliance with the GCF Revised policy on the

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<sup>36</sup> Cook Islands CEDAW country reporting 2018

prevention and protection from sexual exploitation, sexual abuse and sexual harassment (PSEAH). TMO is not familiar with PSEAH but does provide the following policies that align in part to the requirements of the GCF revised policy. They are:

***The Cook Islands Integrated National Strategic Plan for Sexual and Reproductive Health 2014-2018, (INSPSRH)***

The Cook Islands nearest Policy document that aligns with PSEAH is *The Cook Islands Integrated National Strategic Plan for Sexual and Reproductive Health 2014 – 2018* Priority Area 5 Family planning, reproductive health and gender based violence are covered and where the area has one or more goals associated with it, to which specific objectives and activities are attached. Women are in a key role in making decisions about pregnancy, and are also more likely to be victims of gender-based violence and abuse. This policy recognises the specific needs of women and girls in making sexual and reproductive health decisions, and the importance of directing education and interventions to them. Specifically Goal 5B: Agreed protocols and procedures for service delivery, reporting and referral are in place for cases of gender based violence and related activities. The services for victims of gender-based violence should be fully integrated into the health programme .

Although most of the objectives and activities of the Integration National Strategic Plan on Sexual and Reproduction Health are beyond the scope of this project the current framework provides positive signs that Cook Islands is committed to the prevention and protection of women from sexual exploitation, sexual abuse and sexual harassment (PSEAH) irrespective of gender.

The policy and activities however could provide an appropriate work schedule that would allow for interventions where reporting of harassment and sexual abuse is documented and managed by the Programme Manager and senior TMO staff.

***Harassment Act 2017***

This Act provides for a person who applies for an order under this Act on his or her own behalf a definition harassment for the purposes of this Act a person harasses another person if he or she engages in a pattern of behaviour that is directed against that other person being a pattern of behaviour that includes doing any specified act to the other person on least two separate occasions within a period of 12 months. For this act the meaning of specified act has the same meaning as stalking in the Family Protection and Support Act 2017. The object of this Act is to provide greater protection to victims of harassment by (a) recognising that behaviour that may appear innocent or trivial when viewed in isolation may amount to harassment when viewed in context and (b) ensuring that there is adequate legal protection for all victims of harassment. The Act aims to achieve its object by

- (a) Making the most serious types of harassment criminal offences
- (b) Empowering the court to make restraining orders to protect victims of harassment and
- (c) Providing effective sanctions for breaches of the criminal and civil law relating to harassment.

## **13. Putuputu'anga tangata e te tangata tatakita'i - Community level**

This section explores how gender equality plays itself out in the community. Primary data in this section were gathered during the nationwide stakeholder consultations for this proposal.

Public consultations arranged by lead health officers in the Pa Enua included representations of traditional leaders, members of parliament, elected island leaders, women's groups, disability coordinators, youths, and any other group willing to discuss impacts of climate change on their health.

*Anuanua Community – “we are not counted in the census”*

In April 14, 2023, the Cook Islands Parliament finally passed a Crimes Bill to decriminalise same-sex sexual contact in the 1969 Crimes Act.<sup>37</sup> The Bill had been before parliament since 2017 but a parliamentary decision in 2019 voted to reinstate the legislation against same-sex sexual contact. The amended Crimes Act ensures greater and equal protection from sexual crimes to all individuals under the law, and introduces gender-neutral language.<sup>38</sup> The Bill also revoked the provision where defendants (in a rape case) could be acquitted if they believed that there was consent, even if that belief was an unreasonable one. In addition, also revoked was the provision where married women could only be raped by their husbands if they were separated. This was based on a dated idea that marriage amounted to consent to sexual intercourse at any time rather than that all sexual contacts should be consensual.

Despite holding high offices, and their active participations in communities for decades, no data of the Anuanua Community has been collected by the national census. Prior to the passing of the Crimes Bill, the threat of criminal conviction for their sexual orientation burdened the Anuanua community; however, they continued to work closely with the policy division of the TMO and the HIV movement to generate specific data sets on transgender. TMO, like other government agencies, disaggregate data according to sex only.

***“On data, we do not exist. Maybe the doctors acknowledge our gender orientation, but generally there are no statistics about us in any data service. We are invisible, we are not counted in the census. No analysis has even been done to understand or grasp the issues of the trans community in the Cook Islands.” 30 November 2022, Rarotonga***

Members of this community are at very high risk from mental health issues, as they suffer from suicidal thoughts and most live with a lot of trauma and abuse, including alcohol abuse, and often suffer from Non-Communicable Diseases (NCD). The criminalisation of same sex relationship remains a powerful driver for hatred against the community.

***“Their mental health is a real issue and need support in that area. Most times it's difficult for members of the community to seek help because they are embarrassed, discriminated against, and judged. They undergo a lot of embarrassment.” 30 November 2022, Rarotonga***

In interviews with members of the Anuanua community, they shared “embarrassing moments” and “stigma” when visiting the TMO for clinical support.

***“... the medical profession doesn't find it important to familiarise themselves with pronouns and members of the community are uncomfortable to visit the hospital. We***

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<sup>37</sup><https://www.cookislandsnews.com/uncategorised/internal/national/politics/decriminalising-homosexuality-bill-brings-into-the-21st-century-laws/>, Saturday 15 April 2023.

<sup>38</sup> (2021) UN Women, Gender Equality Brief for the Cook Islands.

*become very, very uncomfortable to have physical examinations. It is so difficult to have access to information, access to medications, access to supportive services.” 30 November 2022, Rarotonga*

## 14. Economic participation and empowerment of women

A Labour Force survey by the Secretariat of the Pacific Community (SPC) in 2019 found that both geographic location and relationship status impact women’s economic participation. This survey provided labour force participation data disaggregated by women’s relationship status. Across all surveyed age ranges, the female labour force participation rate was lower among married women than it was among never-married women and those in de facto relationships.

For example, in the 35-44 year age group, the labour force participation rate was 76% for married women, 88% for single women, and 85% for women in de facto relationships.<sup>39</sup> Similar to Section 2.4.3, which noted the high number of men in the local government council, the regional labour force participation rate for women, the lowest is in the Northern Group at 52%, with a comparative male rate of 65%.<sup>40</sup> The largest gender disparity is found in the Southern Group Islands excluding Rarotonga, with a labour force participation rate of 54% for women and 69% for men.

The Employment Relations Act 2012 reads that, “An employer, or the representative of an employer, must not sexually harass an employee”. The public service Code of Conduct Policy sets expectations for public sector employees regarding what is acceptable behaviour in the workplace.<sup>41</sup> The report by the UN Women audited seven Cook Islands e-government websites in 2021 found that information regarding laws, regulations, and policies against sexual harassment was effectively displayed on government websites, although the extent to which employees and employers were aware of this information was not clear. Exploratory qualitative research suggests that sexual harassment remains commonplace in the hospitality and tourism industries, manifested in such acts as physical contact, sexual gesturing and propositions, comments on appearance, and intimidation leading to decreased job satisfaction and feelings of anger, disgust, and fear among workers in the tourism industry.<sup>42</sup>

## 15. Access and control of resources

For those who have native Cook Islands ancestry, generally, both women and men have equal access to, and inheritance of, customary land. Land is communally owned and applications to occupy any parcel of land are first made in meetings, referred to as family or land meetings – mostly chaired by men.

Properties or assets that are outside the customary land system, but within the boundaries of matrimonial vows or de-facto relationships, are protected under the Family Protection and Support Act 2017, where both financial and non-financial contributions are recognised equally in the allocation

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<sup>39</sup> (2021) UN Women, Gender Equality Brief for the Cook Islands

<sup>40</sup> Ibid

<sup>41</sup> Ibid

<sup>42</sup> Ibid

of domestic and child support.<sup>43</sup> The matrimonial law in the country (Marriage Act 1973) puts legal marriage age for men and women in the Cook Islands at 18 and 16 years respectively. According to a UN Women analysis in 2015, data from the 2011 Cook Islands Census found marriage before the age of 20 to be uncommon, and the average age of marriage was 32 for both women and men. During the 2016 census, 43.6 per cent of the population aged 15 and older were legally married, 45.5 per cent (2,380) males and 41.9 per cent of females (2,336). The proportion never married (single), were 33 per cent of males (1,726) and 30.9 per cent of females (1,723). Those in a de facto relationship also increased from 12.4 per cent in 2011 to 14.1 per cent in 2016. The ratio of women who were widowed more than doubled men 73.5 per cent reflecting a trend where women are living longer. Same-sex civil partnership was not captured in the census.

## 16. Political participation

The Pa Enua has 10 island governments/council, also known as Kavamani Enua, established under the new Islands Administration Act 2012-13. The island council is the key decision-making authority on the island and expected “to provide good, efficient and effective governance for the island in relation to those responsibilities conferred upon them by the island government Act”.<sup>44</sup> And, two functions that have not been devolved to island governments are Health and Education, as they remain with their respective ministries. Each council has a mayor, who are all elected. In 2020, out of the 55 councillors voted in, only 4 were women (Table 3). In the Pa Enua, older women had reservations and were not so forthcoming in having any conversation about island government elections or national parliamentary elections. However, the young women were more excited to discuss the issue and throw in their ideas about local elections.

***“I want to give it a go (stand for elections), just to see what it is like to stand. I think we***

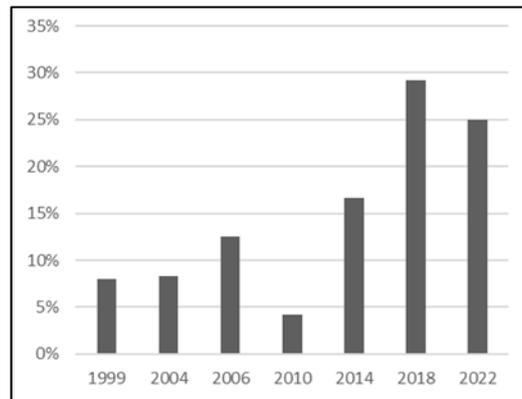
Table 2 Total number of councillors voted into Island Governments in 2020

ISLAND GOVERNMENT COUNCILLORS	30-Jun-20		
	FEMALE	MALE	TOTAL
Aitutaki	1	7	8
Atiu	0	5	5
Mangaia	0	6	6
Manihiki	1	5	6
Mauke	0	5	5
Mitiaro	1	3	4
Palmerston	1	4	5
Penrhyn	0	5	5
Pukapuka/Nassau	0	6	6
Rakahanga	0	5	5
<b>Totals</b>	<b>4</b>	<b>51</b>	<b>55</b>

<sup>43</sup> (2021) UN Women, Gender Equality Brief for the Cook Islands

<sup>44</sup> Office of the Pa Enua Governance Division, Office of the Prime Minister, Cook Islands. <https://www.pmooffice.gov.ck/our-work/pa-enua/>

The new Island Administration Act 2012-13 was introduced to promote good governance by all Island Governments; accountability of Island Governments to their island communities; encourage community participation in the governance of each island through transparency and consultation; and enable Island Governments and their island communities to decide on how best to promote the social, economic, cultural, and environmental well-being of the respective islands. At the national level, the number of women Members of Parliament had fluctuated over the years, but it is generally increasing as shown in Figure 3. Below.



