



**Convention on the Elimination  
of All Forms of Discrimination  
against Women**

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**Committee on the Elimination of Discrimination  
against Women**

**Pre-session working group**

**Forty-sixth session**

12-30 July 2010

**Responses to the list of issues and questions with regard to  
the consideration of the combined second, third and fourth  
periodic reports**

**Fiji\***

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\* The present report is being issued without formal editing.



**STATE RESPONSE TO THE COMMITTEE ON THE ELIMINATION  
OF DISCRIMINATION AGAINST WOMEN SUPPLEMENTARY QUESTIONS**

**JANUARY 2010**

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**FIJI**

**RESPONSES TO THE LIST OF ISSUES AND QUESTIONS  
WITH REGARD TO THE CONSIDERATION OF PERIODIC REPORTS**

**A. GENERAL**

**1. Please provide information on the process of the preparation of the report indicating which government departments and institutions were involved, and the nature and extent of their participation. Also provide information on the nature and extent of the involvement of non-governmental organizations, including women's organizations in the preparation of the report. Please indicate whether the report was adopted by the Government and submitted to Parliament.**

**CEDAW Report Writing**

The process of writing the Fiji State CEDAW 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> Periodic report started in 2006 with the CEDAW awareness workshops and consultations held throughout the nation. The Concluding Comments of the UN CEDAW Committee of Experts were referred to the respective organisations for updates and their responses have been incorporated into the report. The details are contained below:

## CONCLUDING COMMENTS

### CEDAW RECOMMENDATION AND STATUS OF IMPLEMENTATION in FIJI

Concerns	Recommendation	Response
1. <b>Constitution of 1997</b> <sup>1</sup> does not contain the definition of discrimination against women	Proposed constitution reform should address the need to incorporate the definition of discrimination	In fact the Constitution covers ALL FORMS of Discrimination in section 38(2). The definition of discrimination is contained in the Human Rights Commission Act at section 17 (1) and (2).
2. Absence of effective mechanisms to challenge discriminatory practices and enforce the right to gender equality guaranteed by the constitution in respect of the actions of public officials and non-state actors.	The government to include a clear procedure for the enforcement of fundamental rights and enact an EEO law to cover the actions of non-state actors.	The Human Rights Commission Act 10/99 is Fiji's EEO law- see section 17 for application to the private sphere and employment.  FHRC also handles complaints by women on a range of issues. (Reports Attached as Annex 2).
3. CEDAW is not specified in the mandate of the Fiji Human Rights Commission and that its not assured funds to continue its work	Expansions of the FHRC's mandate to include CEDAW and that the commission is provided with adequate resources from State funds.	NOT TRUE. FHRC has a broad, and not specific, mandate and therefore deals with all discrimination including gender. In response to the Concluding Comments of the UN CEDAW Committee of Experts, the Human Rights Commission stated that there is no need to expand FHRC's mandate, because CEDAW's commitment is already in Section 42 (2) (a) of the Constitution – reference to “all international conventions and instruments”. But the FHRC needs more resources to implement this mandate fully. <sup>2</sup> The responsibility for the protection and promotion of human rights lies initially with the State and all public officials. The Human Rights Commission acts as a monitor to ensure that the rights are respected in Fiji.

<sup>1</sup> The 1997 Constitution is no longer in force.

<sup>2</sup> Shameem (2008) – p 2.

<p>4. Social Justice Act and “Blue Print” do not integrate a gender perspective.</p>	<p>Recommends the SJA and the “Blue Print” be evaluated for their impact on both ethnicity and gender to ensure respect for gender equality and human rights in Fiji’s multicultural and plural society.</p> <p>Introduction of an effective monitoring mechanism to ensure that these programs conform with the fundamental rights guaranteed by the Constitution and CEDAW’s concept of temporary measures and contributes to the elimination of discrimination against all Fijian women.</p>	<p>FHRC recommended review of Social Justice programmes and removal of Blueprint on the ground that it discriminated against people and breached section 38 (2) of the Constitution. The then SDL Government had planned a comprehensive review of the programme which would also address issues raised in the FHRC report. A cabinet Subcommittee on Equal Opportunities and Human Rights was established to oversee the review process. However, the Interim Government has discontinued the Blue Print programmes and Affirmative Action for Fijians and Rotumans citing it as racial.</p>
<p>5. Women’s political participation and access to decision making positions remain limited.</p>	<p>Introduction of temporary measures in accordance of Article 4.1 of the Convention to increase the representation of women in the political participation and the decision- making positions at all levels</p>	<p>There has been no Temporary Special Measure during the reporting period.</p>
<p>6. Notes the active participation of women CSOs</p>	<p>Participation of women CSO in the advisory councils be strengthened and that the other various government machineries should work with them in a coordinated manner in implementing the Women’s Plan of Action-1999-2008.</p>	<p>Women NGOs are some of the well-organized groups and are strong advocates for issues such as human rights, elimination of gender based violence, poverty reduction etc. NGOs namely, RRRT, FWRM, FWCC, NCW and SSV are members of the WPA taskforces. In addition they conduct training and CEDAW awareness programmes throughout the nation and in the region as well.</p>

