



# NIUE

## COVID-19 SOCIO-ECONOMIC RAPID ASSESSMENT SURVEY (RAS)

Round 1: April 2021

### *SURVEY REPORT & ANALYSIS: IMPACT OF COVID-19 ON NIUE HOUSEHOLDS*

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*September 2021*

Niue Statistics Office

Statistics New Zealand: Pacific Statistics Support Programme

Pacific Community\_Statistics for Development Division



Pacific  
Community  
Communauté  
du Pacifique

Noumea, New Caledonia, 2021

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Original text: English

Cover photo: Flickr, sandwichgirl

Layout: Gaëlle Le Gall

Prepared for publication at SPC's headquarters,  
B.P. D5, 98848 Noumea Cedex, New Caledonia, 2021

[www.spc.int](http://www.spc.int) | [spc@spc.int](mailto:spc@spc.int)

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# ACKNOWLEDGMENTS

This Report analyses data that was collected through a Covid-19 Rapid Assessment Survey (RAS) conducted by Statistics Niue, in collaboration with Statistics New Zealand (Stats NZ) and the Statistics for Development Division (SDD) of the Pacific Community (SPC) providing technical support throughout the survey process. I am confident that this Report will provide the Government of Niue with up-to-date information on the socio-economic impacts of COVID-19 and will assist in informing the development of related policies to address these issues.

I would like to acknowledge the Ministry of Foreign Affairs and Trade (MFAT) of New Zealand who agreed to fund this survey with money channeled through Stats NZ's Pacific Statistics Support Program to the Statistics Niue who managed and conducted this survey. Despite the challenging circumstances all partners in the conduct and analysis of the survey data have worked hard to ensure that the data collected through this rapid assessment survey meets the statistical needs of Niue.

I also acknowledge and congratulate the leadership of Statistics Niue, Mr. Kimray Vaha, and his small team in implementing this survey at a time when there were so many competing demands for statistics and data from Statistics Niue related to COVID-19 and its impact assessment. An important benefit with this project, is that local staff were employed as field interviewers, data collectors and supervisors giving them and their families much needed income during a time when many people in Niue had either lost their jobs due to the decline in the tourism industry or their inability to travel to New Zealand.

Finally, I would like to acknowledge the staff of Stats NZ and my team in SDD for their great efforts in providing well-coordinated remote support to Statistics Niue. Technical support for such surveys is usually provided onsite, but due to COVID-19 support has been provided remotely by SDD and Stats NZ. Well done to the staff of Statistics Niue, Stats NZ and SDD for making it happen through remote support. Lastly, I would like to acknowledge Professor Wadan Narsey (Adjunct Professor JCU and Former Professor of Economics, USP) who compiled this Report and Analysis of the survey data.

Epeli Waqavonovono

Director, Statistics for Development Division

Pacific Community.

10<sup>th</sup> September 2021



# A. EXECUTIVE SUMMARY

1. **Statistical soundness.** The statistical results of this First Round of the RAS appear to be quite solid for the following reasons: a large 35% of all Niue households were sampled; 60% of the Respondents were the acknowledged household (HH) heads; there was gender balance among the Respondents; the Respondents were extremely highly educated; and the Respondents aged 65+ gave a good handle on responses of the elderly to COVID-19. A summary of the survey methods used in the Niue COVID-19 RAS Round 1 is at Annex A. This provides further details of the survey methodology, scope and coverage including the sample selection process, survey content and questionnaire, data collection and processing, weighting estimation and error measurement. Some minor reservations on methodological issues raised by the external consultant responsible for preparing this report are given in Annex B.
2. **Overall success in coping with COVID-19.** The survey results indicate that by and large the Niue authorities and HHs have coped reasonably well with the impact of COVID-19 in terms of awareness of COVID-19, safeguarding their employment and incomes, and broader social welfare.
3. **Sources of information.** The most important sources of information were radio, internet, and social media, rather than the main government sources. The younger respondents relied on Internet and Social Media while the elderly relied on radio and TV.
4. **Awareness of government steps.** Respondents were fully aware of Government steps restricting travel (international and domestic) and to a lesser extent on policies to support employment and incomes. They were not well aware of the many other steps which had been taken such as curfews and availability of testing clinics.
5. **Impact on employment** A small 7% of those who were working pre-COVID-19 stopped working after COVID-19. Those working for Government had reasonable job security, but those in the private sector were more adversely affected by the COVID-19 effects (less business and fewer tourists). Despite COVID-19, reasonable numbers of employees were absorbed in the private sector and Government.
6. **Impact on incomes.** Roughly 19% of Respondents had earnings lower than usual, with the private sector more adversely affected than working for Government. Government employment clearly provides a strong safety net in Niue. Of those running their own businesses a significant 31% (some 136 HHs) reported lower earnings, both females and males. Of those doing farming largely or mainly for sale, some 44% (45 HHs) reported less or no income after COVID-19.
7. **Remittances received.** While some 24% of all HHs received remittances, 18% received less than usual while 8% received more than usual. While New Zealand (NZ) was the main source (64% of all remittances), a significant proportion (33%) also came from Australia.
8. **Remittances sent.** Some 38% of HHs sent remittances abroad, with 42% sending less than usual while 10% sent more than usual. The main destination (69%) was NZ.
9. **Other benefits.** Some 66% of HHs received external benefits, mostly pensions and super (going largely to the respondents 65+) and child allowances (going mostly to the HHs of the younger respondents).
10. **Coping strategies.** The most popular coping strategies were the use of savings (38%); trying to earn extra (28%); reducing non-food consumption (25%); and reducing food consumption (22%). More coping strategies were listed by those who worked in the private sector and were not working, than those who worked for Government.
11. **Meeting basic needs.** Only a very small percentage (15%) of Respondents were not confident that their basic needs would be met over the next 12 months, somewhat more in the rest of Niue (18%)

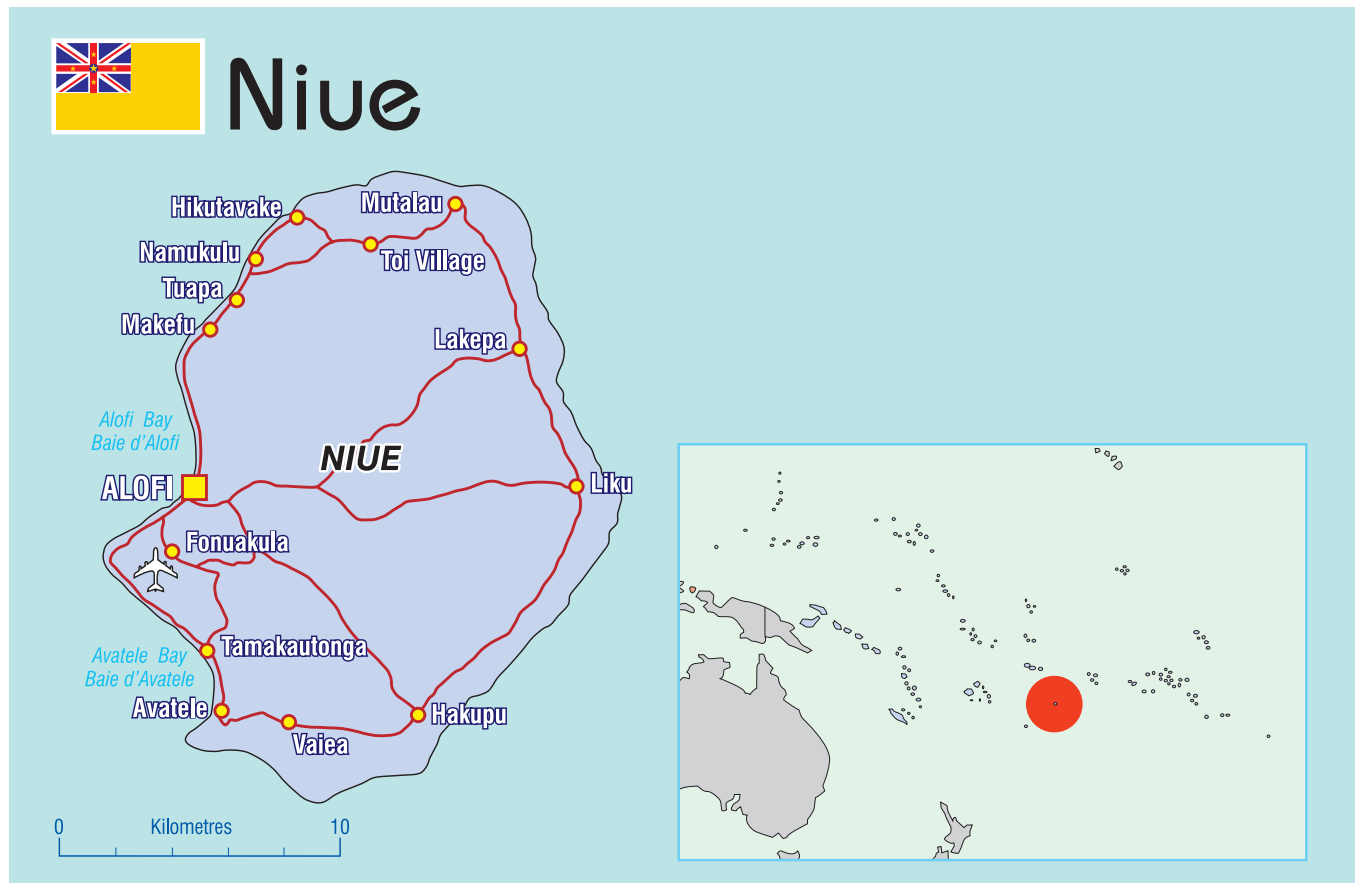
than in Alofi (10%). Somewhat higher percentages in the older age groups (18% of the 35–64 and 15% of the 65+) were not confident than those in the younger age groups (7%) that their basic needs would be met. There was little difference between those who worked for Government or those in the private sector.