*Figure 3 Percentage of Women Members of Parliament*

Currently, women make up 25% of the members of parliament. According to the UN Women report this is a significant increase compared to the rate of female parliamentary representation between 2014 and 2018, which stood at 16.7%. The report that in 2018's general election, 12 of the 58 candidates standing were women, and that four were successfully elected, with female candidates experiencing a success rate of 33%, compared to a 43% success rate for male candidates.<sup>45</sup> Following a Court of Appeal decision in December 2018, and by-elections in January 2019, Pacific Women in Politics state that there were six female members of parliament as of March 2022. There is only one female minister in the six-member cabinet<sup>46</sup>

Since the first parliamentary sitting in 1965, 10 people have occupied the Office of Speaker, but only two were women. Figure 6-1 shows the percentage of female members of Parliament since 1999.

The National Policy on Gender Equality in 2011 highlighted a number of barriers preventing the increased participation of women in political leadership roles, including a lack of time and financial resources, and weak social capital.<sup>47</sup> In addition, women living in the Outer Islands tend to be pressured by stricter gender roles and have less opportunity to participate in and influence decision-making than those living in Rarotonga.<sup>48</sup> The Cook Islands Women Parliamentarians Caucus, launched in 2018, is a bipartisan group that advocates for gender equality through law-making, budgeting, oversight, and representation.<sup>49</sup>

<sup>45</sup> (2021) UN women Gender Equality Brief for the Cook Islands

<sup>46</sup> (2021) UN women Gender Equality Brief for the Cook Islands

<sup>47</sup> (2021) UN Women, Gender Equality Brief for the Cook Islands

<sup>48</sup> Ibid

<sup>49</sup> Ibid

## 17. Maternity leave

All eligible women working in the Cook Islands are entitled to six weeks maternity leave, as well as the right to return to the same role they held prior to going on maternity leave. The Government funded maternity leave financial pool, however, is not available for migrant workers or for casual workers, due to the nature of their employment agreement. In 2012, parliament passed the Employment Relations Act that provides maternity and paternity leave subsidy for employers in the private sector. The Act obligates the Government to create a fund where employers can request a subsidy for maternity leave payments, which is equivalent to six weeks of 40 hours minimum wage rate per week. Men are entitled to two days paternity leave at full pay, and a further three days of unpaid leave.<sup>50</sup>

## 18. Education and learning

Education is compulsory in the Cook Islands for school ages from 5 to 16 years and is mainly provided by government and some private and semi-private institutions. There are 31 providers including: 1 standalone Early Childhood Education (ECE) centre, 11 primary schools (10 of which have ECE centres) 4 secondary schools, 14 area schools (all with ECE centres) and a tertiary institute. Statistics<sup>51</sup> show that the highest proportion of students in ECE and primary education are located in Rarotonga, followed by the southern group and then the northern group populations.<sup>52</sup> Table 4 confirms the number of male and female students' enrolments for the Cook Islands in 2023<sup>53</sup>.

*Table 3 School enrolment by level, region and gender in 2023*

Level	Total	Total		Rarotonga		Southern Group		Northern Group	
		M	F	M	F	M	F	M	F
ECE	372	181	191	125	122	44	47	12	22
Primary	1,571	806	765	514	540	186	148	106	77
Junior Secondary	1,262	661	601	455	428	136	112	70	61
Senior Secondary	611	262	349	205	281	54	67	3	1
Secondary (J+S)	1,873	923	950	660	709	190	179	73	62
National	3,816	1,910	1,906	1,299	1,371	420	374	191	161

Government uses the Gender Parity Index (GPI) as a tool to measure progress toward gender equality in education. In 2020 the GPI showed an unequal number of females to males in ECE, a gender disparity of 1.2 indicating a disparity in favour of females. According to the 2021 census (Figure ), there are more females than males completing secondary education, and the trend continues into higher education and vocational studies.

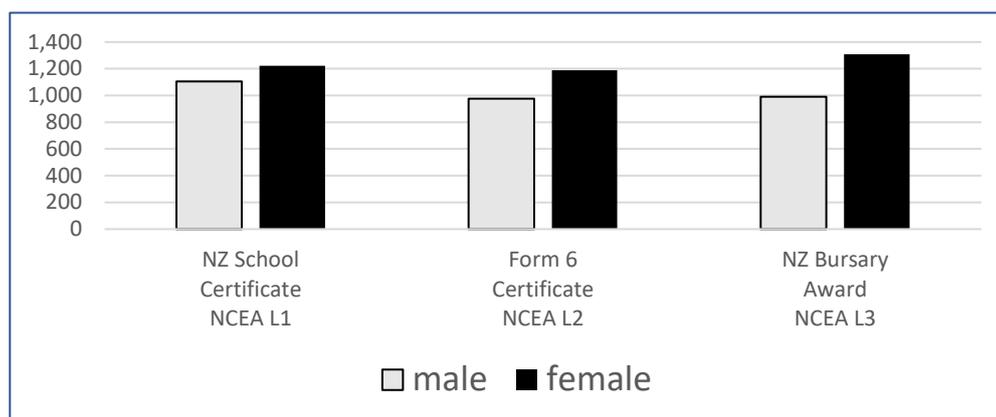
<sup>50</sup> This study was carried out by the SPC and is included in the UN Women's report 2021.

<sup>51</sup> Education, C. I. (2020). 2020 Education Statistics Report. Government of the Cook Islands. It covers student outcomes for the 2019 academic year and 2020 enrolment and participation data in the Cook Islands.

<sup>52</sup> Ibid

<sup>53</sup> Cook Islands Education Management Information System (CIEMIS) 2023

Figure 4 Number of females and males completing Secondary School level education



Number of Secondary Teachers by region<sup>54</sup> by gender shows there are double the number of female teachers to male teachers which further shows women’s essential role and influence in Cook Islands education at senior school level – Table 4

Table 4 Number of secondary teachers by region and gender

Region	Female	Male	Total
Rarotonga	56	30	86
Southern Group	20	11	31
Northern Group	4	1	5
<b>National</b>	<b>80</b>	<b>42</b>	<b>122</b>

There are two tertiary institutes in the Cook Islands, the Cook Islands Tertiary Training Institute (CITTI) which has accreditation to provide a NZ based nursing school programme that supports Cook Islanders who wish to study and complete a NZ Nursing Diploma or Degree while studying in the Cook Islands. The other institute is the regionally owned University of the South Pacific’s Cook Islands Campus. The two institutes offer certificate, diploma, and degree level programmes, with a wide range of community education courses in Rarotonga and the Pa Enea (outer islands). The Ministry’s Te Reinga Akatauanga’anga scholarship scheme provides scholarship and study support options for both domestic and international studies. While the number of male and female graduates is showing a significant increase in numbers from previous years, the Ministry notes that graduate numbers remain higher for females than males, reinforcing the trends from the 2016 statistics.

The Cook Islands Curriculum Framework notes that curriculums “... will provide for the educational needs of all students regardless of gender, religion, ethnicity, social and economic backgrounds, location, abilities, and disabilities. It will recognise and provide for the different learning paces and styles, and previous experiences of students”.<sup>55</sup>

<sup>54</sup> Cook Islands Education Statistics Report 2020

<sup>55</sup> Comments by the Cook Islands government delegation to the CEDAW Committee, 2018

All essential learning area documents (curricula) are expected to provide programmes that cater for the needs of all learners and minimise barriers to achievement and encourage students to continue participating in learning across all learning areas. A specific statement on gender inclusiveness is required in all essential Learning Area Statements and in school based subject area schemes.

Curricula documents state that stereotyping of content and gender roles are to be avoided. Teachers will avoid dividing classes, or, giving tasks to do based on gender. Also, that teachers need to encourage mixed gender grouping of students for activities. In addition, the Social Science Curriculum strand of social organisation and identity aims to cover the area of rights, roles, and responsibilities, to guide classroom content and strategies. The Health and Physical Wellbeing curriculum through the strands of Me (Ko Au) and Me with Others (Ko au tetai ua atu tangata) also develops skills around identity, sensitivity, and respect for others. It specifically mentions the impact of stereotyping and discrimination based on gender.<sup>56</sup>

## 19. Health and wellbeing

Health services in the Cook Islands are delivered by both government and non-government organisations. They collaborate in areas of mental health, sexual and reproductive healthcare, healthcare for new-borns, women, and men's health. Health services in the Cook Islands have achieved a very good level of maternal health, low infant mortality and high childhood immunisation coverage. Overall, healthcare in the Cook Islands is well equipped to provide basic primary and secondary level care. Maintaining and improving the health of the population, and meeting its health needs, falls on the shoulders of a health workforce of approximately 300 people, supplemented by visiting medical staff from other countries, particularly New Zealand and Australia.<sup>57</sup>

The Cook Islands Health Workforce Plan 2016-2025<sup>58</sup> (the Plan) commissioned by TMO and WHO proposes a pathway for the development of the Cook Islands health workforce to 2025. The plan identifies that most of the health workforce (78%) is concentrated in Rarotonga and to a lesser degree Aitutaki (9%), with other islands maintaining a small workforce, primarily nursing-based, non-clinical (particularly health protection) and dental services. The 2021 Census shows that women dominate the TMO workforce (Figure 5). Women health workers are for the most part managing or providing support health services in the Pa Enuā.

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<sup>56</sup>Comments by the Cook Islands government delegation to the CEDAW Committee, 2018

<sup>57</sup> For the purposes of this review, CPD refers to the overall process by which health professionals keep updated to meet the needs of patients, the health service, and their own professional development; CME refers to the specific medical education for medical officers and specialists. It is acknowledged that there are overlaps between the two.

<sup>58</sup> Cook Islands Health Workforce Plan 2016-2025, Workforce Development Pathway for Cook islands Ministry of Health. 20 November 2016 <https://www.health.gov.ck/wp-content/uploads/2017/12/Cook-Islands-Health-Workforce-Plan-2016-2025.pdf>

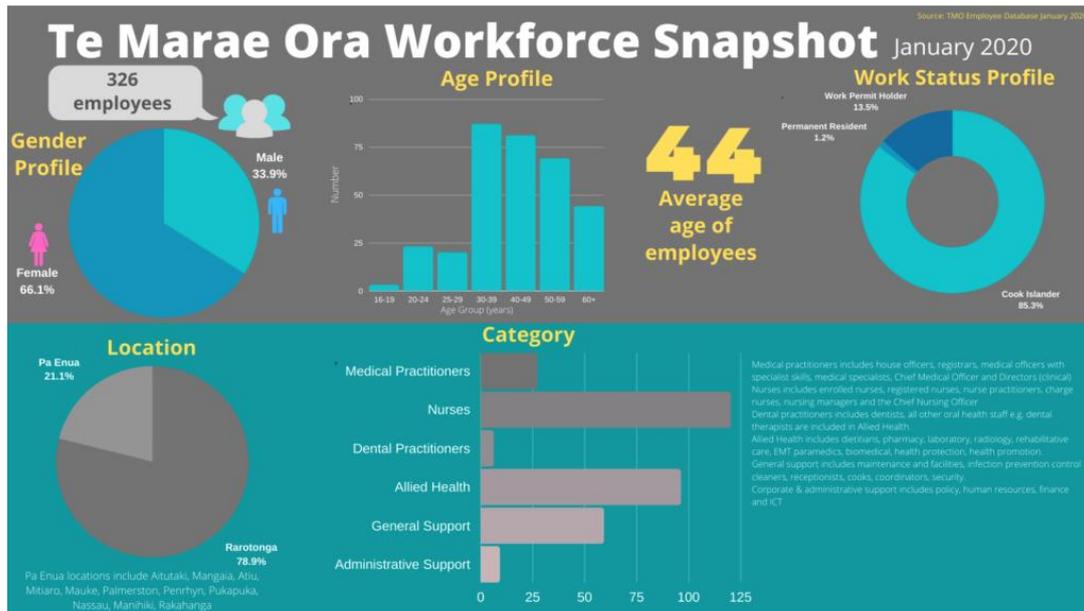


Figure 5 Te Marae Ora Workforce Snapshot.

