

UNIVERSAL PERIODIC REVIEW- HUMAN RIGHTS COUNCIL

UNFPA INPUTS –KIRIBATI

June 2014

I. Background and framework

A. Scope of international obligations

- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) - 17 Mar 2004 (a)
- Convention on the Rights of the Child (CRC) - 11 Dec 1995 (a)
- Convention on the Rights of Persons with Disabilities (CRPD) - 27 Sep 2013 (a)

B. Constitutional and legislative framework

The recently adopted Kiribati Child, Young People, and Family Welfare Act enhances protection to children and young people experiencing SGBV, including emotional, physical and sexual abuse both within and beyond the family context. It also, provides a legal mandate for social workers and is reinforced by policy.

The Family Peace Bill has been developed with a view to strengthen the legislative framework to address domestic violence. At the time of this writing, the bill had passed the first reading by Parliament and is expected to be adopted in early 2014. The bill comprehensively defines domestic violence; establishes adequate penalties; and provides for accessible protection mechanisms for survivors. Implementation of the bill, once adopted, will be crucial protection of victims and supporting for redress and assistance.

C. Institutional and human rights infrastructure and policy measures

The National Development Plan 2012-2015 includes attention to gender-based violence as well as reproductive health services and information. The governance matrix includes strengthened support services for particularly vulnerable women, as well as a specific goal of “improved empowerment and constructive involvement of special interest groups such as youth, elderly and disabled in decision making process”.

Population census data will be used to update and operationalize the National Population Policy (NPP) in partnership with the Office of the Beretitenti (OB) to set up an executive body to oversee and coordinate population and climate change related policy responses.

The Draft Kiribati National Disability Policy 2011-2014 is a comprehensive and thorough policy, that aims to “meet the needs of persons with disabilities through taking away barriers and ensuring that they have equality with all in society with access to employment, education, health, information and transportation”. However it remains in draft.

The National Approach to Eliminating Sexual and Gender Based Violence in Kiribati (2011-2021) promotes national ownership through the following five key areas: 1) develop national leadership and commitments to eliminate SGBV; 2) strengthen legal frameworks, law enforcement and justice system; 3) build institutional and community capacity; 4) strengthen and improve preventive, protection, social, and support services; 5) eliminate and prevent SGBV through civic engagement and advocacy.

Although the government has made some progress in policy implementation, enforcement of laws and relevant sector capacity is weak. Coordination mechanisms are nascent and little has been done to identify good practice. The project aims to support implementation of this policy and legal framework by building capacity for service provision, enhancing coordination and partnership, and improving data collection and monitoring.

II. Cooperation with human rights mechanisms

C. Cooperation with the Office of the High Commissioner for Human Rights – UNFPA is part of the UN Human Rights Working Group in the Pacific (based in Suva), particularly in support of CEDAW reporting and implementation.

III. Implementation of international human rights obligations, taking into account applicable international humanitarian law

A. Equality and non-discrimination

Progress on the MDG 3 to Promote Gender Equality and Empower Women is rated as 'mixed'¹. While parity has been achieved in educational access for girls and boys, and there has been an increase in female representation in parliament², and the Youth Parliament engages in political debates occasionally. However, progress is slow on the following indicators: economic participation of women (although Kiribati has among the highest rates of women working in non-agriculture sector in the region - approximately 50%).

B. Right to life, liberty and security of the person

The Kiribati Family Health and Support Study: A study on violence against women and children (KFHSS) was commissioned by the Kiribati Ministry of Internal and Social Affairs (MISA) (2010) and implemented by UNFPA and the Secretariate of the Pacific Community with support from the government of Australia. The WHO multi-country survey methodology for determining national VAW prevalence revealed that the common forms of SGBV in Kiribati are intimate partner and sexual violence, the victims of which are primarily women and girls, although boys are also

¹ 2013 Pacific regional MDGs tracking report / prepared by the Pacific Islands Forum Secretariat.-- Suva, Fiji : Pacific Islands Forum Secretariat, 2013, page 16.

(http://www.forumsec.org/resources/uploads/attachments/documents/2013_Pac_Regional_MDGs_Tracking_Report_FINAL.pdf)

² In the 2011 elections, all three incumbent women MPs won their seats, plus one more woman candidate was elected. Of these four women MPs, Hon Teima Onorio continued as Vice President, and Hon Maere Tekanene was selected as Minister of Education. (source: <http://www.pacwip.org/future-elections/kiribati/>)

victims of sexual assault in significant numbers³. Intimate partner violence is attributed to male kinship, and is among the most severe manifestations of discrimination against women and girls.

The Kiribati national Family Health and Support Study assessed prevalence of VAW and found that 73% of i-Kiribati women aged 15-49 had experienced some form of violence in their lives; in 80% of cases the perpetrator was a former or current partner; only 21% of survivors sought help from formal support services; and survivors are seven times more likely to have children who are also abused. The 2008 Government of Kiribati Child Protection Baseline Research showed similar levels of violence experienced by children. Both studies confirmed the generational cycle of violence. Finally, research has confirmed commercial sex work with seafarers (despite the fact that sex work is criminalized and highly stigmatized), and risk of STI/HIV. This information spurred policy action and resulted in government commitment to end VaWG at the highest level. In 2011, the government adopted a 10-year national policy action plan on ESGBV. The Kiribati Child, Young People, and Family Welfare Act and pending Family Peace Bill will strengthen the legal framework to address VaWG.