12. **Economy 12 months hence** Moderate proportions of the Respondents expected the economy to be better (28%) while 24% expected the economy to be worse 12 months from now.
13. **Access to food and food security.** Moderate numbers of Respondents worried about the adequacy of food, even in the rest of Niue. It is unclear how well-founded were these worries, but there was less worry among those who farmed for food. A small 12% worried about not having enough to eat the next week, with a slightly higher 15% in the 65+ respondents.
14. **Health access.** A high 54% of the HHs needed medical treatment in the previous 30 days, a slightly higher 57% among the elderly Respondents than the young (50%). Only 13% had problems with access to health services.
15. **Attitudes to vaccines.** A moderately high 24% indicated hesitancy or opposition to vaccines. A higher proportion (31%) of those receiving their information through the Internet or social media, were uncertain about the vaccine than those who received their information through official or semi-official sources (18%).
16. **Public trust and security.** While 14% of respondents felt that public trust within the immediate community had increased post-COVID-19, a much lower 5% felt it had decreased. The elderly Respondents appear to have lost trust more than the younger respondents. Trust *outside* the community was not as high as the improvement to trust within the community. Niue HHs generally felt safer from physical violence and theft post COVID-19 by gender and location (Alofi/Rest of Niue.). The only exception was the elderly 65+ of whom a small proportion (7%) felt less safe.
17. **Anti-social events:** The highest proportion of “Undesirable” social events reported were alcohol consumption and drug use (46% of respondents). The authorities and gender stakeholders may wish to investigate further why significantly higher proportions of female respondents than male respondents indicated occurrence in the community of theft (25% versus 12%), domestic abuse (19% versus 9%), physical assault (19% and 9%) and damage to property (15% and 8%). One would assume that given the actual numbers of such events did not change, the perceptions of the female and male Respondents were clearly different.
18. **Special needs of females and elderly.** The evidence suggests that the authorities need to pay more attention to the economic, social and emotional/psychological needs of the elderly and the females.<sup>1</sup>
19. **Recommendations:**
  - a) there can be some improvements in Government’s communication of information on COVID-19 and government steps to all HHs,
  - b) it would be important to document respondent’s perception of the adequacy (or otherwise) of government responses to COVID-19,
  - c) and what respondents would like to see as possible improvements in Government responses.
20. **Minor issues in methodology.** While it was not in the TORs for this Report, it may be useful for the authorities to consider some suggestions given in Annex B on small improvements in the methodology and questionnaire for the next RAS.

<sup>1</sup> The data did not allow any differentiation of the responses of the really young, given that the lowest age of the respondents was 21.

## B. INTRODUCTION

21. Niue is a small, raised, atoll island of 261 sq km (101 sq miles) in the South Pacific Ocean, lying between Tonga, Samoa and Cook Islands. It is a self-governing state in free association with NZ with all Niueans also being citizens of NZ which therefore provides a good safety net for all Niueans. Some 30% of the total population of around 1951 (estimated from the RAS<sup>2</sup>) reside in Alofi while the others are scattered around the island in 14 villages or municipalities.<sup>3</sup> There are twenty times as many Niueans living in NZ as are in Niue.<sup>4</sup>



22. Niue has a very limited economy based on government employment, tourism, fisheries, 8–34 Vanilla farming, Noni farming and production, subsistence farming, and Dark Sky policies to encourage astronomy tourism.
23. In 2019, Niue signed a statement of partnership<sup>5</sup> with NZ ensuring that the public sector is underpinned by NZ aid. This results in Niue being one of the highest per capita countries in the Pacific. Niue also has an International Trust Fund of some US\$77 million (in 2016)<sup>6</sup> invested abroad.
24. The findings of the recent report *The State of Poverty and vulnerability in Niuean HHs* (Development Pathways) provides the broad socio-economic context for many of the income and employment questions in the RAS.<sup>7</sup> Specifically, the report notes that:

<sup>2</sup> The population has been in long term decline from around 5130 in 1970 to 1591 at the 1917 Census.

<sup>3</sup> Survey data is also available at the village level, but used here only for attitude to vaccines.

<sup>4</sup> Given the origins of the remittances to Niue (see below) reasonable numbers of Niueans have probably also moved on to Australia for employment purposes.

<sup>5</sup> *The State of Poverty and vulnerability in Niuean HHs*. Development Pathways.

<sup>6</sup> NZIER 2016

<sup>7</sup> *The State of Poverty and vulnerability in Niuean HHs*. Development Pathways.

*there are low levels of poverty incidence, depth and severity in Niue; the majority enjoy high quality housing and have access to basic services such as safe cooking and drinking water, clean fuels, managed sanitation services, access to internet and a mobile phone. There are no persons living below the Food Poverty Line. Only 10% of the HHs are living below the BNPL and 9% of HHs are at high risk of falling below the poverty threshold.*

25. The Poverty Report noted that *“there are clear differences between men and women, with women disproportionately living below the BNPL”* and Government needed to promote *“more precise, targeted poverty interventions designed at supporting the low-income and vulnerable families”*.

## COVID-19 and The Rapid Assessment Survey

26. The Niue Rapid Assessment Survey was undertaken to obtain a picture of the impact of the Covid-19 pandemic on the people and HHs of Niue:<sup>8</sup> HHs’ knowledge of the pandemic, impact on their employment, incomes, health and welfare; coping strategies; changing social conditions including sense of personal and physical security; and government responses.<sup>9</sup>
27. Where potentially useful for policy, there is differentiation by location (Alofi/Rest of Niue), gender, age groups, education and other key characteristics provided by the survey data.

## Terms of Reference (TOR)

28. The TORs for this report specified that:

*“Based on the data available in the RAS dataset as outlined in the Appendix, the consultant will provide a comprehensive assessment of the impacts of the pandemic on the socio-economic conditions of Niue HHs during 2021 and 2022 with special reference to the characteristics of the most vulnerable groups, including as far as the data allows, gender, age, education and other key characteristics; the required tabulations will be developed and agreed by SDD, Niue NSO and the consultant.... As far as possible the analysis and reports will provide information on gender disaggregated characteristics not previously available to the government, development partners and other stakeholders.”*

29. All statistics given in this Report are derived from the data supplied to the consultant in the file “Niue R1 Dataset (9 June)” which included a worksheet called “Groomed dataset” from which I was advised by SPC to create my own pivot tables with additional columns (derived variables) if necessary.<sup>10</sup> The only changes made by this consultant were:
- as advised by the SPC, the ten-year age groups were simplified to three age groupings (18–34, 35–64 and 65+);
  - an “Employer” column was created with variables “Government”, “Private sector” and “Others”, because of the importance of government as an employer in Niue;
  - to simplify the tabulations, the eight categories for “Higher qualification” were simplified to four.
  - to simplify the tabulations, the eight vaccine likelihood responses were simplified to two (likely/unlikely).

## The Respondents to the RAS

30. It is useful to note the broad profile of the respondents and their key characteristics which give some confidence in the soundness of the responses:

<sup>8</sup> The full survey will be undertaken in three survey rounds between March 2021 and March 2022.

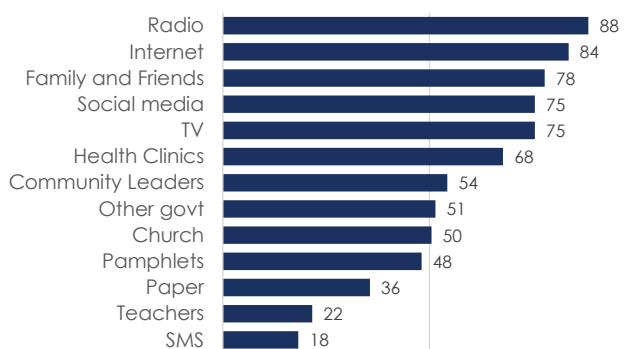
<sup>9</sup> See Appendix A for details of the Survey methodology.

<sup>10</sup> Email from David Abbott (24 June 2021). The tables provided to the consultant had national dis-aggregations into Alofi/Rest and Male/Female but not gender dis-aggregation within Alofi/Rest of Niue.