In the Pa Enua, a small pool of medical officers work on some islands (Aitutaki and Mangaia) while the bulk of Pa Enua health services are led by nurses who work as nurse practitioners, and some are Registered Nurses.

In the Pa Enua health service delivery is far different from what is offered in Rarotonga and Aitutaki. The PE highlight the decentralisation approach to health work by staff, whereby nurses visit the elderly and disabled clients at their homes, and not the hospital. There is no public bus service in the PE, and nor do they have a taxi service.

Ending 2020, TMO health workforce density identified 26 doctors, 120 nurses and 96 allied health workers (headcount).<sup>59</sup> As per 1,000 population that is 1.7 doctors, 8.1 nurses and 6.5 allied health workers. The Cook Islands meets the minimum density threshold of 4.1 doctors and 2.5 nurses per 1,000 population in order for health workers to attain high coverage of maternal and new-born health.<sup>60</sup>

This highlights the density of TMO nurses and allied health staff met as well as the shortage of doctors to maintain high coverage of skilled birth attendance. It is important to note that this threshold does not account for broader range of services and challenges including NCDs. Given the burden of NCDs in the Cook Islands, there remains a shortage of skilled health workers.

<sup>59</sup> TMO Health Bulletin 2019-2020, 20 April 2022

<sup>60</sup> Ibid

Table 5 Distribution of health sector workforce, June 2016

Island	Allied health	Dental	Medical Officer	Midwives	Non-clinical	Nursing	Specialist	Total by island
Aitutaki	2	2	2	3	12	6		27
Atiu		1		1	3	2		7
Mangaia			1		2	5		8
Manihiki					2	2		4
Mauke		1			2	2		5
Mitiaro						2		2
Palmerston						1		1
Penrhyn					2	2		4
Pukapuka					2	4		6
Nassau		1				1		2
Rakahanga						1		1
Rarotonga	20	15	19	26	89	58	4	231
Total by clinical area	22	20	22	30	114	86	4	298

Women's health in general has improved over the years, with the exception of NCD mortality and premature death from NCDs. Research shows that while NCDs affect both men and women (diabetes, heart disease, cancer, etc), the burden, or cost, of NCDs affect men and women disproportionately, with the burden weighing more on women than on men e.g., women are the primary caregivers for the vulnerable (infants, children, elderly, disabled) and will often take leave from work, or resign, to take care for those who fall sick or require full-time care.<sup>61</sup> However, there is an increasing burden of non-communicable diseases (NCDs), such as cardiovascular, cancer, diabetes, respiratory problems, along with risk factors such as hypertension, obesity, and injuries. NCD is estimated to account for 85-percent of mortality in the Cook Islands and expected to require considerable long-term investment in prevention.

TMO allocates approximately NZ\$2.5 million to provide core health services in the Pa Enua. These costs cover personnel and operating costs associated with operating health centres on each island and a hospital on Aitutaki. Health service delivery on the Pa Enua is supplemented through remote consultations with clinicians on Rarotonga, visiting health specialists and urgent medical evacuation. Through Te Kaveinga Ora ('Flying Doctors') programme, the Ministry is able to provide a wide range of services such as public health, oral health, primary and secondary care to the Pa Enua.

## Fertility and maternal care

### Obstetrics

By the end of 2021, 100% of pregnancies were in antenatal care through to delivery. The Obstetrics service based at Rarotonga Hospital aim is to optimise maternal and foetal health by means of screening and medical interventions.

Postnatal care coverage rates for both mothers and their new-borns are consistent at 100%. This indicates women aged 15 - 49 years are attending their pre and postnatal care - four or more visits.

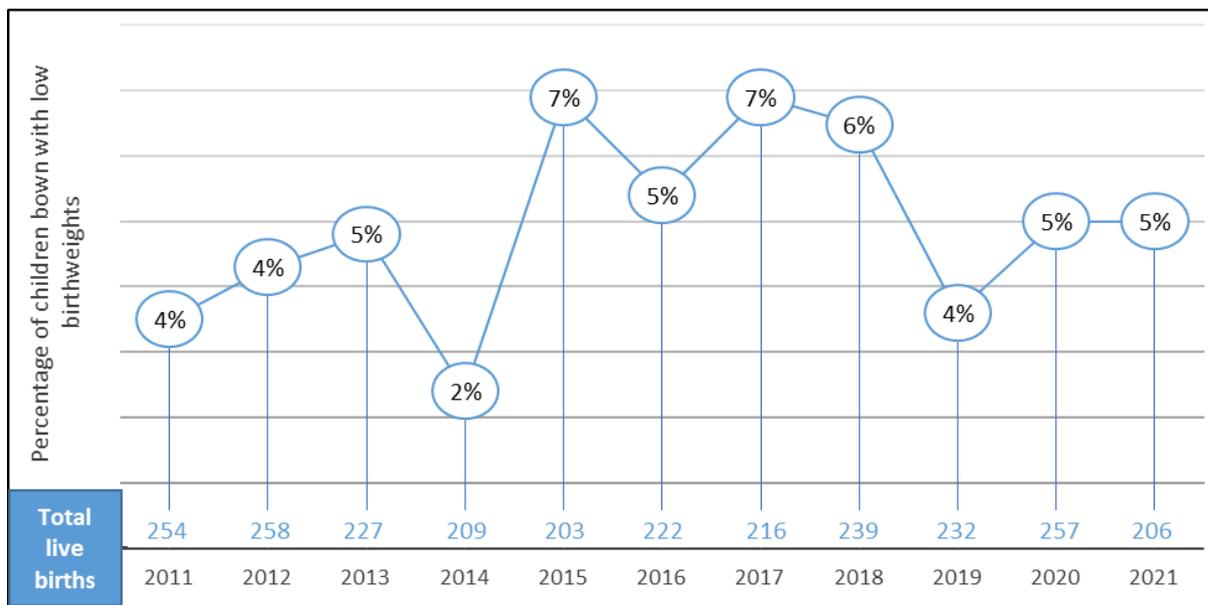
<sup>61</sup> (2019). National Policy on Gender Equality and Women's Empowerment and Action Plan 2019-2024. T. T. A. O. a. C. I. M. o. I. Affairs. Rarotonga, Government of the Cook Islands

Services for mother and infant are provided through public health services and the gynaecology clinic situated at the Rarotonga Hospital.

Maternal and new-born care indicators are crucial for assessing TMOs service coverage which allows insight to quality of care as well as health status of women and young children in the Cook Islands. Rates for these indicators generally show that maternal and new-born care coverage in the Cook Islands is of quality service. This is evident by low under five mortality rates and zero maternal deaths since 1995.

Low birth weight is primarily caused by premature birth and a condition called intrauterine growth restriction, which occurs when a baby does not grow well during pregnancy. A normal birth weight is between 2,500 to 4,200 grams. In the last year, approximately 5% of live births were of low birth weight shown in **Figure 6**.

This trend is also seen in the past ten years cumulatively accounting for 5% of total live births. This indicates that 95% of all live births in the Cook Islands were born within the normal weight range.



*Figure 6 Incidence of Live Births in the Cook Islands 2011 – 2021*

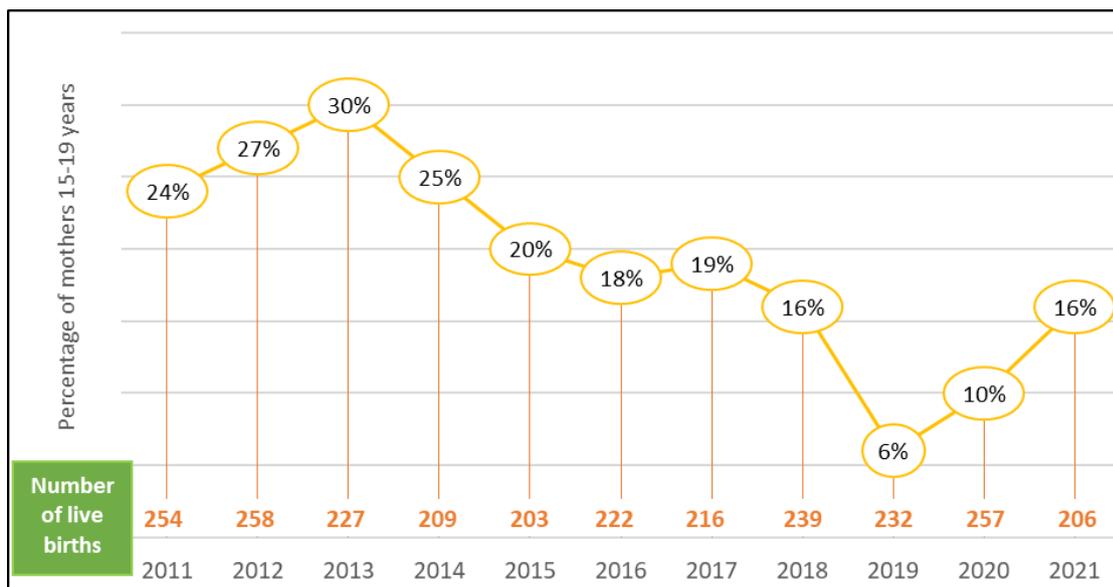
### **Exclusive breastfeeding**

In the last two years data indicate over 90% of babies that were born in the Cook Islands were breastfed. However, exclusive breastfeeding rates steadily declined after three months for 50% of babies. Supplements are common during this period correlating with maternal leave lasting between three to six months. Solid baby food is also introduced at this period; and between six to 12 months of age, 40% of babies remain breastfed.

### **Adolescent births**

The number of births to adolescent mothers aged 15 to 19 in the last 11 years shows fluctuations from 62 in 2011 to 33 in 2021 (See **Figure 7**). There is a steady step up in the trend of adolescent mothers to live births being 6% more than the previous year.