7. Notes the heavy burden of women dual responsibility at work and in the family and there has been an increase in the number of family heads of households	Recommends an accelerated and broad-based programme of human rights education and gender training which includes dissemination of information on CEDAW with the view of to change stereotypical attitudes.	FHRC by Constitution has a broad mandate and cannot concentrate only on specific issues. This will be the job of the Ministry of Women rather than the FHRC. However these institutions can work in collaboration for wider and extensive outreach on gender sensitivity training, human right awareness and training.
8. Concerned that the entrenched stereotypical attitudes to women in society and the idea of an exclusive male head of household encourages segregation in employment and the denial of economic contribution of women.	Change laws and administrative regulations to recognize women as heads of households, and the concept of shared economic and household responsibilities.	For the first time the term ‘household chores’ was included in the 2004/2005 Household Income and Expenditure Survey by the Fiji Islands Bureau of Statistics.
9. Concerned that women do not receive equal wages for work of equal value, denied access to employment and promotion, deal with sexual harassment in the workplace as well as mandatory maternity protection.	Adopt the “ <i>Employment Relations Bill</i> ” and repeal all outdated labour laws	The Employment Relations Bill was passed by the House of Representatives in 2006 and was promulgated in April, 2008. The policy on Sexual Harassment in the Workplace became effective in May, 2008
10. Concerned with working conditions of women in tax free zones	Call on the State to promote the adoption for a <i>Code of Ethics</i> for investors including those in tax free zones.	The promulgation of the Employment Relations Promulgation has provisions for paid maternity leave and prohibits dismissal on grounds of pregnancy. Refer to s

<p>11. Notes with concerned the high incidence of ethnic and gender based violence against women in periods of civil unrest</p>	<p>Requests that the State strengthen its initiatives to combat gender-based violence and the adoption of the “<i>Domestic Violence Law</i>” and “<i>Sexual Offences Law</i>”. The adoption of the “<i>Evidence Bill</i>” is also proposed.</p>	<p>The Domestic Violence Bill is awaiting to be tabled in Parliament.<sup>3</sup></p>
<p>12. Concerned with the increase of poverty and adverse economic conditions which are undermining women’s education. This has resulted in a high incidence of girls as high school dropouts, marrying early, teenage pregnancies and sexual exploitation of girls.</p>	<p>Recommends the introduction of targeted policies and programmes to reduce poverty, prevent early marriage, teenage pregnancies and girls dropping out of schools.</p>	<p>In 2004 Government introduced the ‘Matua’ programme at Nabua Secondary School in Suva. This programme allowed interested school leavers and adults who dropped out of school to continue their education within the main secondary school curriculum. cater for dropouts from nearby low to middle housing areas</p> <p>Although the enrolment rate is usually high, only a small number go on to complete the programme. The success rate is quite high, with Matua graduates now studying at the USP, of these 75% are women. For those studying at the FIT 14 out of 23 are females. This programme has provided a second chance for these school dropouts. Girls who may have dropped out of school due to pregnancy also have access to this programme. This programme is one of those which can be considered as a three-pronged strategy to address poverty reduction, giving a second chance to school teenage mothers and those dropping out of school. Based on the success rate the programme could be replicated in other secondary schools. However, the lack of resources is a major constraint.</p>

<sup>3</sup> The Domestic Violence Decree 2009 has been enacted and in effect from last year. For further explanations, see Questions 11 and 12.