- a) Some 65% of the respondents were reported as “HH heads”.<sup>11</sup>
- b) Roughly a half of all respondents were females who appeared to be better qualified than male respondents (62% tertiary as opposed to 60%, and 30% Upper Secondary as opposed to 24%).
- c) Some 52% of the members of HHs where the respondent was in the age group 65+, were themselves aged 65+, as opposed to only 9% in the HHs headed by someone 18–34 and even smaller 5% of HHs headed by someone in the 35–64 age group. So, the responses of the respondents in the age group 65+ may be used as a proxy for the elderly.<sup>12</sup>
- d) A somewhat higher percentage (36%) of respondents in the rest of Niue were aged 65+ compared to 17% in Alofi.
- e) A very high percentage (56%) of the respondents had post-secondary or tertiary qualifications, with 27% upper secondary, and only 13% having primary/lower secondary (mostly the 65+ group).
31. It may be noted that since COVID-19 hit (taken as March 2020), there has been some mobility of HH members. Out of an estimated 579 HHs in Niue:
- 56 received new members
  - 67 had members who left
  - 22 had members who were not living in the same village.

## C. KNOWLEDGE REGARDING COVID-19

### Sources of information

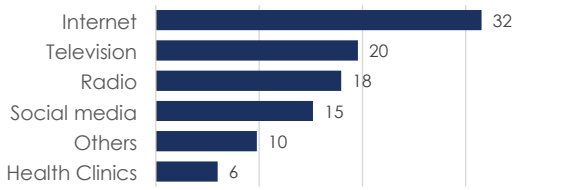


Graph 1: Sources of information (%)

32. The RAS dataset gives two kinds of sources of information for respondents: “Sources in general” (question K2) and “Main source of information” (K3), with both sets of responses being useful for policy makers. Graph 1 gives all the sources of information reported by the respondents. Radio, Internet, family and friends, social media and TV are by far the most frequently mentioned, which policy makers need to keep in mind if public education campaigns are to have the greatest of impact.

<sup>11</sup> In the Pacific there is usually a gender bias towards males in the designation of “HH head”. Hence having a 50% female response is reassuring.

<sup>12</sup> Conversely, the HHs of the younger respondents also had relatively much higher percentages of members aged 0 to 17.

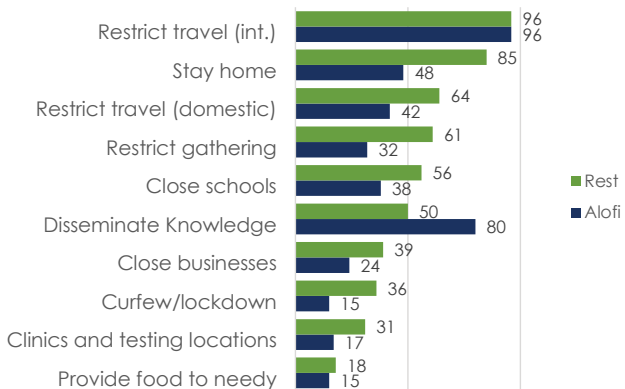


Graph 2: Main source of information (%)

33. While there were few differences between Alofi/Rest, or gender, for the elderly (65+), the more important were television and radio, whereas internet and social media were not so important.
34. The responses to K3 for the “Main source of information excluding multiple sources” is given in Graph 2 with the percentages adding up to 100. The information in Graph 2 needs to be taken together with that in Graph 1.
35. By far the most important were Internet, television, radio and social media. What may be of concern to the authorities is that only 6% saw Health Clinics to be their main source of information on COVID-19.
36. There were few differences between Alofi/Rest or gender differences or those who worked for Government or the Private Sector.

### Knowledge of steps taken by Government.

37. Graph 3 gives the percentages of respondents who were aware of specific steps taken by Government regarding COVID-19. While the data indicated few gender differences, there were significant differences between knowledge of different steps in Alofi/Rest of Niue.



Graph 3: Knowledge of Government Steps (%)

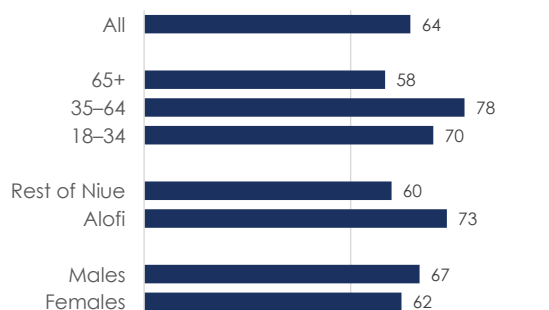
38. Virtually all (96%) were aware of the restrictions on international travel, both in Alofi/Rest of Niue.
39. But roughly twice as many in the rest of Niue compared to Alofi, were aware of Government’s advice to:
  - Stay home (85% and 48%),
  - Restrict travel (domestic, 64% and 42%)
  - Restrict gathering (61% and 32%)
  - Close schools (56% and 38%).
40. Quite low percentages (both Alofi/Rest of Niue) were aware of the need to close business, curfew/lockdown, clinics and testing locations and to provide food to the needy.
41. While the current COVID-19 crisis may be over in Niue, Government may wish to examine its public information campaigns to clarify why there were low levels of knowledge about critical government steps such as curfews/lockdowns and testing clinics. This may be useful in case of future similar emergencies, perhaps with new COVID-19 mutants.

## D. EMPLOYMENT

42. The Niue Poverty Report provides some context for RAS questions on employment and incomes. Firstly, the median HH income was NZD38,900 which is relatively high by Pacific standards.
43. Roughly a half of all the employed worked for the public sector (males 52%, females 63%); a quarter were in the private sector (males 25%, females 18%); 11% of males produced goods for their own consumption; and 6% of females were in unpaid domestic duties.

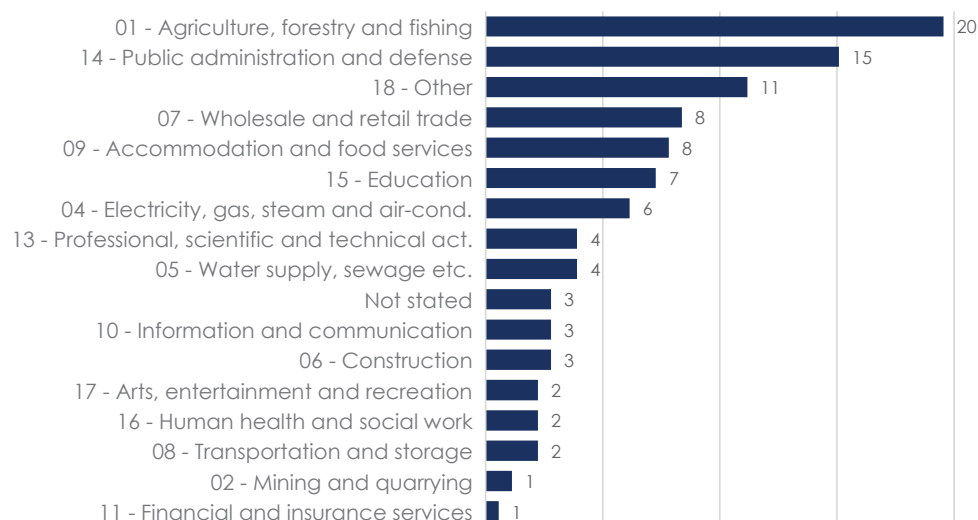
### Employment Before COVID-19

44. Graph 4 indicates that some two thirds of all the respondents were working before with little difference between males and females. However, a somewhat lower proportion of those in the rest of Niue (60%) were working compared to 73% in Alofi.



Graph 4: % working before COVID-19

45. It is also worth noting that some 58% of the elderly 65+ were working, with most of those not working being retired rather than “Unemployed”.<sup>13</sup>
46. It is useful to have an idea of where the respondents were working by ISIC sectors, as given by Graph 5. The largest percentage was working for agriculture, forestry and fishing (20%), followed by public administration and defense (15%), wholesale and retail trade (8%), accommodation and food services (8%) and education (7%).



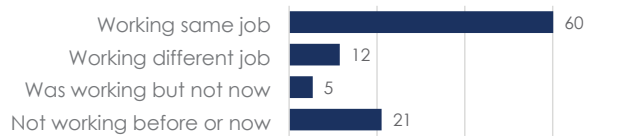
Graph 5: ISIC Sectors worked in (% of respondents)

<sup>13</sup> The questionnaire did not ask who amongst those not working would have liked to work i.e. were “Unemployed” as opposed those not working out of choice.

47. The data indicates that 32% were working for the Government of Niue, 36% were in the Private Sector, and 32% were Not Working.

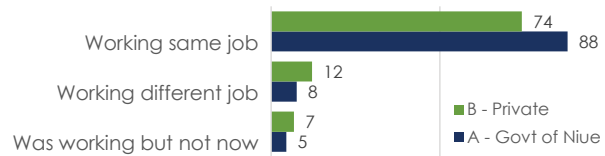
### Employment after COVID-19 (Work Status Previous Week)

48. Graph 6 gives the excellent employment news on the impact of COVID-19 on Niue in that only 5% who had been working previously were not working in the week before the RAS. Some 60% were still in their old job while 12% had a new or different job.



Graph 6: Work status previous week (%)

49. There were insignificant differences between Males and Females, and between Alofi/Rest of Niue.
50. Graph 7 indicates that those working in the private sector suffered more job instability than did those in working for Government. A lower percentage in the Private sector had the same job (74%) compared to those working for Government (88%) while a higher percentage went onto a different job (12%) compared to those working for Government (8%).



