



## Kiribati Health System Response to Violence against Women Programme

### ANNUAL PROGRAMME<sup>1</sup> NARRATIVE PROGRESS REPORT

REPORTING PERIOD: 1 JANUARY – 31 DECEMBER 2010

#### Programme Title & Number

Programme Title: *GBV Programme*

- UNFPA Programme Code: *PMIG41A*
- MDTF Office Atlas Number: *00076337*

#### Country, Locality(s), Thematic Area(s)<sup>2</sup>

Country: *KIRIBATI*

#### Participating Organization(s)

- GBV Programme – *UNFPA*

#### Implementing Partners

- GBV Programme – *Ministry of Health*

#### Programme/Project Cost (US\$)

MDTF Fund Contribution:

- 50,000

Agency Contribution

- *by Agency (if applicable)*

Government Contribution  
*(if applicable)*

Other Contribution (donor)  
*(if applicable)*

**TOTAL: 50,000**

#### Programme Duration (months)

Overall Duration                      5 years

Start Date<sup>3</sup>                                January 2008

End Date or Revised                  December 2012  
End Date,  
*(if applicable)*

Operational Closure                  December 2012  
Date<sup>4</sup>

Expected Financial                      June 2013  
Closure Date

#### Programme Assessments/Mid-Term Evaluation

Assessment Completed - if applicable *please attach*

Yes  No Date: \_\_\_\_\_

Mid-Evaluation Report – *if applicable please attach*

Yes  No Date: \_\_\_\_\_

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<sup>1</sup> The term “programme” is used for programmes, joint programmes and projects.

<sup>2</sup> Priority Area for the Peacebuilding Fund; Sector for the UNDG ITF.

<sup>3</sup> The start date is the date of the first transfer of the funds from the MDTF Office as Administrative Agent. Transfer date is available on the [MDTF Office GATEWAY](http://mdtf.undp.org) (<http://mdtf.undp.org>).

<sup>4</sup> All activities for which a Participating Organization is responsible under an approved MDTF programme have been completed. Agencies to advise the MDTF Office.

## I. Purpose

The United Nations Development Assistance Framework (UNDAF) for the Pacific Sub-Region sets out the strategic focus for the UN's dialogue with the Pacific Islands Countries (PICs) from 2008 to 2012. It is the product of partnerships between the UN Country Teams of Fiji and Samoa and the 15 UN agencies, programmes and offices in the Pacific, and is driven by the needs and priorities of governments of 14 Pacific Island Countries including Kiribati. On the basis of the multi-country UNDAF and supporting the National Kiribati Development Plan (KDP), the Government and the UN have jointly designed a programme of clear and mutually agreed set of priorities in consultation with civil society and development partners active in Kiribati.

Through a series of in-country consultations the UNDAF Kiribati Implementation Plan 2008-2012 (UNDAF-KIP) focuses on making a positive difference to people's lives by enhancing their role in decision-making processes and strengthening the quality and accessibility of services. The Plan's four priority areas of equitable economic growth and poverty reduction; good governance and human rights; equitable social and protection services; and sustainable environmental management are aligned to the five key policy areas of the KDP: human resource development; economic growth and poverty reduction; health; environment; and governance.

The following UN Joint Programme is supported by the Kiribati One Fund under the respective UNDAF-KIP outcomes. UNFPA is responsible for coordinating project work of this Joint Programmes, with Kiribati and with UN agencies.

### **Kiribati Health System Response to Violence against Women Programme**

The broad goal of the programme is to support the Kiribati health system response to addressing violence against women through a responsive health network and strategy, capacity development for a range of health workers, development of appropriate standard operating procedures and support to collect and monitor health data on VAW. This contributes to the following:

**Kiribati UNDAF Outcome 2.3:** Pacific island countries are aware and protect human rights and make available mechanisms to claim them.

**Kiribati UNDAF Output 2f:** Improved capacity of Kiribati to ratify and implement core international human rights treaties, and to develop, establish and implement national and regional human rights mechanisms e.g. women and violence, child rights, HIV/aids, workers rights; improved capacity of individuals and communities to know about and claim their rights

## II. Resources

The UNFPA coordinated programmes for 2009/2010 received USD 339,400 through the Kiribati One Fund. Some of the programmes were also allocated sub-regional budgets from UNFPA core resources and funds from other donors. These are detailed below.