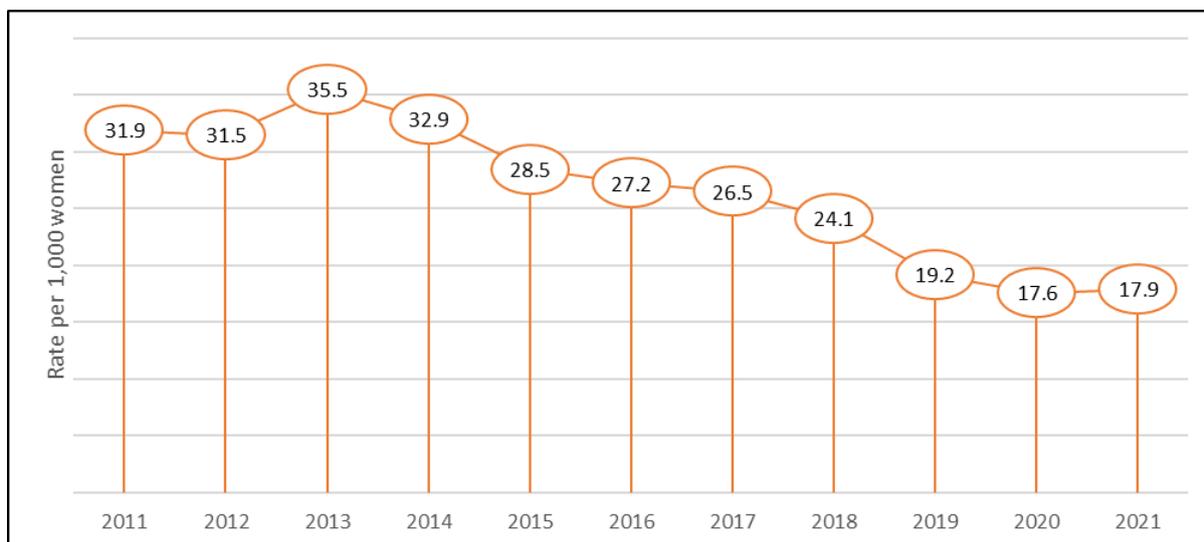
Figure 7 Percentage of Adolescent mothers to live births 2011 -2021



### Contraceptives: Family planning demand

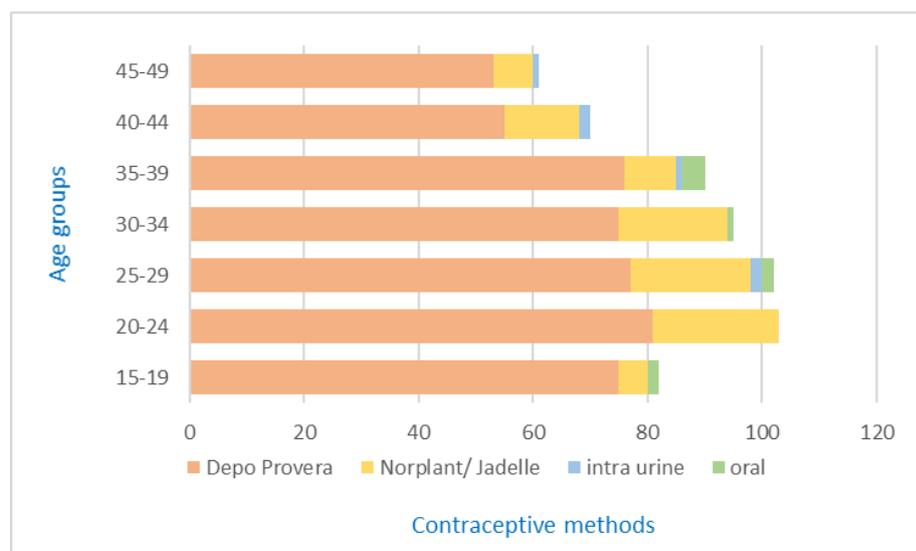
Te Marae Ora offers a variety of modern-day contraceptive methods to support individuals and couples to anticipate and attain their desired number of children as well as the spacing and timing of their births. In the last five years, the number and proportion of women in the childbearing ages of 15-49 years in the Cook Islands reporting utilisation of a contraceptive method has slightly increased as seen in **Figure 8**.

Figure 8 Cook Islands Contraceptive prevalence rate 2011 - 2021



About 20% of female population have used some form of contraceptive in 2021. Predominately the Depo Provera (77%), Norplant or Jadelle (12%) and oral contraceptives (9%) amongst those aged 15 to 49 years. **Figure 9** shows the women reporting contraceptive use in 2021 shows 50% of total reported contraceptive users range between ages 20 to 34, 40% for age groups 35 to 49 and 10% female teenage population.

Figure 9 Females utilising contraceptive method by age group 2021



The Patient Referrals administered fund of NZ\$850,000 helps support the Ministry to refer patients or conduct urgent medical evacuation from the Pa Enea to Rarotonga and from Rarotonga to New Zealand, if necessary

**Recommendations:** Women make up the majority of staff in both the education and health sector and therefore this project will further support them through the communication strategy providing a platform to create awareness on gendered-needs and build the knowledge capacities of the community on gender issues. Widening and developing the health and well-being programme for schools will enhance the outcomes of mental well-being for young Cook Islanders. As well extension of health and well-being training programmes with community, TMO staff and first responders with the support of WHO will generate improvements overall and the ability of communities to respond to impacts of climate change. There will be opportunities for women who are currently leading in areas of the health sector to provide staff training as required.

## 20. Non-government health services

The gender consultant also held face-to-face consultations with CSOs that work in the communities on health and wellbeing. Some meetings were conducted in their offices, some were held over the weekends, some early in the morning, or after working hours, according to the best time proposed by them. Most data on gender normative attitudes were gathered during these face-to-face interview and visits to the Pa Enea. Table 2 provides the list of NGO organisations consulted separately for the gender assessment, apart from the wider consultations.

Table 6 Organizations consulted for this gender assessment

Name	Organisation
Rongo File	Cook Islands Family Welfare Association
Pauline Rangi	National Disability Coordinator, Ministry of Internal Affairs (INTAFF)
Princess Raukete	Manager Social Services (INTAFF)

Name	Organisation
Czerena Van Dongen	Te Tiare Aassociation (TTA)
Dr Helen Glassie	Aitutaki Hospital
Valery Wichman	TTA NGO
Danny Tixier	The Creative Centre
Mereana Taikoko	Te Kainga Mental Health and Wellbeing
Regina Potini	Anuanua o Araura
Ake Aberahama Tini Tararo	Mauke Disability Te Ata Te Ra
Mrs Marsters	Mauke Island
Toa Pole	Nurse Practitioner – Mauke Hospital

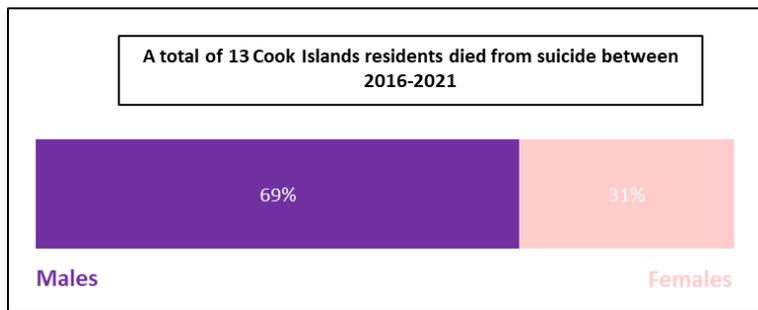
Various NGOs undertake a number of health services that TMO either does not have or is unable to provide. These are mostly in areas that include disabilities, sexual reproductive health, mental health and wellbeing, child health clinics and disability.

CIFWA (Cook Islands Family Welfare) delivers an “expanded quality, integrated, gender and rights based Sexual Reproductive Health (SRH) services are focused on reaching the underserved”. Their clients access the services at their drop-in and after-hours clinics, or during their mobile clinics in Rarotonga and Aitutaki. CIFWA saw a 24-percent increase in clients from the 2020 total, and they attributed increase in use of their services to their evening clinics to cater for those who cannot make visit during working hours. Cook Islands Family Welfare (CIFWA) finds more women and transwomen coming to their evening clinics, presumably as they find this arrangement more practical. For transwomen, CIFWA wants government subsidies for expensive medication which are purchased from private pharmacies. Experience has shown CIFWA that in men’s health “most of them leave their condition very late, as we find it hard to get them to come to our clinics early”.

Te Kainga O Pa Taunga (Mental Health and Wellbeing) is the only non-governmental organisation in the Cook Islands devoted exclusively to mental health and related services and works closely with TMO’s mental and public areas. Te Kainga’s mental health statistics from 2021 show that the most at-risk age group is the 12–17-year-olds. Teenagers and young adults make up the highest numbers in the statistics for suicide - most of whom were boys/men. Women make up the highest number for unpaid work, and they also make up the highest number of mental health clients that were diagnosed suffering from stress.

Te Kainga organises mental health awareness programmes in the Pa Enea, and has noticed that men have the highest statistics for suicides Figure 10

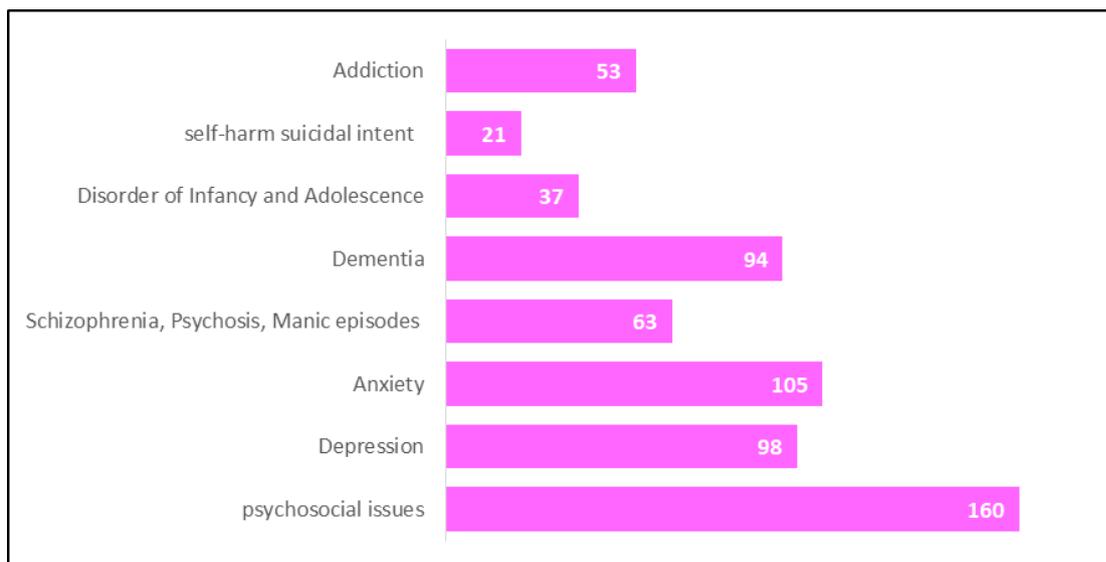
Figure 10 Cook Islands Residents died from suicide between 2016 – 2021 (TMO Bulletin 2021-2023)



The number of newly diagnosed mental health cases in the Cook Islands over the last two-years indicated a slight increase opposed to previous years, the incidence rate of 5.7 which is about six cases per 1,000 population. A total of 7615 appointments were conducted with total of 966 patients. Increase in key facts table is likely due to strategic focus on improving data collection.

Figure 11 shows 2021 new cases recorded from Mental Health clinic both for Rarotonga and Pa Enua. The most common disorders were psychosocial issues related disorders and the next common disorders were anxiety and depression. Majority of mental health patients seen are between the ages of 35-64 years. 44% identified as women, with a further 51% identifying as men, and 2% as nonspecific.

Figure 11 2021 New cases recorded from Mental Health clinic for Rarotonga and Pa Enua



In the context of this funding proposal, Te Kainga is adamant that for the Cook Islands no form of technology can help with counselling. However, awareness raising through many forms of media technology can build the capacity of the community to read and understand the signs of depression/mental health. “Sometimes we're just too busy to know the signs. Telemedicine, it’s only good for assessment, but not for counselling. The latter is effective when it's done face to face. No form of technology can help with counselling, but only face to face. The mental health work in the country lacks resources. We need outreach programmes on how to read and understand the signs and how to understand depression or recognise if someone is suffering from mental illness.