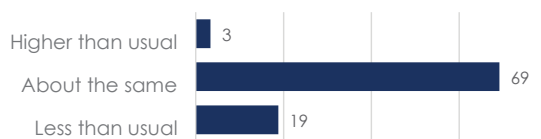
Graph 7: Work status previous week (by Gov./private sectors, %)



51. Correspondingly, there was a slightly higher percentage (7%) in the Private Sector who had been working previously but not now, compared to 5% of those working for Government.
52. Of the 39 respondents in the Private Sector who stopped work, 17 were COVID-19 related (business ceased and fewer tourists) and 19 were COVID-19 related but due to retirement, care for family, and taking steps to start a new business.
53. The data indicates that none of those who worked for Government, stopped work because of COVID-19. Rather it was due to ill health, job ending, retirement or starting a new job.
54. Of the 52 persons who were in different activities after COVID-19, roughly a half went into Government and a half into the Private Sector (mostly into agriculture and wholesale and retail trade).

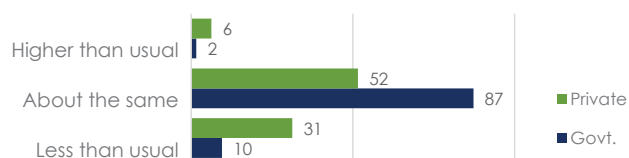
## E. IMPACT ON INCOMES

55. Probably the best perspective on the impact of COVID-19 is given by statistics of the impact of COVID-19 on incomes of the respondents, and of the HHs if the income was derived from a family business or family farm.
56. Graph 8 gives the positive news that only 19% of respondents reported that their incomes were less than pre-COVID-19, while the rest were about the same, and a small 3% had higher incomes after COVID-19. There were minor differences between males and females or between Alofi/Rest of Niue.



Graph 8: Income compared to pre-COVID-19 (% of respondents)

57. Graph 9 shows that those working for Government had much greater stability in incomes than those working for the private sector: while only 10% of those working for Government had lower incomes after COVID, a very large 31% of those working for the Private Sector had lower earnings.

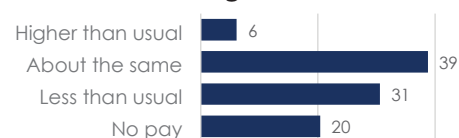


Graph 9: Income compared to pre-COVID-19 (% of respondents by employer type)

58. This emphasizes yet again, the safety net provided by working for Government and the need to focus on vulnerable employees in the private sector during the COVID-19 crisis.

### Non-Agricultural Business

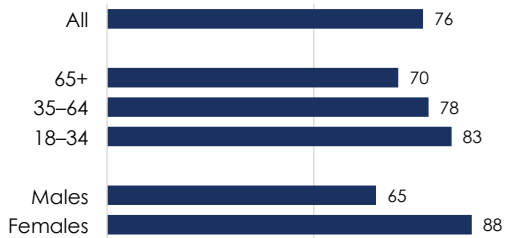
59. There was even greater income instability in the 136 HHs in Non-Agricultural Businesses. Graph 10 indicates that not only did 31% have less income than usual, but 20% had none altogether. There were minor gender differences or between Alofi/Rest of Niue.



Graph 10: Income in non-ag. business compared to pre-COVID-19 (% of respondents)

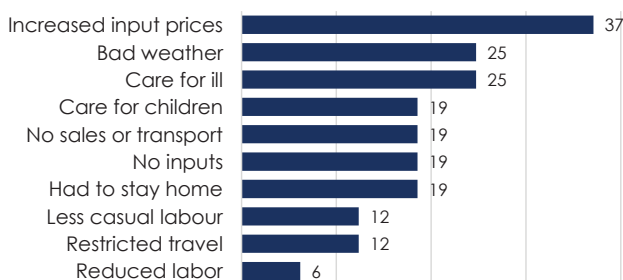
60. Of those who reported lower incomes or no incomes post-COVID-19, the not-surprising reasons given were absence of tourists and fewer customers.

## Household Farm



Graph 11: % of respondents doing some farming (gender and age groups)

61. Given its health benefits and improvement of food security, it is quite reassuring that some 76% of all the respondents indicated that they worked on their family farm.
62. A somewhat higher percentage of males (88%) did so, but 65% of females. It is also reassuring that some 70% of all those aged 65+ engaged in some HH farming.
63. As might be expected, of those stating they were engaged in some farming most were not for commercial reasons:
- Only 2% did "Only for sale"
  - A small 8% "Mainly for sale"
  - Some 48% "Mainly for Family use"
  - and 42% "Only for Family use".
64. It is important to not overestimate the impact of such high percentages of farming involvement on food security of Niueans. The pre-COVID-19 baseline statistics from Stats Niue<sup>14</sup> noted that of the Niuean HH expenditure:
- 74% was cash;
  - 13% was gifts;
  - 9% imputed rents; and
  - only 5% was from home production (family farms)
65. Some 45 respondents felt that their farms did not operate normally during this COVID-19 period. The reasons they gave (and percentages of them) are in Graph 12. Most are COVID-19-related, but also given were bad weather (25%), care for ill (25%) and care for children (19%).<sup>15</sup> The biggest farming problems were lack of inputs and increased input prices.



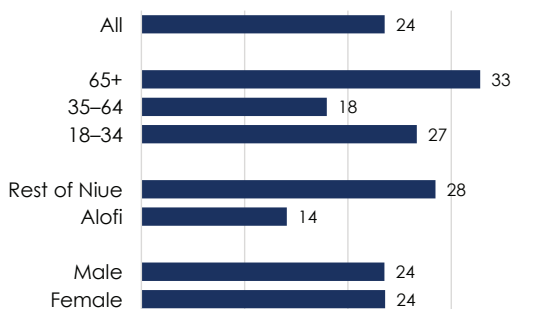
Graph 12: Reason farming not normal (%)

<sup>14</sup> This consisted of summary statistics provided by Statistics Niue and SPC-SDD with data also taken from the Niue 2015–16 HIES.

<sup>15</sup> Some in this group also gave as reasons, travel overseas and feral pigs on their farms.

66. Of those who engaged in farming mainly or only for sale (some 45 respondents), 20 of them (or 44%) expected less income now and 6 of them expected no income at all.

## F. HOUSEHOLD SUPPORT INCOME



Graph 13: % of HHs receiving remittances (by Alohi/Rest, gender, age group)

67. It is important to examine how Niuean HHs have supported themselves through the pandemic, the chief relief measures being remittances from abroad and benefits provided by the Niue and NZ Governments.<sup>16</sup>

### Receiving Remittances

68. Some 24% of all HHs received Remittances from abroad with no difference between female and male respondents.
69. A slightly higher (28%) of HHs in the rest of Niue received Remittances compared to half that (14%) in Alofi.
70. A higher percentage of HHs of the elderly respondents (65+) reported receiving remittances (33%) compared to the younger respondents (18% and 27%). But it should not be forgotten that there are also significant numbers of the elderly 65+ living in HHs with younger age Respondents.
71. Countries of origin of the remittances were:
- |          |                    |
|----------|--------------------|
| 64% NZ   | 33% Australia      |
| 2% Tonga | 2% Other countries |
72. Some 84% of the remittances were received by HHs in rest of Niue, and only 16% received in Alofi. There did not appear to be any correlation with the age group of the Respondent.
73. A slightly higher percentage of female Respondents reported the same (72%) or higher remittances (8%) compared to male respondents with 63% and 8%.
74. Female headed HHs received slightly more remittances than males [(8% + 72%) compared to (8% + 63%) for males] and suffered lower reductions (12% compared to 25% for males).

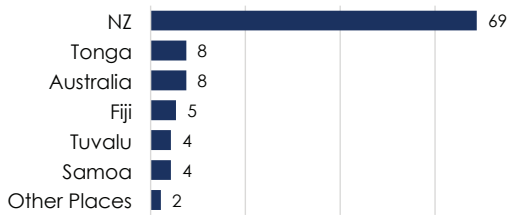
### Sending Remittances

75. It is interesting that while 24% of HHs reported receiving remittances, a higher 38% reported sending remittances abroad, with similar percentages from HHs in Alofi/Rest of Niue.<sup>17</sup>
76. Graph 14 indicates that the bulk of the remittances abroad are to NZ (69% of all) with small percentages being sent to Tonga, Australia, Fiji, Tuvalu and Samoa. While some of these remittances are to

<sup>16</sup> Although the dollar values are not known.

<sup>17</sup> These statistics refer to transactions, not necessarily correlated to dollar amounts sent or received.

Niue family members, there are also nationals from Samoa, Tonga, Fiji and Tuvalu who are working in Niue.<sup>18</sup>



Graph 14: Destination countries for remittances sent (% of all sent)

77. The RAS data shows that out of the 136 HHs receiving remittances and 223 sending remittances, there were 58 HHs doing both- receiving and sending.
78. The data indicates that COVID-19 had very little impact on the numbers of transactions with:
- 10% were sending More than usual,
  - 68% The same as usual, and
  - 19% Less than usual.