The government faces a range of capacity and institutional challenges despite some notable progress. Extended consultations in 2013 indicated a lack of services for survivors, especially in outer islands. When services exist (health, legal, shelter) they are often inadequate, insufficient or inaccessible to survivors. Limited understandings of ethical and safe guidelines to survivors' support or perpetrator accountability undermine service delivery. The government's response suffers from data gaps, inadequate monitoring, and coordination among stakeholders remains weak, despite the existence of SafeNet and ESGBV taskforce.

UNFPA supported the articulation of a specific outcome in the 2014-2017 Health Strategy to address Gender-based Violence, and supports health systems strengthening through training and mentoring of staff, provision of essential reproductive health commodities and roll out of medical protocols regarding care of survivors in the health system as well as referral to non-health service providers. Over the past three years, UNFPA has partnered with the Auckland University of Technology (AUT) and the government of Australia to support health systems strengthening to better respond to GBV. This includes mentoring medical staff and building professional skills, supporting dissemination of the Health Standard Operating Procedures and strengthening information collection and case management. The 2013 AUT mission found, "The government of Kiribati has made significant progress in identifying infrastructure needs across both government and non-government organisations in order to support the delivery of essential services to women and children victims of violence. An initial cohort of health workers, including charge nurses, nursing tutors, midwifery students, public health nurses and medical assistants amongst others, have been introduced to the knowledge and skills required to appropriately respond to women presenting to the health system suffering the consequences of gender-based violence. Protocols and standardised notes are in place. Additional support and resources for program leadership and implementation are necessary to now plan, coordinate and monitor implementation of the health response. This will be helped by agreement and collaboration among both donor and service providers who are prepared to work to a national plan of action."

The government requested support from the UN in implementing its policy framework with the goal to: strengthen partnership and coordination, and to build the capacity of all stakeholders to end VaWG. A UN Joint Programme to support a whole-of-government approach and will engage with all relevant ministerial departments across government. A Ministry for Women, Youth and Social Affairs was established with the required 66% majority achieved in parliamentary voting on 20/08/2013. It will particularly support this newly established ministry as well as the Ministry of Health and Medical Services, especially its SGBV unit; the Police Service – specifically the team in charge of domestic violence; and the Attorney-General's office.

I. Right to health;

³ Kiribati Family Health and Support Study, A study on violence against woman and children. SPC, 2010 (<http://countryoffice.unfpa.org/pacific/drive/KiribatiFamilyHealthandSafetyStudy.pdf>)

Kiribati progress on and MDG5 to Improve Maternal Health is rated as “mixed”⁴. Mortality has remained relatively high in Kiribati with a low life expectancy at birth of 58 years for males and 66 years for females in 2010. Contributing to low life expectancy are high infant and under-five mortality rates. At 45 deaths per 1,000 live births, infant mortality is the second-highest in the region after Papua New Guinea⁵. Increasing the use of contraception is necessary to reduce the unmet need for family planning and to address the high rates of teen pregnancy (Adolescent fertility rate, total/ urban/rural – 49%/45%/55%, 2010). More needs to be learned about the factors that discourage women from using contraception. Improving the quality of family planning services, commodities and information is an important strategy.⁶

L. Persons with disabilities;

UNFPA completed a study of Disability and Sexual Reproductive Health and Rights in the Pacific, entitled A Deeper Silence⁷. Some of the findings related to Kiribati include:

- Services/Programmes for Women with Disabilities - Information, services and support for people with disabilities in Kiribati are scarce. The most active organizations are Te Toa Matoa⁸, the School for Children with Special Needs and the Ministry of Health’s Tungaru Rehabilitation Centre and the Ministry of Education. (page 61)
- Contraceptive Knowledge and Use - Women’s knowledge about contraception varied but was generally limited. Several women knew about various types of contraception that were available in Kiribati, such as DP, implants and pills. They had heard about these from other women, on the radio, at a workshop or from nurses. Several other women knew nothing or little about contraception. (page 71)
- Violence against Women – The women interviewed for the study related personal histories that mirror the findings of the Family Health and Safety Study on national VAW prevalence. They reported both intimate partner violence as well as sexual abuse and rape. Few had reported these incidents to anyone.

⁴ 2013 Pacific regional MDGs tracking report, page 16.

⁵ Development Profiles: Pacific Island Countries, UNFPA, Suva, 2014, page 28.

(http://countryoffice.unfpa.org/pacific/drive/web__140414_UNFPAPopulationandDevelopmentProfiles-PacificSub-RegionExtendedv1LRv2.pdf)

⁶ Ibid, page 29.

⁷ A Deeper Silence: The Unheard Experiences of Women with Disabilities and Their Sexual and Reproductive Health Experiences : Kiribati, the Solomon Islands and Tonga / Joanna M. Spratt. – Suva, Fiji : United Nations Population Fund Pacific Sub-Regional Office, 2012, page 61 (<http://countryoffice.unfpa.org/pacific/?publications=8385>).

⁸ Te Toa Matoa is the local DPO. It was established in 1999 and is run voluntarily by people with disabilities.