



Gender Based Violence Programme

ANNUAL PROGRAMME¹ NARRATIVE PROGRESS REPORT

REPORTING PERIOD: JULY – 31 DECEMBER 2011

<p align="center">Programme Title & Number</p> <p>Programme Title: <i>Gender Based Violence</i></p> <ul style="list-style-type: none"> UNFPA Programme Code: <i>PMI4G41A</i> MDTF Office Atlas Number: <i>00076336</i> 	<p align="center">Country, Locality(s), Thematic Area(s)²</p> <p>Country: <i>KIRIBATI</i></p>
<p align="center">Participating Organization(s)</p> <ul style="list-style-type: none"> Gender Based Violence Programme – <i>UNFPA</i> 	<p align="center">Implementing Partners</p> <ul style="list-style-type: none"> Gender Based Violence – <i>Ministry of Health</i>
<p align="center">Programme/Project Cost (US\$)</p> <p>MDTF Fund Contribution:</p> <ul style="list-style-type: none"> Gender Based Violence Programme \$50,000 <p>Agency Contribution</p> <ul style="list-style-type: none"> by Agency (if applicable) <p>Government Contribution (if applicable)</p> <p>Other Contribution (donor) (if applicable)</p> <p>TOTAL: \$50,000</p>	<p align="center">Programme Duration (months)</p> <p>Overall Duration 1 year</p> <p>Start Date³ January 2011</p> <p>End Date or Revised End Date, (if applicable) December 2011</p> <p>Operational Closure Date⁴ December 2011</p> <p>Expected Financial Closure Date June 2012</p>
<p align="center">Programme Assessments/Mid-Term Evaluation</p> <p>Assessment Completed - if applicable <i>please attach</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: _____</p> <p>Mid-Evaluation Report – <i>if applicable please attach</i></p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date: _____</p>	<p align="center">Submitted By</p> <ul style="list-style-type: none"> Name: Lorna Moseses Rolls Title: Assistant Representative Participating Organization (Lead): UNFPA Email address: rolls@unfpa.org

¹ The term “programme” is used for programmes, joint programmes and projects.

² Priority Area for the Peace building Fund; Sector for the UNDG ITF.

³ The start date is the (<http://mdtf.undp.org>).

⁴ All activities for which a Participating date of the first transfer of the funds from the MDTF Office as Administrative Agent. Transfer date is available on the [MDTF Office GATEWAY](#) Organization is responsible under an approved MDTF programme have been completed. Agencies to advise the MDTF Office.

I. Purpose

Kiribati is made up of 33 small coral island atolls, scattered across 3.3million square kilometers of ocean. A large proportion of the current population of about 102,697 people, live in South Tarawa. Kiribati is classified as a Least Developed Country (LDC). The per capita GNI in 2009 was \$1,830. The proportion of the population below the national poverty line was 21.8 percent in 2006. The development challenges that face Kiribati include are overcrowding particularly in South Tarawa; unemployment; child and maternal health, and climate change. Recently, intimate partner violence against women has emerged as a serious development challenge.

The findings of the Kiribati Family Health and Safety study (KFHSS) conducted by UNFPA in 2009, highlighted 68% of ever-partnered women experienced physical and/or sexual violence by an intimate partner. Women in Kiribati were more likely to experience severe forms of physical violence such as punching, kicking or having a weapon used against them by partners rather than moderate forms of physical violence.

VAW is a systematic violation of human rights and a manifestation of gender inequality. The social, health and economic costs of VAW are enormous and are an obstacle to human development and the achievement of women's human rights. VAW has a profoundly negative, long-lasting impact on women, and also on families, communities and in the country. The direct and indirect costs of VAW to society are substantial (health services, police assistance, judiciary and other action).

It is clear that VAW causes and/or exacerbates reproductive health problems - including unwanted pregnancies, unsafe abortions, fistulas, sexually transmitted infections (STIs) and HIV. Women in abusive relationships are prevented from negotiating condom use or using contraceptives. Violence during pregnancy is a less-known form of abuse and one of the causes of maternal mortality and morbidity with serious repercussions for the infant. Few health practitioners in the Kiribati address VAW, and VAW protocols and appropriate referrals are largely absent. While Kiribati ratified the United Nations Convention on the Elimination of all forms of Discrimination Against Women (CEDAW), in 2004, a multi-sectoral response to address VAW in Kiribati is needed. The KFHSS provided evidence based support to formulate the 'National Approach to Eliminating Sexual and Gender Based Violence in Kiribati – Policy and Strategic Action Plan 2011-21'.

The gender based violence (GBV) programme in partnership with the Government of Kiribati, sought to strengthen the health system's response to addressing GBV. The results of the programme contributed to the **Kiribati Development Plan 2008-11**, the Governance Key Policy Area (KPA) 'to improve and expand attention to the problems and or concerns of women'. The GBV programme contributed to the **national policy and strategic action plan on eliminating sexual and gender based violence**, in particular the fourth strategic area 'strengthen and improve preventative, protective social and support services'. The GBV programme was also a component of the **Kiribati UNDAF Output 1c: Strengthened capacity of national policy makers and planners to utilize relevant data on population dynamics, gender, young people, sexual and reproductive health and HIV/AIDs for policy and programme development and for policy and programme implementation and monitoring.**

II. Resources

In 2011, \$16,050 was allocated to the GBV programme.