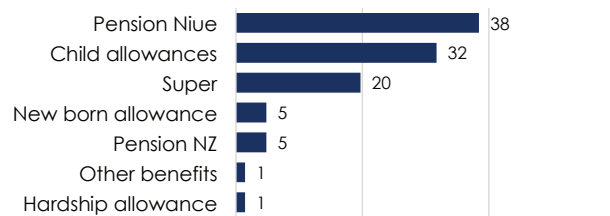
### Other Benefits Received

79. A very large percentage (66%) of HHs received some benefits as did an even higher 85% of HHs headed by an elderly person (65+).
80. It is useful to note the monetary values of the benefits given by the Poverty report:
- child allowance           \$340 per child
  - welfare special benefit \$100 to \$150
  - new born infant           \$1000
  - welfare disability       \$150 to \$180
  - old age pension (60+)   \$370 to \$390.

<sup>18</sup> I thank the referees to the First Draft for pointing this out.



81. The highest percentage of HHs appears to be Niue pensions followed by child allowance, followed by super benefits. It needs to be clarified whether the “super” benefits are also some forms of pension. But overall, some 66% of all HHs received some benefit or other, with females headed HHs receiving slightly higher (71%) compared to male headed (62%).

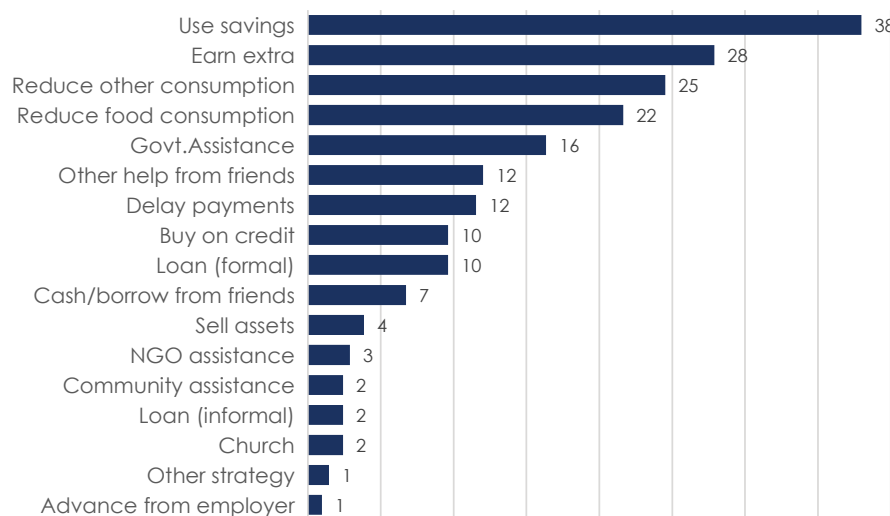


Graph 15: Other Benefits Received (% of HHs)

82. Disaggregation by age group of the respondent suggests that a higher percentage of the pensions (Niue and NZ) and super benefits tend to go to those where the respondent is in the 65+ age group, while the child allowances go to the HHs where the respondents are in the younger age groups.

## G. COPING STRATEGIES

83. Graph 16 gives the percentages of HHs and the coping strategies they listed to deal with the pressures of COVID.

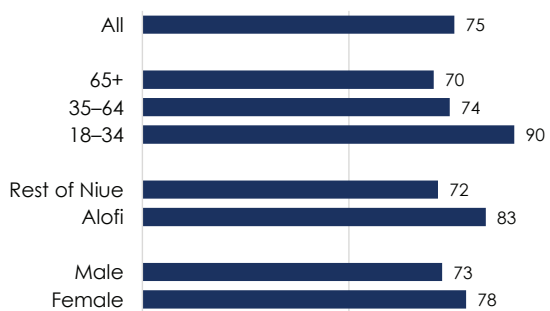


Graph 16: Coping strategies (% of HHs)

84. The most popular was the use of their savings, earning extra, and reduction of consumption, food and non-food.
85. Some 81 HHs (or 14%) of all HHs reported receiving a wage subsidy from government, with 8% of those working for Government and 23% working for the Private Sector.
86. There were few HHs who had to take extreme measures such as sell stock in advance (22 HHs) or sell crops in advance (31 HHs).

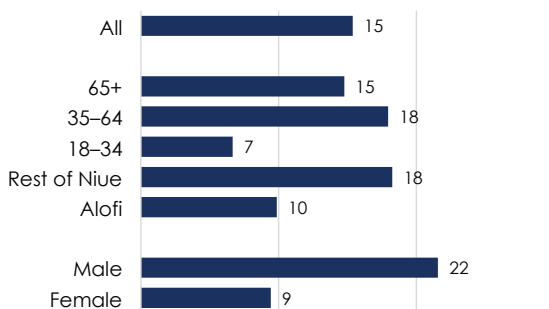
## H. MEETING BASIC NEEDS

87. During national and global crises like the COVID-19 pandemic, the emotional state of people is important to monitor, as clearly evident globally through increased rates of incidence of suicides and domestic violence. Confidence about a family's basic needs being met is an important part of that emotional well-being.
88. Graph 17 indicates<sup>19</sup> that while 75% of all respondents felt confident (very or somewhat) that their basic needs would be met, the rest of Niue had a lower percentage (72%) compared to Alofi (83%). A slightly smaller percentage (73%) of males were confident compared to females (78%).



Graph 17: % of respondents confident that basic needs will be met

89. Importantly, there was a clear age profile in degrees of confidence with a much smaller percentage (70%) of the 65+ respondents were confident compared to 74% of the 36 to 54 group, and a high 90% of the 18-34 group.
90. Graph 18 gives the converse picture of the percentages of respondents who were not confident ("Not too confident" or "Not confident at all").<sup>20</sup> While nationally, 15% were Not confident that their Basic needs Would Be Met, a higher 18% in the rest of Niue were pessimistic, compared to 10% in Alofi.



Graph 18: % of respondents not confident that basic needs will be met

91. Again, 22% of Males were Not Confident (compared to 9% of Females), while much higher 15% and 18% of the older groups were Not Confident compared to the lower 7% of the 18-34 age group. It would be important to keep in mind the emotional state of the elderly during this pandemic.
92. Although it might be expected that public sector employment ought to generate greater confidence about the future because of the associated job security, disaggregating by type of employer (Government or Private Sector) did not indicate any significant differences in either confidence or lack of confidence about basic needs being met in the future.

<sup>19</sup> The four responses in the questionnaire were simplified into two.

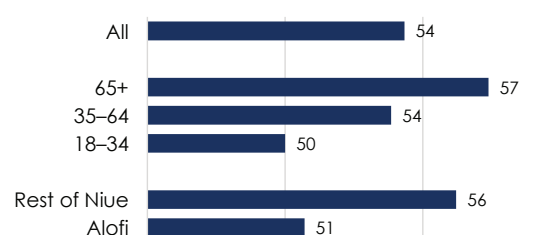
<sup>20</sup> Not stated responses are excluded so the percentages in the two graphs do not add to 100.

# I. ACCESS TO FOOD AND FOOD SECURITY

93. The Poverty Report indicated that most HHs spend the bulk of their income on non-food expenditure and the top 3 items of expenditure were non-food. But as elsewhere, the poor spend more on food and food is important to all HHs, especially in crisis situations such as the COVID-19 pandemic.
94. In Niue, food security (on which the RAS has several questions) is very much dependent on cash expenditure on imported items. While the main food items were taro, chicken and bread, the top 10 cash items of food expenditure were all imported (in order of importance): chicken, bread, sausages, canned beef, milk, canned tuna, biscuits, soft drinks, lamb and mutton, potato chips.
95. While there were many questions about access of Niueans to basic food items, there did not appear to be serious problems other than cost and lack of stock. With small numbers of responses making disaggregation not very useful, the authorities might wish to note that cost was of concern (with number of HHs in brackets) for: red meat (97), fruits (58) eggs (42) and fish (42). The lack of stock was also of concern with respect to fish (39 HHs) and fruit (22 HHs).
96. The survey indicates that there are moderate numbers of HHs which worried about having adequate food, more males (53) than females (36). Surprisingly, given that one associates “Rest of Niue” with the more rural parts, there were more HHs in the rest which were worried (70) than in Alofi (19).
97. Only 14 HHs were worried “Often” as opposed to 50 who worried “Sometimes” and 19 Rarely. Most of those who “Rarely worried” also farmed for food.
98. At a most basic level, only 12% of respondents worried about having “Enough to Eat Next Week”. As with other indicators of confidence about the future, some 15% of those in the 65+ category worried about having enough to eat the next week, as opposed to 12% of those 35–64 and only 3% of the respondents in the 18–34 age group. Again, the elderly need to be of concern to the authorities.
99. Government clearly needs to continue with its current programs trying to encourage all Niuean HHs to have gardening plots for home consumption as help to reduce anxiety about food, which seems to affect large numbers of HHs, despite their relative affluence.
100. But overall, there should not be any serious concern about Niueans having enough to eat.

# J. HEALTH ACCESS

101. Graph 19 indicates that some 54% of HHs had some members needing medical treatment.<sup>21</sup> A slightly higher 56% in the rest of Niue and 51% in Alofi. There also appeared to be a small gradient with the older respondents having a higher percentage needing medical treatment (57%) compared to the lower aged respondents.