<b>Programmes</b>	<b>UNFPA Programme Code</b>	<b>MDTF Project Code</b>	<b>Kiribati One Fund 2009/2010 Allocation</b>	<b>Other Funds</b>
Health System Response to VAW Programme	PMI4G41A	00076337	50,000	-

Funds were transferred to relevant implementing partners in Kiribati upon its receipt from headquarters. All the programme interventions were linked to existing UNFPA supported Reproductive Health, Population & Development and Gender programmes in Kiribati to support complementary functions and greater coverage in the use of resources. These established programmes already have formal agreements with the Kiribati implementing partners. The disbursement of finance and financial reporting followed UNFPA financial guidelines and in compliance with the agreements signed with the IPs.

Each programme was managed by a UNFPA national programme staff with relevant support from operations and technical. The VAW programme also used an international consultant in its work.

### Best Practices

- The programme facilitated appropriate expertise in the area of GBV and Health, sourced from Auckland University of Technology
- The interventions are supportive of the National Policy and Plan of Action for the EVAW
- The interventions are also linked to the national RH AWP allowing greater synergy and better coordination with existing programmes

### Challenges

- The biggest challenge encountered was the delay in transfer of funds from headquarters to the sub-regional office. This resulted in some delay with implementation.
- There was some concern in linking the MDTF project code with the respective UNFPA programme code, which would allow a more accurate view of how funds are allocated and spent by UNFPA. The respective programmes were later linked after a request from headquarters.

## III. Implementation and Monitoring Arrangements

The RH Coordinator will be the focal person within the Ministry of Health at the operational level and the implementation, monitoring and evaluation modality is guided by the signed LOU between MHMS and UNFPA for 2008-12. The response to VAW has been integrated in the Reproductive Health Annual

Work Plan which has been signed by MHMS, hence the rationale for RH Coordinator to provide in-country support.

UNFPA commissioned a GBV and Health Specialist, Professor Jane McLain from the Auckland University of Technology to develop a strategy for health sector response to violence against women in Kiribati through strategic consultations with relevant national stakeholders. The Reproductive Health Coordinator organized the meetings and the workshop.

#### **IV. Results**

Kiribati UNDAF Output 2f: Improved capacity of Kiribati to ratify and implement core international human rights treaties, and to develop, establish and implement national and regional human rights mechanisms e.g. women and violence, child rights, HIV/aids, workers rights; improved capacity of individuals and communities to know about and claim their rights

##### **Activities:**

- 5 SAFENET meetings were convened in 2010. The meetings were poorly attended, however, managed to provide updates on agency support to addressing GBV and develop MOU on inter-agency mechanisms that facilitate coordination and build strong working relationship in addressing GBV. MOU is currently in draft. The SAFENET members include Chairman of MISA and Secretary of Health; Bishop Paul Mea, Roman Catholic, KI Women Active Network, MOH representative who is Principal of the School of Nursing, Kiribati Police Service, KI Counseling Association, Crisis Center, MISA , KI Protestant Church, Alcoholic Awareness and Family Recovery, Chief Registrar from Judiciary, KANGO, Ministry of Finance and Economic Development.
- UNFPA commissioned a GBV and Health Specialist from the Auckland University of Technology to develop a strategy for health sector response to violence against women in Kiribati through strategic consultations with relevant national stakeholders
- A Half day consultation was held with 24 nurses, midwives at the National Referral Hospital in Tarawa. The consultation was facilitated by the Secretary of Health and included the Director of Public Health. The Director of Nursing and nurses from Betio Hospital, the School of Nursing, Emergency Department and surgical unit were also participated in the consultation.
- Meetings were held with executive officials of Health including Director of Public Health Services, MOH and the Secretary of Health, Eliiot Ali to follow up on the status of draft *Ministry of Health Guideline for Minimum Standards for Treatment of Survivors of Gender Based Violence*. The Director indicated that this has been updated in consultation with the medical doctors and an update presented to the SAFENET meeting in November. The meeting noted that RH nurses and counselors need to review the draft guidelines. It was also noted that current health strategic plan 2008-2011 does not include GBV. The proposal for a health network on VAW is yet to be set up and operational.
- 1st draft of a strategy (2011 -2012) for health sector response to VAW was developed, which included current status and recommendations

##### **Highlights**

The November 2010 consultations with health workers were crucial to create greater basic awareness on the GBV and health among health workers.