***“There is a great need for full proper training. We need a lot of awareness raising, but it has to be done professionally and that the language is sensitive of the dynamics in the community.”***  
***Rarotonga, 1 December 2022..***

Te Punanga Ora'anga Matutu (Te Pom) is a new NGO dedicated to supporting and solving domestic problems affecting men and their families. They recognise that family violence is not just about women—it's about everyone, and it affects the whole community. We can help you if you're a man who wants to change your abusive behaviours. Or if you have issues such as alcohol or drug addiction, financial problems, or both. We offer counselling, complete assessments, men's groups, and family counselling. They work with both parties to find solutions that work for them. With our support network of police officers, Corrections staff members, Te Marae Ora representatives and Internal Affairs officials by our side, we're confident that we'll be able to make a difference to many lives in Rarotonga! They know that dealing with domestic problems can be a daunting experience. They offer counselling, complete assessments, men's groups, and family counselling. We've been working with men and their families, and we understand how difficult it can be to deal with the challenges of life. We want to make things easier for you, so please don't hesitate to reach out if you need support or advice.

Unpaid work data identified in Chapter 10 shows that the primary caregivers in the community are women - who are also primarily responsible for the hygiene and health of the family. Women also suffer higher stress and grief statistics than men, as recorded by Te Kainga Community Mental Health Service, an NGO that delivers mental health services in Rarotonga and the Pa Enea.

The Cook Islands Creative Centre<sup>62</sup> runs a facility that takes in persons living with disability to teach them life skills. Staff need more training to deal with the many issues that confront them in times of disaster, this training must target management of disabled people.

***“Like every demanding workplace, our staff get burnt out, as we look after so many clients with limited resources and manpower. Most of the time, staff/caregivers use their own money and time to help their clients after hours. Government is responsible for this too.”*** Danny Tixier, Creative Centre manager, pers. comms. Rarotonga, 2 December 2022

**Recommendation:** NGOs delivering health services in communities work closely with the TMO's public health officials and they provide disaggregated and qualitative gender data in their reports to their funders which should be shared with TMO. The project will mainstream gender into existing TMO policies, plans and programmes. And, it should foster a close working relationship between the TMO and NGOs in the review of the Public Health Act 2004.

## **21. Gender, Climate Change, Health: Cook Islands voices**

While government officials in Rarotonga provided technical data on the impacts of climate change on the ministry's health delivery system, the medical officers in the Pa Enea gave lived-experiences on

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<sup>62</sup> The Creative Centre was established in 2001 as a life skills programme for adults with an impairment managed by volunteers. In 2002, the centre received financial support from New Zealand and TMO for permanent staff (currently 5 full time, one part time and two volunteer support staff). In 2003, the Cook Islands Creative Centre Trust was established and further developed the centre to what it is today. In 2008, the centre registered as a private school.

the practical challenges of their work. Except for Aitutaki, Pa Enea health workers spend most of the days working in the community, and this is mainly due to the aging population not being able to drive, coupled by the lack of public transport. Aitutaki on the other hand is very similar to Rarotonga, where members of the public travel to the hospitals if they have any health issue.

The most common mode of transport in the Pa Enea is the use of small scooters, locally referred to as motorbikes, which can be a downside to those who cannot drive them. Gender consultations on a one-on-one basis with some members of community in the outer islands hinged on hitching a ride as a pillion passenger, often with the rider heading to a different destination. Renting a car in the Pa Enea is not an option on most islands, hence there was a heavy reliance on government officials to provide transportation. Also, the traditional culture of hosting visitors in the Pa Enea cannot be regarded as a small affair, there is the traditional welcome or speeches and a feast. And the same when leaving, often includes farewell speeches and a feast. In between, depending on the number of days on the island, the hosts will go out of their way to make the stay comfortable with drinking water and food. Even though they were paid to provide the meals, it was obvious that the hosts were overloaded with these tasks, as often drinking water is scarce, the availability of fresh vegetables and fish are often hard to come by.

Ongoing droughts, freshwater lens saltwater intrusion, the intensity of cyclones and extreme weather events, and ongoing skin diseases have put pressure on the health and wellbeing of many Cook Islanders. The lived experiences of CSO workers and volunteers, and members of the local communities provided gender data on the causal effects of climate change on health and wellbeing. These community consultations were rich in knowledge shared, as they connected climate change to many issues relating to health and wellbeing, such as mental health and the threats of physical violence over drinking water.

During consultations it was obvious that local people, regardless of where they live, are fully aware of climate change and its impacts. In the communities, understanding the science behind climate change is not their strength, but their exceptional ability to explain how nature and the environment have changed over time was extremely helpful. This section captures some of these voices.

### **Food Security**

Pukapuka island is the most populated in the northern group and food security is a real issue for its population. A schoolteacher, who returned to the island after 22 years of being away for education and work, shared his observation at one of our consultations.

***“There is seawater infiltration in our taro swamps. I left 22 years ago and just came back last year. There is coastal erosion happening, before the beach was closer to the reef, now metres have been taken away. Where I used to fish, there is no fish now, a lot of damage in the 22 years I have been away.” Pukapuka Island, 25 Jan 2023.***

This island has a unique (matrilineal) inheritance system of its wetlands where only taro is planted. Over the years, after an extreme weather event, seawater floods the wetlands killing the taro plants. The islanders would sail across to the neighbouring island to collect taro plants to replant. During the consultations they provided some suggestions on how they can ensure that there is continuous food supply despite the extreme weather events:

***“We need plant banks to keep our taro in, run by the mamas (women) ... because during cyclone seasons, we lose all our taro and replant again.” Pukapuka Island, 25 Jan 2023.***

***“Food security is a real issue, but the impact of technology is important on food security. Today you can fish and keep everything in the fridge.” Pukapuka Island, 25 Jan 2023***

On the island of Miti'aro vegetables are planted in the middle of the island where there is better soil. Water is very limited too, and like the other islands they harvest and store rainwater to drink, for cooking, washing, hygiene care and to water their vegetables gardens. A mother, in drawing her list of priorities for water use, placed planting of vegetable the lowest on the list. Her highest priority is water for her family to drink and to cook food with. It was not an easy decision as she knew they would lack vegetables and rely more on processed foods from the local shop. Like most women she knows on the island, she also suffers from an NCD.

***“I am more worried about my children, eating processed food is not healthy. And I do not want them to have NCD young, but when there is no rain, there is no water, what can we do. (With) planting, water is a huge problem. So, we prioritize drinking water and cooking food in the homes.” Mitiaro Island, 29 Nov 2022***

On Mauke and Rakahanga the islanders understand the importance of vegetables in their diets. The latter has an island-council owned hydroponic farm which needs water, but the islanders are encouraging each other to create small vegetable gardens by their homes. On Mauke, the island lacks vegetables and there was a call for a major awareness campaign about healthy eating.

***“People have to take ownership of this healthy food eating; we love to eat it (vegetables) but find it hard to plant. We must have awareness campaigns on healthy food – gardening, etc.” Mauke Island, 20 Nov 2022***

### **Water Security**

According to a mother on the island of Penrhyn, water is gold, and it is guarded by each family. She says only men go out and collect water, but the management of water in the home is decided by both husband and wife. The chronic water shortage has forced a change in lifestyle, compromising some personal hygiene with less showers. Health centres are recording steady numbers of young toddlers with skin rash.

***“Climate change and health ... looking for toothbrush to clean their teeth (in school). Before we use to take (to school) our own local food, now we are sending them (students) with processed food. We need to put some focus on schools' wellbeing.” Mitiaro Island, 29 Nov 2022***

Verbal confrontations are becoming a regular occurrence in some of the islands, creating standing conflicts between families, relatives, and villages. On the island of Rakahanga and Mitiaro, islanders spoke of how some homes would monitor how other homes are using water from the community tanks. In a previous climate change project by government, families were issued plastic water tanks. However, arguments have taken place over the taking of water from the community tanks. In Aitutaki, a group of men left their village and drove to another village to collect water from the communal water tanks, after their own reserves dried up. They came back empty handed.

***“A group from my village went to another village for water after they’d run out of water, and they were chased from there.” Aitutaki 26 Jan 2022.***

***“... (there are) water stations in the villages ... supposed to support ... our own people. Now (when) there is a shortage, and they go to other villages to get water, and they turn the water off. Stressed over running water, hygiene and the mental health and stress on the family, even elderlies suffer from stress.” Aitutaki 26 Nov 2022***

Women as the main caregivers in homes shared how water shortage is not only affecting them physically but also mentally.

***“We don’t have resources (to water vegetable gardens), it prompts us women to buy veggies to feed our children. No access to running water stresses us, hygiene stress us mothers, we need water to bathe our children. Puts a lot of pressure on our mental health.” Aitutaki, 26 Nov 2022***

***“Drought – not only a hygiene issue but also an issue for women, mothers not having showers for days.” Aitutaki Island, 26 Nov 2022***

The northern group islands are known for weaving hats, necklaces, earrings, baskets, and traditional dance costumes made from rito (treated very-young coconut leaves). These handicrafts have been their main source of income, but water is needed to prepare the young coconut leaves.

***“(we need) water to cook rito. Without rito there is no income. To manage, everyone needs to conserve.” Penrhyn Island, 2 Feb 2023***

### **Indigenous Knowledge**

The women of Penrhyn used the process of rito making to connect climate change impacts with loss of indigenous knowledge and know how. This is an issue that the women talk about often when they start rationing water to include rito making as well. They fear that knowledge that had been passed down through generations can quickly cease to exist.

***“We make traditional handicraft to earn money. Now if there is no water, we will lose the skill to make rito hats because we need water to cook the young coconut leaves.” Penrhyn Island, 2 Feb 2023***

The same fear of climate change is with the women of Pukapuka.

***“For us women, taro patches come with property rights. We will lose all these skills and ownership once seawater infiltrates.” Pukapuka Island, 26 Nov 2022***

In Aitutaki and Mitiaro they shared their views on how the impacts by climate change impacted their knowledge and use of vai-rakau (a herbal medicine) where they are resorting to indigenous knowledge for their ailments.

***“Traditional medicine, we are using a lot of these today due to the unavailability of medication, we resort to them. This know-how is very precious to us.” Mitiaro Island, 29 Nov 2022***

On the other hand, they are noticing that some of the plants are disappearing, and if there is no documentation of this knowledge, it is bound to be lost

**“It’s hard to find plants now, we might have to go to other islands to find these plants. Medication is getting expensive ... (we need to start) talking about traditional medicine, vai-rakau. We are losing plants; we cannot find them anymore. Those who are making traditional medicine, they are very secretive about it. It is tapu<sup>63</sup>. It is sacred, they believe if they give it away, it will lose its mana (power). Documentation – we must write down everything, capture this knowledge in writing now or lose them.” Aitutaki Island, 26 Nov 2002**

It was interesting to note how a senior government official shared his thoughts on how there has been no focus on indigenous knowledge in climate related projects.

**“Weather watch is automated; we do not use indigenous people for their knowledge in the weather watch systems. Documentation of indigenous knowledge is important, unfortunately it is not included in this current work.” Rarotonga Island, 24 Oct 2022**

### **Vulnerable Communities**

All genders respond differently to situations, the identification of who is vulnerable in the project is determined by an analysis of national policies, and qualitative data from interviews. They are the: Anuanua community, at-risk age group (12-17-year-old), the elderlies, the disabled, and women caregivers.

Same sex marriage relationship is an offence under the Cook Islands Crimes Acts 1969,. Mental health statistics show that in 2021 the highest age group diagnosed were the at-risk age group (12–17-year-old) most of whom are girls. This age group were the second highest number in the statistics for suicide. Loneliness and lack of social and family support with the disabled and the elderlies have made them vulnerable. Women make up the highest number for unpaid work, and they make up the highest number of mental health clients diagnosed suffering from stress.

The Anuanua community had shared their fears about their health and the legislation that haunted them every day.