Graph 19: % of HHs with members seeking medical treatment

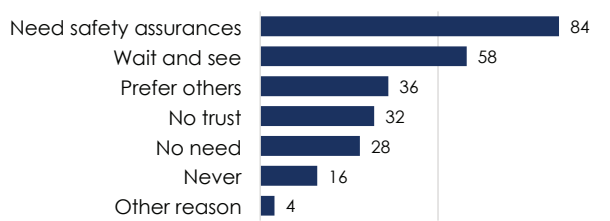
<sup>21</sup> There was no information on the seriousness of the medical cases.

102. A very small percentage (13%) of Niueans reported not being able to access medical services, with a surprisingly higher 21% of those in Alofi compared to 9% in rest of Niue, with little clarification in the data why even these small percentages were not able to access medical services.

## K. ATTITUDES TO VACCINE

103. Given that a completely vaccinated population is critical in the battle against COVID-19, it is reassuring that a recent news report<sup>22</sup> quoted the Prime Minister (Dalton Tagelagi) stating that 97% of the over 16 population had received the first Pfizer vaccine, and the second jab was being rolled out. The government was also looking to vaccinate the 12–15 population, pending MedSage approval. The Premier acknowledged that some had chosen to refuse vaccination on religious grounds. Premier Tagelagi noted that a tourism bubble could soon open up with NZ helped by “Vaccine passports” for tourists.

104. While the information in the following graphs are therefore likely to be dated, those indicating vaccination hesitancy may still be of academic interest.

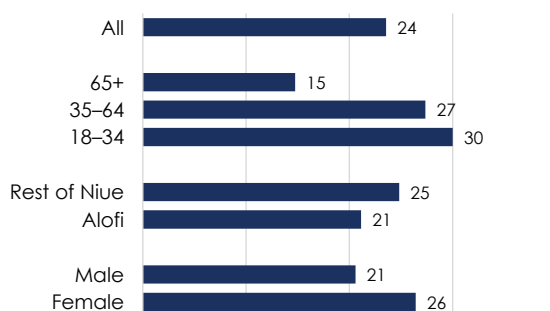


Graph 20: Reasons of being doubtful about vaccines (% of those unlike or unsure)

105. A quite high percentage (24%) of all respondents had indicated that they were unlikely or unsure about vaccination. There were slightly higher percentages in the rest of Niue and for females. Unusually, there was a gradient for the age groups with only 15% of the 65+ indicating any vaccination hesitancy, while a quite high 30% of those aged 18–34 were unsure or unlikely.

106. The Niue authorities may wish to investigate further the villages where the RAS dataset indicated quite high percentages of respondents indicating they were not likely or unsure of vaccines: Vaiea (100%); Avatele (38%); Hakupu (32%) and Alofi North (31%).

107. Graph 21 gives further clarification about the reasons for vaccine hesitancy given by 139 of the respondents.



Graph 21: % of respondents unlikely or not sure of getting vaccinated

108. While all these reasons are understandable, it would seem that with 84% stating they needed safety assurances about the vaccine, the authorities’ message may not have got through, given that the questionnaire itself stated that any vaccine would be “Well-tested and approved”.

109. The data also suggests that there is a higher percentage (31%) of vaccine hesitancy among those whose main source of information on COVID-19 was the internet and social media as opposed to a lower 18% whose main sources were official and semi-official. Vaccine hesitancy did not seem to be related to the levels of education of the respondents. It would suggest that Government and other semi-official authorities could focus more on the internet and social media to get across their health messages about COVID-19 to the population at large.

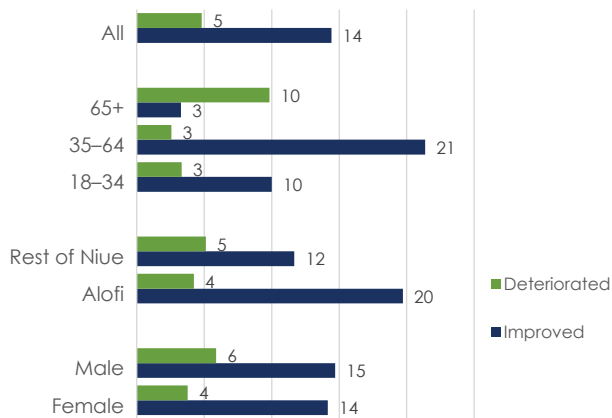
## L. PUBLIC TRUST AND SECURITY

110. Globally, the COVID-19 pandemic with its surging infections and social lockdowns has created social stresses on an unprecedented scale, leading to a surge in mental illnesses and even suicides. It is therefore important for all societies to keep close tabs on the societal stresses and the mental health of the society, and especially its vulnerable groups such as the females, the young and the elderly.

111. While there is no information on the young, by and large, the statistics on this section of the questionnaire do not indicate any great cause for concern and there are some positive signs.

### Trust within the community

112. Graph 22 indicates that while some 80% of respondents thought that public trust within the community had remained the same before and after COVID-19, 14% thought it has improved while only 5% thought it had deteriorated.



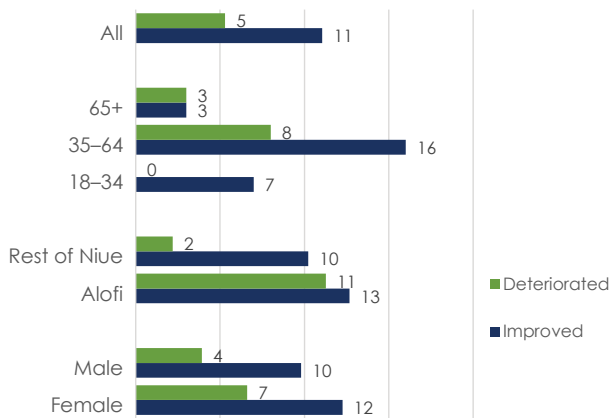
*Graph 22: Changes in the Level of Public trust within community (% of respondents)*

113. This was generally the pattern between female and male respondents, those in Alofi/Rest. The only reversal was for the 65+ respondents of whom only 3% thought that there had been an improvement while 10% thought there was a deterioration.

114. While it is usually the case that the elderly everywhere are more easily worried about trusting others, the authorities might still wish to have some discussion with the elderly about their concerns.

### Trust outside the community

115. Graph 23 indicates very similar patterns of "Public trust outside the community" with more seeing it to be generally improved (11%) than deteriorated (5%).



Graph 23: Public trust outside community (% of respondents)

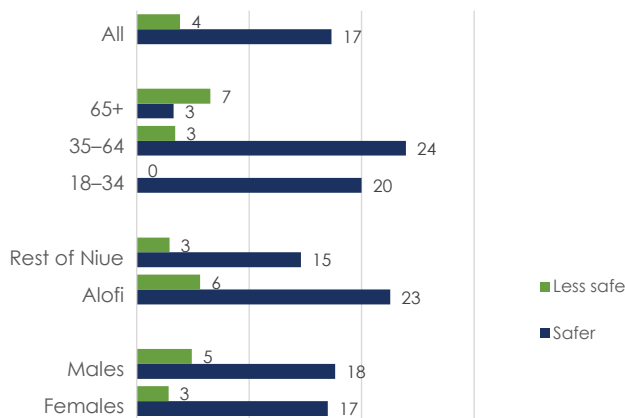
116. While similar patterns are there for Males and females, and the rest of Niue, Alofi respondents had the highest percentage of respondents who thought that “Public trust outside the community” had deteriorated.
117. While the three age groups indicate similar patterns, more disaggregated data indicates that none of the *female* elderly see any improvements in trust outside the community, while 7% see deterioration. It would seem that the authorities do need to focus on the elderly’s feelings of insecurity due to COVID-19, especially the females. There is further evidence for this below.

### Safety from physical violence

118. Graph 24 gives very similar patterns for respondents’ perception of greater or less safety from violence, with most results being quite encouraging. Overall, 17% of respondents thought that they felt safer from violence compared to the much smaller 4% who felt less safe.



119. Graph 24 gives the very positive result that significantly higher proportions feel safer after COVID-19 (17%) than less safe (4%), with little differences in this pattern by gender or by Alofi/Rest of Niue. The numbers feeling less safe are too small to warrant analysis by age groups.



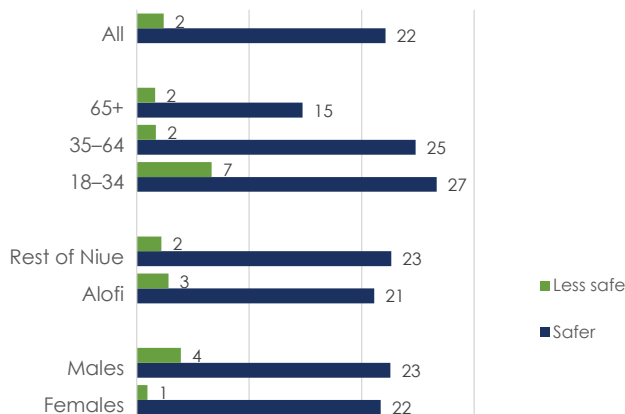
Graph 24: Safety from violence (% of respondents)

120. There were similar trends for females and males and for Alofi/Rest of Niue.

121. The only anomalous result was for the 65+ group of whom 7% felt less safe, compared to 3% who felt safer. It may be emphasized that the numbers feeling less safe are quite small in comparison to the numbers feeling safer, and of course, those who think conditions are the same (78%).