The meeting with executive health officials allowed strategic consultations to seek political commitment to addressing VAW and to developing a health system response to addressing VAW in Kiribati. The

intention was to engage senior health leadership in the issue of VAW and to encourage submission for the inclusion of addressing VAW in the health policy and strategic plan.

### **Challenges**

The limited time in-country was a loss of potential benefit to include more in-depth discussions and inclusion of outer islands health workers. Only a few of the participations from the 2009 workshop attended the November 2010 consultation. More preparatory time is needed to plan best use of consultant's time in country.

## **V. Future Work Plan**

Strategic Plan for Health Response for VAW drafted and considered for adoption

- Convene consultation with MHMS to review framework for the MHMS Strategic Plan for VAW in line with the Kiribati Eliminating Gender Based Violence Policy document
- Submission of MHMS Strategic Plan for VAW to national stakeholders for endorsement and adoption

Support development of appropriate standard operating procedures or medial guidelines for health workers

- Seek technical assistance to draft appropriate standard operating procedures for Kiribati MHMS
- Share draft standard operating procedures with Kiribati MHMS for review

Tools for collection and monitoring of health data for VAW developed

- Seek technical assistance to develop appropriate data collection and monitoring tools for VAW in the MHMS

VAW training for a wide range of health workers provided

- Support appropriate health representatives to attend the Nursing Network on VAW International conference in February 2011
- Seek TA to develop programme and materials for counselling skills for nurses
- Seek TA to develop programme and materials for standard assessment and forensic evidence collection
- MHMS review programme and materials

## VIII. INDICATOR BASED PERFORMANCE ASSESSMENT

	<b>Performance Indicators*</b>	<b>Indicator Baselines</b>	<b>Planned Indicator Targets</b>	<b>Achieved Indicator Targets</b>	<b>Reasons for Variance (if any)</b>	<b>Source of Verification</b>	<b>Comments (if any)</b>
<b>Kiribati UNDAF Outcome 2.3:</b> Pacific Island Countries are aware and protect human rights and make available mechanisms to claim them							
<b>Kiribati UNDAF Output 2f:</b> Improved capacity of Kiribati to ratify and implement core international human rights treaties, and to develop, establish and implement national and regional mechanisms e.g. women and violence, child rights, HIV/AIDS, workers rights, improved capacity of individuals and communities to know about and claim their rights	Status of inclusion of Gender Based Violence (GBV) in pre and in service training of health care providers	No inclusion of GBV in health care training	Inclusion of GBV training for health care providers in health care training			CPAP Results and resources framework	
	Proportion of national plans and policies that address gender equality	Proportion of national plans and policies that address gender equality is minimal	Proportion of national plans and policies that address gender equality from minimal to 90% by 2012	Gender issues is included within Governance Key Policy Area and represent 6% of strategies to be implemented	Quantifying measures taken for the Planned and Achieved targets are derived from different denominators with the former using a composite regional total whereas the latter uses the Key Policy Area total strategies within the NDP as denominator.	Kiribati National Development Plan 2008-2012	
	Proportion of sectoral plans and policies that incorporate reproductive rights and address gender equality	Kiribati National Development Strategies (KNSDP)2004-7 do not incorporate reproductive rights and address gender equality	Next KNSDP 2008-11 incorporate reproductive rights and address gender equality	Reproductive rights are explicitly expressed in 2008-2012 KNDP		Gender, Reproductive Health & Rights: A report on the national Development Plans of Ten Pacific Island Countries	
	Status of monitoring mechanisms for GBV at the national and provincial levels	Absence of monitoring mechanism for GBV at the national and provincial levels	Inclusion of monitoring mechanism for GBV at the national and provincial level	Monitoring mechanism for GBV at the national and provincial level is included		UNIFEM Ending Violence Against women and Girls	

	Number of effective reduction interventions for GBV at national and provincial levels	Absence of the effective reduction interventions for GBV at national and provincial levels	At least one national reduction intervention and two sub-national reduction interventions for GBV formulated and in place by 2012.				
	Number of CSOs that actively promote inclusion of RH, Gender equality, women and girls' empowerment and reproductive rights in HR protections systems	No CSOs actively promote inclusion of RH, Gender equality, women and girls' empowerment and reproductive rights in HR protections systems	At least one CSO actively promote inclusion of RH, Gender equality, women and girls' empowerment and reproductive rights in HR protections systems by 2012				

- (Source: UNFPA SPPD 2008-2012)