**“The trans-community, we would like to have a safe space within the health system where we can be able to speak and be listened to. We begin to ask for help and can be helped. Most of us prefer to seek help outside the hospital.” Rarotonga Island, 30 Nov 2022**

**“Main thing is government should decriminalise same-sex-marriage. We have been called names and get comments like “they take over the women’s men”. We lack awareness about LGBTQ, especially the use of pro-nouns and respect for each other.” Aitutaki Island, 22 Nov 2022**

Some NGOs shared their experiences in looking after their disabled clients. One in particular shed some light into how they navigated the pandemic.

**“The centre’s experience during the national COVID response identified the gap – the centre was left to manage the disabled community, there was no team responsible.**

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<sup>63</sup> Cook Islands Māori word for taboo.

**These are not policy or admin work, but hands on support, we had to find our clients during covid see how they were coping, food wise, and lot of running around to make sure our clients were looked after.” Rarotonga, 2 Dec 2022**

Another shared how accessibility to water was an issue.

**“For our vulnerable people it is the accessibility to water. There is a need for a water tank, my concern is with our caregivers, the disabled, they will find it hard to access to water. When there is a drought, they have problems accessing water from water tanks.” Pukapuka, 25 Jan 2023**

Dealing with the health of the elderly population in the Pa Enuu is a real issue, there is no public transport, and a majority are unable to drive. A mobile phone is a powerful tool for them, it provides direct connectivity with the nurses and doctors when they need help.

**“I am 80, I live alone, and I am diabetic type 2, so I have NCD. I have a phone and that is very important to me because I am connected to the doctors.” Mauke Island, 20 Nov 2022**

**“Elderlies, about 62 of them here, and all at home, and those, they cannot drive or come to the hospital, we go to them for their NCD checks. There is an aging population almost half are men, half women, most have hypertension, diabetes, high cholesterol. Most are on their own, few are couples.” Mauke Island, 20 Nov 2022**

**“Mental health is huge, mental health work in the country lacks resources.” Rarotonga Island, 1 Dec 2022**

**“We need outreach programmes on how to read and understand the signs and how to understand depression, or if some are suffering from mental illness. There is a great need for full proper training. We need a lot of awareness raising.” Rarotonga Island, 1 Dec 2022**

## **22. Summary of Recommendations**

- Gender-responsive policies and strategies should place greater emphasis on lived experiences of all genders to address the underlying causes of gender-based norms, power structures and gender inequality. This project will contribute to this area through awareness in its communications strategy on gender stereotypes and discrimination according to gender.
- The lack of up-to-date gender-disaggregated data, and qualitative gender data, pose a huge problem for the Cook Islands meeting its obligations to UN conventions it has ratified. This project provides the opportunity to generate gender disaggregated data to allow the Cook Islands to deliver on, and report against, these conventions.
- NGOs delivering health services in communities work closely with the TMO’s public health officials but they provide disaggregated and qualitative gender data in their reports to their funders. The role of NGO services is currently not captured in the overall reporting of the health sector therefore current estimates of health spending is underestimated or not fully costed. The review of the Public Health Act 2004 under this project should harmonise this relationship, whereby NGOs receive increased recognition and funding to support health services with a specific role for reporting to TMO.

- Women make up the majority of staff in both the education and health sector and therefore this project will further support them through the communication strategy providing a platform to create awareness on gendered-needs and build the knowledge capacities of the community on gender issues. Widening and developing the health and well-being programme for schools will enhance the outcomes of mental well-being for young Cook Islanders. As well extension of health and well-being training programmes with community, TMO staff and first responders with the support of WHO will generate improvements overall and the ability of communities to respond to impacts of climate change.
- The project's communication strategy will provide the platform to create awareness on gendered-needs and build the knowledge capacities of the community on gender issues. provide the platform to raise awareness on issues, and build knowledge capacities of the community, especially various faces of climate change impacts in the community.

## 23. Project Response

The project will support an estimated 30 communities and 22 health facilities and/or emergency centres in 11 highly vulnerable outer island sites to improve the resilience of health services. Activities will directly benefit an estimated 15,040 people, of whom 7,648 are expected to be women. The project will also work with TMO to incorporate Climate Sensitive Health Risks (CSHRs) into an enhanced health information system, indirectly benefitting the country's entire population. Currently available disaster risk management information from the ADB Disaster Resilience Program classified all 11 inhabited Pa Enea and 10 punas on Rarotonga as having high to very high vulnerability to disasters, including those driven by climate change impacts<sup>64</sup>. In light of the uniformity of climate vulnerability and disaster risk, beneficiary sites are all TMO and emergency centre facilities in the Cook Islands.

The proposed project would be the first comprehensive national effort to focus on increasing the resilience of Cook Islands most vulnerable communities to improve health resilience in the face of climate change. Specifically, the proposed project will work to:

1. Establish an enabling environment for adaptive action and investment including strengthening the evidence base for adaptation, mainstreaming climate risk into development planning, and disseminating actionable climate information to community and state decision makers.
2. Build institutional capabilities and capacities to respond to CC&H issues, and effectively deliver health services to the country's population. This aspect of the project is to be achieved via eight activities, comprising three outputs that are identified in the GAP
3. Resilience-building measures to reduce the health impacts of climate change at the community level. These will be community-based adaptation measures that are clearly outlined in Component 3.

The Gender Assessment and GAP will further allow gender-responsive policies and strategies that emphasises lived experiences of all genders to address the underlying causes of gender-based norms, power structures and gender inequality. Important will be the development of a ministry-wide media

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<sup>64</sup> Asian Development Bank. 2016. "Cook Islands Disaster Resilience Program: Report and Recommendation of the President." *Project Number 50212-001*. Manila: ADB.

and communications strategy that will give emphasis and focus inclusive and gender responsive health services for all. The disaggregated qualitative gender data will give a voice to the Anuanua community for the first time. Currently the NGO community are working on the fringes of the health sector and this project will for the first time recognise the contributions of these organisations in a more inclusive formal recording of health sector activities as a whole.

The capacity-building approach will ensure that catalytic partnerships across sectors, government ministries, Pa Enua Island Councils, NGOs and CBOs are developed, and the national-level systematization of best practices and lessons learnt are compiled and analysed to develop clinical guidelines, SOPs, and tool-kits that can be replicated and scaled-up across the country. Similarly, the project will serve to establish a network of skilled professionals and practitioners on adaptation and health, both in TMO and partner agencies, forming a community of practice that can continue to engage and provide support cross-sectorally for the implementation of analogous projects to build climate resilience and mainstream climate considerations into the planning of future programmes. The fact that climate risks are included in on-going climate-sensitive health programmes (e.g. dengue, water and sanitation, disaster risk reduction, and food security) rather than creating parallel interventions, will ensure that these programmes will become climate-resilient and that climate risks will continue being considered once the project is over. At the national level, with the support of relevant trained experts, best practices on building climate resilience across different health programmes will be systematized and norms defined, so as to continue to support line ministries (and expand to other organizations) to build health and climate resilience.

The project will strengthen programmes on vector-, water- and food-borne diseases and disaster risk reduction at the household and community level. This solution will implement, in conjunction with Island Councils, new public health programming designated under the imminent Public Health Act. It will rely heavily on existing outreach efforts by outfitting HPOs / Tutaka staff with a tablet-based app for environmental health inspections, which will both be able to print (using portable thermal printers) and electronically transmit health inspection reports, mosquito larval surveillance forms, natural breeding sites monitoring forms, assessment notices, etc. These data will be geo-tagged and synchronised via the enhanced HIS described under Output 1.2.

Output 3.2 will increase awareness of the impacts of climate change on health in the Cook Islands, as well as awareness on adaptive techniques to reduce CSHRs. This output is addressed through two activities. This output will employ innovative communications tools (including Cook Islands Māori-language programming) to communicate risk reduction interventions relevant to CSHRs (including heat-related illness, mental health awareness, and respiratory disease prophylaxis), and disseminate/share these knowledge products and evidence-based practices through visual media, school resources, SRIC materials, etc. These communications tools will be selected following a communications strategy scoping exercise. An important complement to physical and electronic media outreach will come via the employment of a *Vaka* (traditional Cook Islands sailing vessel) for fieldwork, which will weave together elements of *Te Ka'a tei itiki ripiri ia tatou* (representing the linking together of peoples and *enua* [land] that make up the thriving *papa'anga* [genealogy] of the Cook Islands), to perform outreach activities on remote islands and shuttle equipment/supplies, promote ecological literacy, and deliver targeted information on CSHRs in a culture- and *reo-* [Cook

Islands Māori language-] affirming fashion<sup>65</sup>. This solution aligns with the ‘ensure effective and accessible delivery of health systems’ resilience-building strategy, and Goals 1 (Wellbeing for all), 8 (Education and Innovation), and 13 (Cultural Heritage, History, Identity and language) of the NSDA 2000+.

Further Output 3 will work to design and implement non-clinical health and wellbeing activities and food security programmes to address CSHRs. This solution will include programmatic activities around cataloguing traditional medicines/plants, addressing adaptive responses to determinants of health, normalizing mental health and promoting resilience through school-based programmes to increase adaptive coping skills, and the expansion of food security programmes that provide seedlings for home gardens in the Pa Enea.

No baseline for each of the outputs has been identified and it is proposed that the baselines are better ascertained within the first 6 months of project implementation and reported in the first GAP Report. This will account for delays in project implementation, and whether subsequent changes in outputs and activities have altered over time.

All these activities will be measured in the GAP and the indicators in the gender action plan are explicitly designed to ensure the gender-responsiveness of this proposal during the implementation of its three components: to integrate climate change considerations into existing operations at TMO; build institutional capacity to respond to climate-sensitive health risks; and resilience-building measures to reduce the health impacts of climate change.

The action plan is aimed to also assist the Cook Islands in meeting its obligation to achieving the United Nation’s Sustainable Development Goal 5 for gender equality with the generation of sex-disaggregated and qualitative data from the baseline review of policies, gender mainstreaming into plans policies and work plans of TMO; gender training; and a communications strategy that will ensure the use of gender-sensitive language to avoid gender stereotypes in images and photos.

A gender specialist will work on a part time basis on the implementation of the gender action plan in the first two years. The specialist during that time will provide training and support to the Monitoring Officer (MO) and the Project Manager (PM) who will continue to monitor and report on the Gender Action Plan for the remainder of the project. It is expected that in year 3, 4 and 5 the OM and the PM will have a minimum of two weeks over each year to support monitoring and reporting on the GAP. Both the OM and the International Monitoring and Evaluation Specialist (M&ES) will ensure that gender indicators are included in the monitoring and evaluation framework.

## 24. Grievance Mechanism

The Ministry of Finance and Economic (MFEM) management is committed to observing the highest ethical legal and moral standard in any project the Ministry implements, coordinates or funds. The Public, beneficiaries and stakeholders can confidentially report fraud, corruption or any standards outlined in the MFEM environmental and social safeguard framework. Under a GCF readiness

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<sup>65</sup> Chinn, P. W. 2010. “Science, Culture, Education, and Social–Ecological Systems: A Study of Transdisciplinary Literacies in Student Discourse During a Place-Based and Culture-Based Polynesian Voyaging Program.” In *Adaptation and Mitigation Strategies for Climate Change*, pp. 249-65: Springer.

programme, MFEM has undertaken workshops and developed a platform to ensure the public, beneficiaries and stakeholders are aware of MFEMs GRM policy and procedures and their rights to bring forward any grievances related to projects that MFEM implements or coordinates.

There are three channels of grievance mechanism that will apply to this project.