## Safety from Theft

122. Graph 25 gives virtually the same picture as to how respondents felt to Safety from Theft. In contrast to the increased property crime that occurs in some other countries suffering from COVID-19 and loss of HH incomes, much higher proportions of Niue felt safer than less safe.

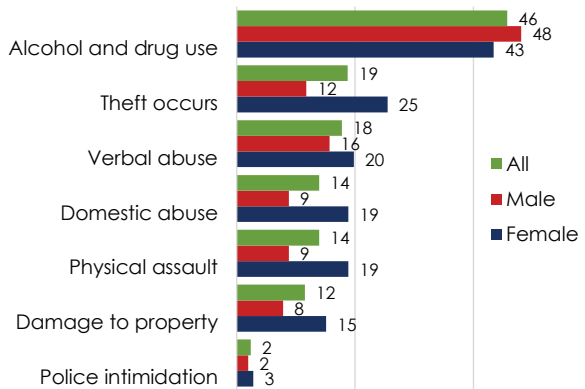


Graph 25: Safety from theft (% of respondents)

123. This positive trend, which Niue authorities can be very comfortable with, applied to all the disaggregated groups: Alofi/Rest of Niue, Females and Males, and all the age groups. With perhaps only the 65+ respondents having a small proportion (7%) feeling less safe. Niue has been fortunate in this regard.

## Other Undesirable Social Events

124. The following information is given because it would be useful for Niue authorities to have baseline data in the unlikely event that the situation gets worse over time due to unforeseen developments.



Graph 26: Events reported (by gender, % of respondents)

125. A gender disaggregation is also given as female perception of some undesirable events (such as domestic abuse) seems different from males' perception.

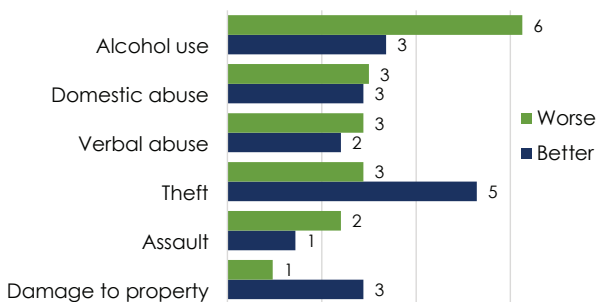
126. The most significant of the "Undesirable" events is "Alcohol and drug use"<sup>23</sup> reported by a high 46% of the respondents. This is not unusual where people are "Locked down" and resort to alcohol use as a release. But only 6% reported that alcohol and drug use had got worse.

127. The authorities may wish to investigate why it seems that much higher percentages of female respondents than males reported:

theft (25% and 12%)                      domestic abuse (19% and 9%)  
 physical assault (19% and 9%)        damage to property (15% and 8%).

128. These stats would seem to indicate a far more significant sense of vulnerability among females than among males, which would be of concern to gender stakeholders in Niue.

129. Graph 27 suggests no clear worsening of these events except for alcohol use and theft. For the other events there seemed to be as many respondents indicating an improvement as a worsening, with theft having a higher percentage (5%) indicating an improvement than worsening (3%), possibly because of lockdowns.

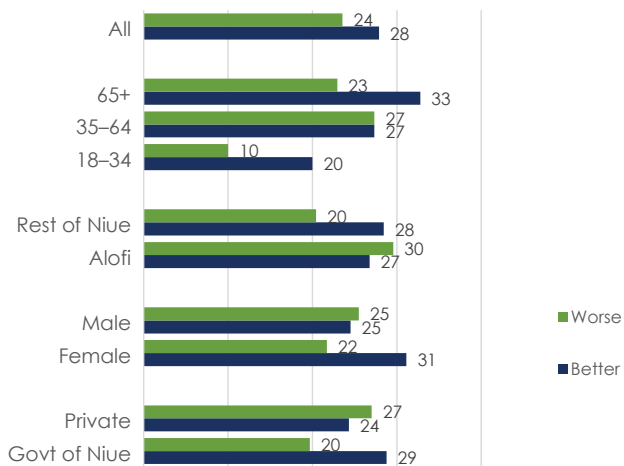


Graph 27: Trends in events reported (better or worse, % of respondents)

130. Expectations of Economy 12 months from now.

131. Graph 28 suggests that the respondents were fairly balanced in the proportions that thought the economy would be better (much better or somewhat better) and those that thought the economy would worse (much worse and somewhat worse).

<sup>23</sup> This is not necessarily alcohol and drug "abuse".



Graph 28: Expectations of economy, 12 months from now (better or worse, by gender, Alofi/Rest, age group, type of employer)

132. There was very little difference between males and females, Alofi/Rest of Niue, age groups and type of employer.

## M. RECOMMENDATIONS

133. The data suggests that there can be some improvements in communication of information on COVID-19 and government steps to all HHs.

134. The RAS Questionnaire did not have any questions on the respondents' perception of the adequacy (or otherwise) of government responses to COVID-19 or for possible improvements in Government responses. This could be remedied in the next round of RAS.

135. There are some other minor recommendations given in Annex B for the improvement of the methodology of the Questionnaire for the next round of the RAS.

## N. REFERENCES

136. *The state of poverty and vulnerability in Niuean households*. Challenges and Recommendations. Based on the Niue 2015–16 HIES.

137. *Niue Pre-COVID-19 baseline metrics*. Statistics Niue and SDD, Pacific Community.

138. *Evaluation of New Zealand's Aid Programmes in the Cook Islands, Niue, Samoa and Tokelau*. Adam Smith International and NZ MFAT. 2015.

139. *New Zealand Institute for Pacific Research (NZIER) (2016), The Role of Sovereign Funds in Pacific Island Nations: [Microsoft Word - Improving performance of Pacific Island Funds - IBSN 978-0-473-39891-0 - electronic.docx \(auckland.ac.nz\)](#)*

# ANNEX A: SURVEY METHODS

## SUMMARY: NIUE COVID-19 RAPID ASSESSMENT SURVEY – ROUND 1

### Introduction & objectives

- Statistics Niue developed and implemented the 2020–21 COVID-19 RAS to help evaluate and inform the Government’s COVID-19 pandemic response and recovery initiatives.
- Stats NZ and SPC-SDD provided technical assistance to Statistics Niue. NZ’s Ministry of Foreign Affairs and Trade (MFAT) funded the survey.
- Broadly, the survey aims to collect information on the socio-economic impacts of COVID-19 on Niue’s HHs and people over four quarterly rounds. The primary objective of the survey is to reliably estimate key COVID-19 indicators at the National level.

### Survey methodology, scope and coverage

- Statistics Niue adopted the High Frequency Phone Monitoring COVID-19 survey methodology developed by the World Bank as the starting point for its COVID-19 RAS.
- Statistics Niue and Stats NZ further adapted the survey methodology (frame, sample design, collection mode, questionnaire etc.) to ensure it was relevant to the Niuean context and COVID-19 situation.
- The scope of the 2020–21 COVID-19 RAS is all Niuean HHs living in occupied private dwellings. Within each selected HH, one HH member aged 18+ and available for interview will be identified and confirmed as the HH respondent.

### Survey content and questionnaire

- Following consultation with key Government stakeholders, Statistics Niue confirmed the following as the topic modules for round 1 of the RAS:
  - Knowledge regarding the spread of COVID-19
  - Employment and income loss (respondent and HH)
  - Coping strategies
  - Access to food and food insecurity
  - Health access
  - Public Trust and security.

Household identification and basic demographic information was also collected.

- The questionnaire for round 1 contained a mixture of question types – some seeking information about the HH as a whole and others seeking information about the individual respondent.
- Statistics Niue developed the round 1 questionnaire as a paper form, for interviewers to complete when with the respondent, i.e. Paper Assisted Personal Interviewing (PAPI). The average interview length target for round 1 was 15–20 minutes.

## Sample design

- The Department of Justice, Lands and Survey provided Statistics Niue with an up-to-date list of occupied residential buildings in Niue in February 2021.
- Occupied non-private dwellings (e.g. tourist accommodation, church accommodation etc.) were removed from this listing, to create the final sample frame for the COVID-19 RAS. This frame contained 579 HHs and covered 100% of the in-scope population.
- The budget for the survey allowed for a maximum achieved sample size of 250 HHs, and Statistics Niue requested a sample fraction cap of ~40%. Within these constraints, a simple random sample design was chosen, and 208 (or 36%) of HHs living in private occupied dwellings were randomly selected for interview across Niue.
- An additional set of 83 replacement (or B sample) HHs was also selected to pre-empt HHs that could not be contacted or were unable to participate in the survey (e.g. due to absences and/or refusals).