Programmes	UNFPA Programme Code	MDTF Project Code	Kiribati One Fund 2011 Allocation
GBV programme	PMI4G41A	00076336	16,050

The GBV programme focused on strengthening the health system's response to addressing sexual and physical violence in Kiribati. The two activities were integrated into the 2011 Reproductive Health Annual Work Plan of the Ministry of Health.

III. Implementation and Monitoring Arrangements

The GBV programme was integrated in the 2011 Reproductive Health Annual Work Plan implemented by the Ministry of Health of Kiribati. UNFPA commissioned AUT to provide technical support. The Programme Officer for Kiribati provided monitoring through the Annual Work Plan Monitoring Tool in 2011.

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

1. *Assessment of the health systems response to addressing GBV* - Technical assistance provided and was intended to have a holistic assessment of programmatic responses to addressing VAW in Kiribati. The activity provided an analysis of key programmatic components that would enable to systems approach to addressing VAW. UNFPA commissioned the Auckland University of Technology, Faculty of Health and Environmental Sciences, Interdisciplinary Trauma Research Unit (Dr. Jane Koziol-McLain and colleagues) to carry out country-based assessments of health systems for recommendations on strategic intervention from holistic approach to strengthening health response to VAW in Kiribati, and Fiji, Solomon Islands, and Vanuatu. The team used the rapid situation analysis template described in the International Planned Parenthood Federation Manual to guide the analysis of the context for a health response to VAW in Kiribati. Consultation and literature reviews were also undertaken by the AUT team.

The mission consulted with the following national partners; unfortunately a few key partners were not available in country for consultation:

- (1) Riwata Obetaia, Deputy Secretary of Health
 - (2) Mamao Robata, Director of Nursing
 - (3) Tareti Ioane, Acting Principal of School of Nursing
 - (4) Luisa Cati, PNO, Safe Motherhood Coordinator
 - (5) Aribo Mwea, Public Health Nurse, Midwifery Student
 - (6) Arite Tetoa, Senior Nurse in Charge Emergency Department
 - (7) Tabiria david, Acting Principal Nursing Officer and Health GBV Coordinator
 - (8) Dr. Leita Atanrerei, first year medical doctor
 - (9) Aren Uera-Tannaki, UN Country Development Manager
 - (10) Tintea Toaka, Head of DVSO (Domestic Violence and Sexual Offenses) Unit, Kiribati Police
 - (11) Mwaneaba Terebto, DVO Administrative Assistance
 - (12) Tinia, Social Welfare and Counselling Unit Head
 - (13) Maere Tekanene, GBV Coordinator, MISA
 - (14) Elliot Ali, Secretary of Health (was consulted at a regional meeting in Indonesia)
2. *Capacity Building* - The GBV project sponsored Elliot Ali, Secretary of Health, to attend the 6th Asian Pacific Conference on Reproductive and Sexual Health and rights, in Indonesia from 17-23 October 2011. Mr. Elliot Ali shared the Kiribati FHSS experience along with a representative from the Solomon Islands, in a satellite session SS2.3. He also participated in a video interview on FHSS, conducted by UNFPA PSRO. Mr. Elliot Ali also attended sessions at the conference intended to assist Kiribati MOH build knowledge on SRH and learn good

practices from other Asian Pacific countries. The session that Mr. Ali participated in included maternal and child health, making universal access to RH a reality, family planning and SRH services.

Building health capacity to respond to violence against women in an effective, compassionate and sensitive manner requires a comprehensive systems approach. It is well known that information, guidelines or training by themselves do not result in sustainable change. The AUT team used the WHO health system building blocks framework, modified by violence against women literature to analyse programme developments. Key components include leadership and governance, financing, appropriate environments, service delivery (including procedures addressing for example point of entry, privacy, confidentiality, referral and documentation), information (surveillance, monitoring data) and health workforce development.

Highlights

A significant development in the past year has been senior leadership support for the development of a small group of health workers (nurses) addressing violence against women, with a named GBV Health Coordinator.

Ensuring the inclusion of a health response to violence against women in the health strategic plan is another indicator of senior leadership support. The strategic plan was in development, with the assistance of a consultant. With a health policy in place, there will be the opportunity to build a comprehensive system response.

The draft health Standard Operating Procedures (SOPs) that have been developed are due for consultation (across disciplines and locations). An identifiable inter-disciplinary health network to address VAW will serve to operationalize the SOPs and monitor to ensure effective delivery of confidential services promoting wellbeing and safety. Setting targets and clear indicators will be important to implementation success.

Challenges

- Unavailability of key partners during the consultation proved to be a challenge for the assessment.

V. Future Work Plan (if applicable)

(1) Future consultations should include the following partners, to strengthen programmatic linkages:

- Anne Kautu, Senior Women's Development Officer, Head of MISA Women's Unit
- Gynecologist, re care for sexual assault victims
- Sr Rosalind, Crisis Center (OLSH; 28085)
- KIFA, Kiribati International Family Association (also KFHA Kiribati Family Health Association)
- Alcohol Awareness and Family Recovery (AAFR)
- Adolescent Health and Development (AHD)

(2) Clinical staff could be trained in basic forensics for sexual and physical assault cases