1. ATOM – Project level Grievance Mechanism
2. MFEM – Institutional Level Grievance Redress Mechanism
3. GCF – Independent Redress Mechanism

Any Parties wishing to raise grievances caused by or associated with the ATOM project will be able to do so.

During the inception phase of the project the AE alongside the executing agencies will develop and adopt a **project level grievance mechanism**. The purpose of this GRM will be to record and address any complaints that arise during the implementation phase of the project. It will address concerns and complaints promptly and transparently with no impacts (costs, discrimination). The GRM will operate within existing legal and cultural frameworks, providing an additional opportunity to resolve grievances at the local, project level.

Key objectives of a project level GRM:

- Record, categorize and prioritize the grievances:
- Utilize and coordinate with traditional mechanisms / cultural practices
- Provide a survivor centered approach for SEAH matters (such grievance, issues, concerns will have additional measures aligned with national standards designed for Gender Based Violence (GBV), Violence against Children (VAC) and SEAH.
- Settle grievances via consultation with affected peoples, stakeholders and inform them of solutions
- Forward or escalate any unresolved cases through the MFEM GRM, GCF IRM or relevant authority (solutions / way forward must be offered to affected people and stakeholders)

All information relating to the Project Level GRM, MFEM GRM and the GCF Independent Redress Mechanism (IRM) will be communicated during the Inception Workshop of the ATOM project, specific trainings will also be conducted by the Accredited Entity and the executing entities relating to the Project Level GRM, communicating the responsibilities of the MFEM and the EE and the rights of workers, beneficiaries and Stakeholders.

#### **Process for ATOM Project level GRM**

Concerns, complaints and grievances by affected persons will be directed to the Project Management Unit (PMU) at the TMO Office where the Project Manager and Social Safeguard Specialist will be the focal point to receive, record, review, and address concerns in coordination with relevant stakeholders (e.g., Cook Islands National Council of Women (CINCW) depending on the nature of the complaint.

A complaints register will be maintained to record the date, details, and nature of each complaint, the name of the complainant, and the date and actions taken as a result of the follow-up investigation.

The register will also cross-reference any non-compliance report and/or corrective action report or other relevant documentation relating to the complaint.

At the inception workshop, information summarising the GRM process and governance including contact details of the PMU and grievance form will be provided. Table 1 presents the steps and corresponding time frame for the grievance redress mechanism.

*Table 7: Grievance Redress Process*

Stage	Process	Duration (max)
1	Any affected person or other concerned party takes grievance to TMO PMU or CIIC PCU	Any time
2	Project Manager/Project Coordinator and National Monitoring Officer reviews and finds solution to the problem in consultation with CINCW and depending on the grievance will include International Social Safeguard Specialist advice.	3 days
3	Depending on the type of grievance the TMO PMU Manager/CIIC PCU PC will confirm whether the affected persons should be on leave during the enquiry.	
4	Project Manager/Project Coordinator and National Monitoring Officer with the Social Safeguards Specialist reports back the outcome to affected person who submitted the grievance.	5 days
<b>If unresolved or not satisfied with the outcome at PMU level or has received no report in the allotted time period</b>		
4	Affected person takes grievance through to Public Service Commission (PSC), Cook Islands National Council of Women (CINCW), Private legal action	Within 2 weeks of receipt of decision in step 4
5	PSC or CINCW reviews and finds a solution which may include recommendation of dispute resolution, including an appropriate body to oversee.	3 weeks
6	PSC or CINCW reports back to the affected person who made the complaint.	1 week
<b>If unresolved or at any stage if concerned party is not satisfied</b>		
<b>Affected party can take the matter to Office of the Ombudsperson or appropriate court.</b>		As per Office of the Ombudsperson or judicial system

The process above recognises that there may be changes who might be involved in hearing the grievance and representation of ethnicities and indigenous people focal point may be required.

Grievances, issues and concerns related to SEAH will be managed through this GRM process but will be implemented with the additional survivor centred measures that will include:

- The rights, needs and wishes of the survivor or victim is paramount
- Safety of the survivor will always be ensured with potential risks to the survivor identified and action taken to ensure the survivors safety and prevent further harm
- All actions should reflect the choices of the survivor
- All information will be confidential, and identities will be protected
- All actions should reflect the choices of the survivor and the survivor must provide informed consent to progress with each stage of the complaints process.

The ATOM Project Level GRM does not prevent any affected person from accessing the MFEM institutional level GRM or the GCF Independent Redress Mechanism or seeking redress through the Courts.

## **25. Monitoring, Reporting and Evaluation**

All monitoring and reporting including GAP monitoring reporting will follow the GCF Monitoring and Accountability Framework (MAF) for Accredited Entities<sup>1</sup> and MFEM Tarai Vaka Process<sup>2</sup> (TVP). Internal monitoring and reporting system by PMU shall report against annual plans approved by the PSC (Project Steering Committee) involving 12 reports per year:

- Monthly updating of project Gantt chart to illustrate progress, as well as financial reporting against procurement plan and budget
- Quarterly reports based on TVP Activity Progress Report Template (3 quarterly reports to replace 3 monthly reports) for quarters one (January to March), two (April to June) and three (July to September). Quarter two report shall include the six-monthly GAP<sup>3</sup> (Gender Action Plan) and Environmental and Social Safeguards Action Plan (ESAP) report.
- Annual project implementation review report<sup>4</sup> (annual report to replace 1 quarterly report) based on TVP Activity Progress Report Template. The annual report shall include the annual GAP and ESAP report. MFEM will use this annual report for preparing and submitting annual performance reports (APRs) to GCF, including annual audited financial reports with MFEM supervising the independent external auditor.
- Project completion report (project completion report to replace last annual project implementation review report) based on TVP Activity Completion Report Template

These activity reports will be fully developed by an international monitoring and evaluation (M&E) consultant which must provide adequate information against the results framework (theory of change) considering means of verification of project specific indicators involving primary and secondary data collection, analysis, and reporting and relevant stakeholders in line with GCF MAF, Integrated Results Management Framework (IRMF) and Evaluation Policy.

This will help to gauge whether the project is proceeding as planned, and to make good management decisions. In addition, the M&E consultant will train and guide the PMU project staff particularly the

monitoring officer, who will implement the internal monitoring and reporting system, and the gender/safeguards specialist who will ensure GAP indicators are included in the MAF. The monthly progress reports are short 1-2 page summary reports to show progress or completion of activities against annual plan and to discuss issues and solutions for delays. These evaluations should also assess the performance of the funded activity against the GCF investment framework criteria, including financial/economic performances as part of the project efficiency and effectiveness criterion.

MFEM shall supervise the mid-term and final evaluations. The mid-term evaluation shall be conducted in the middle of Year 3 (i.e., month 30) with . procurement for an independent external firm shall commencing in month 27 to enable the mid-term evaluation to be completed by month 33. The final evaluation shall be conducted starting in the last quarter of Year 5 (i.e., month 59). These evaluations should also assess the performance of the funded activity against the GCF investment framework criteria, including financial/economic performances as part of the project efficiency and effectiveness criterion.

## 26. Gender Action Plan

This gender action plan (GAP) has been developed based on data and descriptive findings from discussions and field visits that are captured in the gender assessment report and were discussed at a half-day workshop in Rarotonga held in January 2023. Monitoring gender equality in the Cook Islands is currently included under the National Sustainable Development Plan 2020+. The action plan has been aligned with Annex 2a (Logical Framework) of this proposal, as well as the Cook Islands National Policy on Gender Equality and Women’s Empowerment and Action Plan 2019-2024, and in particular Goal 9 ‘Our Inclusiveness (Gender, Equity and Social Inclusion)’ of the NSDA 2020+.

Gender Action Plan					
Impact statement: <b>A gender-responsive health system that will generate targeted care and support towards women, the Anuanua community, elderly, disabled and children by recognising their unique needs to manage health risks induced by climate change.</b>					
<b>Component 1</b> Strengthening the capacity and capabilities of the Te Marae Ora, partners and stakeholders to integrate climate change considerations in their health operations					
<b>Component 2</b> Building institutional capabilities to respond to climate change & health issues and effectively deliver health services to the population of the Cook Islands					
Objective/Activities	Indicators	Target	Means of Verification	Responsibility	Timeline Cost
<b>Output 1.1: Existing health policies, plans and programmes include strategies that are informed by current and projected climate change (contributing to component 1)</b>					
Provide gender entry-points in the policy assessment around Climate Change and Health (CC&H) at TMO and ensure the gendered aspects of CSHRs (climate sensitive health risks)	<ul style="list-style-type: none"> <li>○ Number of assessed policies, programs, and plans that compile gender-disaggregated data.<sup>66</sup></li> <li>○ Number of gender indicators identified for the assessment report.</li> </ul>	TMO CC&H Action Plan and TMO National Health Strategic Plan (NHSP) 2023+ includes gender-	Official TMO publications  OPM and CC Reporting	Project Manager (PM)	Year 1  USD15,540.00

<sup>66</sup> National gender policy 2019-2024 indicator for Outcome 1 – Gender-Responsive Government’s Programs and Policies

<p>in the Cook Islands are available for incorporation into relevant TMO policies, plans and processes, including updated Climate Change Health Adaptation Plan 2012</p>	<ul style="list-style-type: none"> <li>○ Number of policies and plans that will reflect CEDAW’s commitments<sup>67</sup>.</li> <li>○ Number of augmented health intelligence reports/projections generated and disseminated</li> </ul>	<p>sensitive goals, objectives and indicators’</p> <p>Implementation plan includes gender-sensitive goals, objectives and indicators’</p> <p>Needs Assessment Report approved and published</p> <p>Mid-term at least 1 augmented health intelligence application</p> <p>Final at least 3 Policies or Plans</p>	<p>Quarterly and Annual Project Reports</p> <p>Needs Assessment Report Disseminated</p> <p>Adaptation Plan endorsed published and disseminated</p> <p>6 monthly GAP reporting</p>	<p>Gender Specialist (GS)</p> <p>Monitoring Officer (MO)</p> <p>Adaptation Plan Expert (APE)</p> <p>National CC&amp;H Policy Expert (NPE)</p> <p>Monitoring and Evaluation Specialist (M&amp;ES)</p>	
<p>Development of gender responsive and inclusive communications strategy and implementation plan.</p>	<ul style="list-style-type: none"> <li>○ Number of women, men, <i>Anuanua</i>, disabled and elderly who participated in stakeholder consultations.<sup>68</sup></li> <li>○ Number of women participating in awareness raising initiatives and accessing information.<sup>69</sup></li> <li>○ Number of distinct TMO communication products that reference CC</li> </ul>	<p>Mid-term 3 communication products</p> <p>Final 6 communication products</p> <p>6 original products in Cook Islands Maori</p>	<p>Communication Strategy endorsed, published and disseminated.</p> <p>Quarterly and Annual Project Reports</p> <p>6 monthly GAP reporting</p>	<p>PM</p> <p>GS</p> <p>National Media Communications Specialist (CMCS)</p> <p>National Cultural Specialist (NCS)</p> <p>MO</p>	<p>Year 2</p> <p>USD10,300</p>

<sup>67</sup> Ibid

<sup>68</sup> National gender policy 2019-2024 indicator for Outcome 4 – improved capacity of women to address health issues.

<sup>69</sup> National gender policy 2019-2024 indicator for Outcome 4 – improved capacity of women to address health issues.