## Data collection, capture and processing

- Ten interviewers plus a data entry operator were recruited by Statistics Niue for the round 1 data collection phase, with most having worked for Statistics Niue on previous surveys/censuses. Statistics Niue – in the role of field supervisor – provided comprehensive face-to-face survey training to this group.
- PAPI data collection for round 1 was conducted across Niue over a three-week period starting April 1<sup>st</sup> 2021. The first two weeks were allocated for interviewing and the third week for data collection wrap-up tasks.
- Statistics Niue undertook regular field monitoring throughout the data collection phase to assure the quality of the data.
- A 100% response rate was achieved in round 1, when HH replacements are allowed for (17% of HHs in total), with 208 HHs and respondents successfully interviewed across Niue.
- Following the data collection phase, the data entry operator electronically captured the data from the paper forms into Excel. Statistics Niue also carried out quality assurance checks on the data entry.
- Final data processing, including data validity and consistency checks, was then conducted by both Statistics Niue and Stats NZ, with any resulting data queries followed-up with the interviewers. Relatively minor data editing and recoding was required to produce the final dataset.

## Weighting, estimation and error measurement

- Sample selection weights for each HH were calculated based on the achieved round 1 sample sizes. No further adjustments were made to the sample selection weights (e.g., to benchmark survey estimates to known population totals).
- These weights were attached to the final dataset and used to produce weighted estimates – counts and percentages of HHs or respondents – for all the indicators collected in round 1 of the survey.

- Sample errors were calculated for key round 1 COVID-19 estimates or indicators. For example:

	National			
	Est.	Std. Error	95% confidence interval bounds	
			Upper	Lower
E1. Did respondent do any income generating activity prior to March 2020? (work for pay, business, farm etc.)				
Yes	64.4	2.659	59.2	69.6
C2. Has HH received any Government assistance through Covid-19 Emergency Response Plan?				
Yes – Wage subsidy	14.0	1.927	10.2	17.8
C4. How confident is respondent that basic needs of HH can be met in coming year? (given coping strategies used)				
Confident	75.5	2.390	70.8	80.2
Not confident	15.4	2.004	11.5	19.3
A18. How worried is respondent about having enough to eat in the next week?				
Worried	11.5	1.775	8.1	15.0
Not worried	87.5	1.837	83.9	91.1

- The survey estimates are also subject to non-sampling error, though careful control of these was a focus as the survey processes and methods were developed and implemented. Despite this, there are some acknowledged biases in the round 1 estimates – *e.g., due to non-random selection of an available respondent in each surveyed HH; and/or due to non-response.*

# ANNEX B: COMMENTS ON RAPID ASSESSMENT SURVEY METHODOLOGY AND PROPOSED COVID-19-SAFE TRANSIT POINT IN NIUE

1. While considerable useful information has been obtained from first round of RAS, a few minor areas could be improved upon in the methodology of the next RAS. I note that this was not in the TORs given to this consultant.

## Information on all adults in Niue and the young

2. One minor weakness was that information was obtained largely on the conditions of the "Respondent" for whom tables were suggested, such as gender, location and age. Little information was obtained on the other members of the HH, especially who may have been working and the young.
3. The impact on the elderly could only be obtained partially and indirectly through the responses of the respondents who happened to be in the 65+ age group, but a half of the elderly persons were in the HHs with the younger Respondents.
4. There was no specific information on the impact of COVID-19 on the young persons in Niue. It is important to obtain a handle on their responses given their greater connectedness through the Internet and social media and their possible influence on the older persons in their HHs. It also seems that the young everywhere particularly feel constricted by lockdowns.
5. It should be a simple matter to have data rows for all working persons in the HH including that for the Respondent. These rows would have "Person IDs" in a separate column to the "HH ID". Information could then be extrapolated to all persons in the Niue economy, whether young or old, male or female.

## Knowledge about COVID-19

6. The Questionnaire did not have any questions which explored whether the Respondents were aware how COVID-19 could be introduced to Niue, how it spread, how to stop the spread, the nature and impact of vaccines, the dangers of mutations to the virus. It would be useful in the next round to fill this gap.

## Unemployed and not working

7. While the RAS identified those Respondents who were Not Working (as opposed to working for Government or in the Private Sector), it may be useful to differentiate those who were "Unemployed", i.e. Not Working but would like to work if a job was available.

## Adequacy of Government responses

8. The next questionnaire might include some questions on the adequacy of government responses to COVID-19 and possible improvements.

### Need for correlation with poverty status of households

9. It would be useful to have some indication of the individual and total income level of the HH so that vulnerable HHs could be identified and correlated to the other responses in the survey which indicate difficulty with coping with the adverse impact of COVID-19.
10. Given that this RAS has already sampled an extremely large proportion of all HHs in Niue, it is quite possible that the last HIES will have already identified the poverty status of these particular HHs. It is therefore feasible to ensure that the other HHs are also thus identified. This would then enable many of the cross tabulations done in this report, to be correlated with vulnerable HHs whose needs can then be targeted by Government and donors.

### Need for Dollar values of benefits flowing in and out

11. It would be useful to quantify the dollar values of the flows of money.
12. For instance, it would be useful to ascertain the importance of the value of remittances relative to the normal incomes in a HH, so that the impact of declining remittances (as reported by some HHs) could be better understood.
13. It might also be useful to understand the dollar value of own food production as this would impact on all the responses to the food security questions. Currently the RAS only asked if HHs were farming or not, not how important the farm output was in their HH consumption.

### Questions on international connections

14. Apart from being NZ citizens, one of the other safety nets for HHs living in Niue is the strong connection with Niuean family members living abroad, especially in NZ and Australia. The experience of countries like Samoa, Tonga and Fiji is that even during this COVID-19 crisis, remittances to the families at home have by and large been maintained or even increased (as in Fiji) providing a safety net that their domestic economies and governments have not been able to.
15. There is little doubt that the Niuean families living in NZ and Australia will have much higher per capita incomes and gainful employment than the families living in Niue. While StatsNZ does not publish specific data on Niuean workers living in NZ, there is some data on average incomes of Pacific Islanders which are around NZ\$ 46 thousand in self-employment and around NZ\$ 52 thousand for wages and salaried persons. These incomes are of course much larger than those prevailing in Niue. Similar relativities would apply to the large numbers of Niuean families in Australia, presumably those who have emigrated on for better employment and income opportunities than available for them in NZ (as have many Samoans and Tongans). These overseas families can often provide the bedrock of security to ensure that Niuean families residing on Niue do not fall through the cracks.
16. It may be useful for the next RAS to have just a few questions on the Niuean relatives living abroad: the relationship (e.g., children, grandchildren, nephews/nieces, or siblings) which country, their numbers, their employment status there, and whether remittances are coming from them and how much. While some may not be willing to provide this information, just a few positive responses could provide Government with a good handle on the safety net provided by Niueans abroad.

### Usefulness of a COVID-19-safe transit point in Niue<sup>24</sup>

17. Given the importance of NZ visitors to the Niuean tourism industry, Niue might wish to prepare for the real possibility that when NZ implements a tourism bubble with Niue, there may be a strong demand for Niue, given that other major overseas tourism destinations such as Fiji will be off the

<sup>24</sup> This suggestion is totally outside of the scope of the TORs given to this consultant, but Niue authorities may wish to consider it. The author suggested this last year to the tourism stakeholders in Fiji and also to the Pacific in general through an article in Islands Business (August 2020 issue).

radar for quite a few years-or at least until all of Fiji is vaccinated. Niue could of course encourage this with a marketing effort both with tourists in general and Niueans living abroad.

18. Given that opening up to visitors (Niueans and others) will be critical to the economic recovering of Niue, Government might wish to consider a "COVID-19-safe transit point" within Niue which all arrivals and departures would need to come through, be tested, quarantined for the safe period and allowed to travel on, with their "Vaccination Certificates" as envisaged by the Premier.
19. Full details for this proposal made by this consultant in August 2020 may be read here: <https://islandsbusiness.com/2020/august-2020/covid-19-the-pacific-vuvale-and-pacer-plus/>
20. A primary candidate for this transit point would be a government owned accommodation complex where isolation of travelers can be securely practiced. I remind that the experience of Australia is that hotel quarantine per se has not proved reliable as they were intended for tourists and not for travelers possibly infected by the virulent forms of COVID-19 such as the delta strain, and now the apparently more contagious lambda strain.
21. There is every possibility that there may be future mutations which could even overcome current vaccines, in which case even Vaccination Certificates or Passports may be less effective.
22. I remind that that there is a very strong view around the Pacific, especially in COVID-19-ravaged countries like Fiji, that Government testing is not adequate and reliable, and that even statistics may be under-estimates. Given that NZ is the primary transit point for Niueans and others traveling to and from Niue and to ensure that the public (in Niue and abroad) have every confidence in the COVID-free transit point, I would suggest that control of this center in Niue be the responsibility of NZ Health so that there is full confidence both within Niue and international countries.
23. While this may be objected to by the Niuean Government on the grounds of national sovereignty, I suggest that the next RAS have a question which asks the HHs in the survey whether they would be agreeable to this control of the transit center by NZ Health. Effectively, this would be a referendum whose results the Government would be comfortable with politically.

Pacific Community (SPC)

B. P. D5 - 98 848 Noumea Cedex, New Caledonia

Telephone: + 687 26 20 00

Email: [sdd@spc.int](mailto:sdd@spc.int)

Website: <http://www.spc.int> - <https://sdd.spc.int>

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