<b>Output 1.2: TMO health intelligence integrates Health Information System (HIS) with meteorological and climate information for health early warnings and CSHR forecasting (contributing to component 1)</b>					
Operationalise enhanced HIS, with functionality in health EWS and CSHR forecasting, and disseminate findings to wider health system through training programmes	<ul style="list-style-type: none"> <li>Gender data is identified for the HIU reports</li> </ul>	Number of TMO staff and partner organisations trained in the use of CC&H policies, procedures, tools and applications	Quarterly and Annual Project Reporting HIS Strategy CSHR Forecasts issued MOU with Data Providers EMCI EWS bulletins with CSHR published six-monthly and yearly 6 monthly GAP reporting	Health Intelligence and Data Management/Dissemination Expert (HIDME) PM GS	Year 1 USD5,150.00
HIU generating gender-sensitive statistics/reports/projections, as well as training materials for continuous learning by staff	<ul style="list-style-type: none"> <li>Number of trainings</li> <li>Gender disaggregated data of training participants.</li> </ul>	85% of TMO clinical and allied health staff delivered CC&H training module as part of professional development activities	Published Statistics, reports and projections		
<b>Output 1.3: Staff in TMO and partner organizations apply climate change information in their operations (contributing to component 1)</b>					
Educational programs are developed and delivered by MOE to strengthen mental health adaptive capacity for students in Years 8 to 12	<ul style="list-style-type: none"> <li>Number of teachers trained to deliver mental health curriculum</li> <li>A total of 769 Year 8 – 11 Students</li> <li>Number of students undertaking mental health adaptive capacity programme</li> </ul>	MOE Staff 40% are women trained in mental health adaptive capacity for years 8 – 11 students	Quarterly and Annual Project Reporting MOE Annual Reports	PM GS MO	Year 1 USD5,150.00

		60% of 769 Students in years 8 – 11 students return a positive impression of program  90% of relevant TMO staff trained in enhance HIS	CC & H program at MOE completed and implemented.  Student and parent feedback  6 monthly GAP reporting	Mental Health Adaptive Capacity Specialist (MHACS)  International CC&H Educational Programme Expert (IEPE)  National CC&H Educational Programme Expert (EPE)	
Conduct training for TMO staff on: <ul style="list-style-type: none"> <li>• basic gender sensitivity,</li> <li>• gender mainstreaming,</li> <li>• and gendered impacts of climate change on health.</li> </ul>	<ul style="list-style-type: none"> <li>○ ≥85% of TMO clinical and allied health staff, and also ≥85% environmental health officers (EHOs) delivered training on basic gender sensitivity, gender mainstream, gendered impacts of CC on health.</li> <li>○ Disaggregated gender data of participants.</li> </ul>	<p><b>Mid-term:</b> 40% of participants believe that they have benefited from gender training (feedback form)</p> <p><b>Final:</b> CC&amp;H training modules include gender components</p> <p>30% of training participants can recognize gender sensitivity in their work environment.</p>	Participation uptake and surveys and estimates of impressions	PM GS NPE HIDME	Year 2  USD5,150.00
<b>Output 2.1: Health Centres in the Pa Enea are resilient to CC impacts (contributing to components 1 and 2)</b>					
Ensure assessments and detailed technical designs for improvements to health facilities and emergency centres are fit for purpose for those who are infirm, elderly, or disabled.	<ul style="list-style-type: none"> <li>○ Number of women (including age and role) engaged in assessing and delivering technical designs for the improvements for 13 Pa Enea sites.</li> </ul>	Technical design improvement compliant with building code and Disabilities Act 2008.	Quarterly and Annual Project Reporting  CIIC annual Reports	CIIC Project Coordinator (PC) PM MO GS M&ES	Year 4 USD5,212

			Pa Enea Centres outfitted with solar PV facilities for resilience to extreme weather  6 monthly GAP reporting		
<b>Output 2.2.: TMO Information systems have high availability (contributing to component 1)</b>					
Promote women's participation in IT	<ul style="list-style-type: none"> <li>Number of women in the installation team of IT infrastructure in the Pa Enea and TMO HQ.</li> </ul>	IT infrastructure maintains current staff and number of women.	TMO HQ IT infrastructure backup infrastructure installed	PM GS/ME GIS Software Specialist (GSS)	
<b>Output 2.3: TMO capacity built via environment laboratory and mobile testing (contributing to component 2)</b>					
Ensure participation of women in mobile laboratory testing equipment needs assessment.	<ul style="list-style-type: none"> <li>Number of women who conducted/or participated in mobile laboratory testing equipment needs assessment.</li> </ul>	50% increase in number of women on each island participating in needs assessment	Quarterly and Annual Project Reporting  Pa Enea six monthly reporting	PM GS/ME MO M&ES	Year 3 USD8,000
Provide training mobile environmental testing kits to assess water quality.	<ul style="list-style-type: none"> <li>No of women trained</li> <li>Gender disaggregated data of personnel conducting the assessment.</li> <li>Number of female staff who are first users of the kits.</li> </ul>	<p><b>Mid-term:</b> ≥16 mobile laboratory microbiology test kits for selected CSHRs procured.</p> <p><b>Final:</b> At least 8 of the mobile laboratory microbiology test kits for the Pa Enea and Rarotonga will have women as regular users.</p> <p>50% increase on each island</p>		PM GS/ME MO	

<b>Output 3.1: Existing TMO health outreach and community care strengthened to cover CSHRs (contributing to component 2)</b>					
Augment existing HPO/EHO manuals and tools to mainstream gender into updated Health Protection Officer/Environmental Health Officer and/or Tutaka manuals.	<ul style="list-style-type: none"> <li>○ Female participation parity in workshops/committees for finalising Tutaka Manuals</li> <li>○ Gender disaggregated participants attending workshop</li> </ul>	<p>HPO/EHO Tutaka Manuals completed and published</p> <p>80% increase in number of women involved in finalising Tutaka manuals per island</p>	<p>Quarterly and Annual Project Reporting</p> <p>TMO Reports</p> <p>NCD Steps survey results</p> <p>6 monthly GAP reporting</p>	<p>PM</p> <p>MO</p> <p>HIDME</p> <p>National CC&amp;H Implementation Expert (NIE)</p>	<p>Year 5</p> <p>USD5,212</p>
Ensure women are included in all the training for EHOs/HPOs/Tutaka from ≥11 Pa Enea sites in the use of augmented manuals and tools.	<ul style="list-style-type: none"> <li>○ Number of training programmes</li> <li>○ Gender disaggregated data of EHOs/HPOs/Tutaka from ≥11 Pa Enea sites trained in the use of augmented manuals and tools.</li> </ul>	<p>‘≥85% of EHOs/HPOs trained in gender dimension of environmental health’</p>		<p>PM</p> <p>MO</p> <p>NIE</p>	
<b>Output 3.2: Communities throughout the Cook Islands are aware of climate change impacts on health and risk reduction options (contributing to component 2)</b>					
Ensure gender parity for the ≥4 vaka (traditional outrigger sailing canoe) outreach voyages.	<ul style="list-style-type: none"> <li>○ ≥4 vaka ((traditional sailing canoe) outreach voyages completed.</li> </ul>	<p><b>Mid-term:</b> ≥1,530 female and ≥1,478 male direct and indirect participants in non-clinical health and wellbeing / food security activities.</p> <p>≥2 vaka outreach voyages completed.</p> <p><b>Final:</b></p> <p>≥3,059 female and ≥2,957 male direct and indirect</p>	<p>Quarterly and Annual Project Reporting</p> <p>TMO Reports</p> <p>NCD STEPS survey results</p> <p>Media and social media hit count</p>	<p>PM</p> <p>MO</p> <p>Red Cross Support Services (RCSS)</p> <p>CMCS</p> <p>NPE</p> <p>NCS</p>	

		<p>participants in non-clinical health and wellbeing / food security activities.</p> <p>≥4 vaka outreach voyages completed.</p>			
<p>Non-clinical CSHR-specific health and wellbeing activities implemented in ≥11 Pa Enea sites + Rarotonga.</p> <p>Ensure inclusiveness of vulnerable communities in promoting healthy diets.</p>	<ul style="list-style-type: none"> <li>○ 14 Body Composition analysers procured for Pa Enea sites.</li> <li>○ Gender-disaggregated data of community participants promoting healthy diets.</li> </ul>	<p><b>Mid-term:</b> Non-clinical CSHR-specific health and wellbeing activities designated and rolled out to ≥5 Pa Enea sites + Rarotonga.</p> <p><b>Final:</b> Non-clinical CSHR-specific health and wellbeing activities implemented in ≥11 Pa Enea sites + Rarotonga.</p>	<p>Quarterly and Annual Project Reporting</p> <p>TMO Reports</p> <p>NCD STEPS survey results</p> <p>Red Cross Reports</p>	<p>PM</p> <p>GE/ME</p> <p>MO</p> <p>RCSS</p> <p>CMCS</p> <p>NPE</p> <p>NCS</p>	
<p>Mother/child healthy diet food security tutors deliver trainings to ≥125 recipients (representing ≈½ of one year's births)</p>	<ul style="list-style-type: none"> <li>○ 14 hydroponics kits procured and delivered to Pa Enea sites.</li> <li>○ Mother/child healthy diet food security tutors deliver trainings to ≥125 recipients.</li> <li>○ Number of women from female headed households trained.</li> </ul>	<p><b>Mid-term:</b> 50% of total participants attending Red Cross community outreach activities delivered to ≥5 Pa Enea sites + Rarotonga are women and vulnerable groups.</p> <p><b>Final:</b> Mother/child healthy diet food security tutors deliver trainings to ≥125 recipients (representing ≈½ of one year's births)</p>	<p>Ministry of Agriculture Reporting</p> <p>Red Cross Reporting</p>	<p>PM</p> <p>GE/ME</p> <p>MO</p> <p>RCSS</p> <p>CMCS</p> <p>NPE</p> <p>NCS</p>	

**Output 3.3: Sharing lessons learned with other sectors in Cook Islands and the Pacific Community (contributing to component 1)**

<p>Sharing CC&amp;H resilience knowledge products and experiences</p>	<ul style="list-style-type: none"> <li>○ Gender-inclusive communication strategy is approved, published, and disseminated.</li> </ul>	<p><b>Mid-term:</b> Innovative communications strategy (including Cook Islands Maori-language programming) generated.</p> <p><b>Final:</b> Comms strategy operationalised.</p> <p>Feedback from the public that the strategy is gender sensitive.</p>	<p>Quarterly and Annual Project Reporting</p> <p>TMO Reports</p> <p>NCD STEPS survey results</p> <p>Red Cross Reports</p> <p>6 monthly GAP reporting</p>	<p>PM</p> <p>CMCS</p> <p>NCS</p> <p>M&amp;ES</p>	<p>Year 5</p> <p>USD8,000</p>
<p>Ensure that lessons learned shared with regional and international partners include gender perspectives of the project.</p>	<ul style="list-style-type: none"> <li>○ Sharing of gender-inclusive communications / knowledge products at ≥2 annual CI Health Conferences or similar and ≥2 UNFCCC side events or similar.</li> </ul>	<p><b>Mid-term:</b> Sharing of communications / knowledge products at ≥2 annual CI Health Conferences or similar.</p> <p><b>Final:</b> Sharing of communications / knowledge products at ≥2 UNFCCC side events or similar.</p> <p>50% of knowledge products include gender</p>		<p>PM</p> <p>CMCS</p> <p>NCS</p>	

		components of the project <sup>70</sup>			
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<sup>70</sup> National gender policy 2019-2024 indicator for Outcome 2 – Equitable Participation of Women and Men in Decision-Making and Governance Systems