<p>13. Concerned of those women in remote islands are adversely affected by maternal and infant mortality. Also notes the growing incidences of STIs and HIV/AIDS, cervical cancer and circulatory diseases are major causes of female death.</p>	<p>Priority is given to allocating resources for improving health care services for women, including in the remote islands, and combating sexually transmitted diseases including HIV and AIDS.</p>	<p>For the period 2004 – 2005 Government spent \$2,276,200 on the following health projects and programmes for rural areas and outer islands: Biomedical Engineering; Child Health Development Family Health Projects; Communicable Disease Prevention and control; Community Rehabilitation Assistance Programme; Equipment for Health Centres and Nursing Stations; Family Health Projects; Fiji Adolescent Health Programmes; Maintenance of health Centres and Nursing Stations to name a few.</p>
<p>14. Notes the out-migration of health professionals that has led to a decline in the health services.</p>	<p>Encourages the State to introduce pro-active measures and incentives to attract local health professionals to the health services in Fiji.</p>	
<p>15. Concerned with the growing problem of prostitution due to economic hardship and that a colonial law from 1944 which penalizes the conduct of only women who engage in prostitution continues to be enforced.</p>	<p>Recommends a holistic and integrated programme of law reform and policies and programme to introduce the criminalization of actions of only those who profit from the sexual exploitation of women.</p>	<p>There are provisions for those who profit from the sexual exploitation of women under section 166 of the Penal Code which states:</p> <p><i>s166 – (1) Every male person who-</i></p> <p><i>(a) knowingly lives wholly or in part of the earnings of prostitution; or</i></p> <p><i>(b) in any public place persistently solicits or importunes for immoral purposes, is guilty of a misdemeanor. In the case of a second or subsequent conviction under this section the court may, in addition to any term of imprisonment awarded, sentence the offender to corporal punishment.</i></p>

		<p>Although there are legal provisions, offenders are seldom taken to task on this issue, Police indicate the difficulty in charging offenders due to weak legislations and insufficient evidence. However, there have not been any major legislative changes or programmes for the reintegration of those engaged in prostitution except for the Women's Heart in Action (NGO) which provides training and re-skilling for alternative livelihood programmes for prostitutes</p> <p>One of the significant changes is the new Immigration Regulations which came into force on 3 January 2008</p>
16. Concerned with Fiji's non-ratification of the Optional Protocol	Urges the early adoption of the Optional Protocol to CEDAW	

In January, 2008, a two-member Project Team (Ms. Alisi Qaiqaica and Ms. Mere Namudu) was appointed to put together the State report. The team was assisted by the Taskforce with members drawn from Government and NGO partners.

#### **CEDAW Taskforce Members:**

- Ms. Kiti Makasiale - Director for Women (Chairperson until 23/6/08)
- Dr. Tokasa Leweni - Director for Women (Chairperson from 23/6/08)
- Ms. Vasemaca Lewai - Principal Statistician, Fiji islands Bureau of Statistics
- Ms. Anjna Deb - Manager Research and Development, Fiji Development Bank
- Mr. Iliyaz Razak - Fiji Development Bank
- Ms. Luse Kinivuwai - Director, Micro-Finance Unit
- Ms. Asena Raiwalui - Principal Asst. Secretary, Ministry of Indigenous Affairs
- Ms. Jimaima Vilisoni - Senior Assistant Secretary, Public Service Commission
- Ms. Viniana Kunabuli - Director CDU, Ministry of Education
- Ms. Tokasa Gray - Education Officer, Ministry of Education
- Ms. Chaya Chand - Economic Planning Officer Ministry of Finance and National Planning

Sr. Sulueti Duvaga	- Ministry of Health, Women and Social Welfare
Ms. L. Raikuna	- Ministry of Health, Women and Social Welfare
ASP Irami Raibe	- Fiji Police Force
ASP Prakash Narayan	- Director Summary Prosecution, Fiji Police Force
Mr. Jaljeet Kumar	- Actg. Senior Asst. Secretary, Ministry of Foreign Affairs
Adi Finau Tabakaucoro	- General Secretary, Soqosoqo Vakamarama
Ms. Elenoa Ralulu	- Soqosoqo Vakamarama
Mr. Surendra Shiudin	- Senior Labour Officer, Ministry of Labour

An Advisory Committee was also appointed to provide expertise and professional advice to the project team in relation to the actual writing of the report.

1. Mrs. Maria Matavewa - Deputy Secretary, Public Service Commission
2. Professor Vijay Naidu - USP
3. Professor Wadan Narsey - USP
4. Dr. Rae Nicholl - USP
5. Adi Finau Tabakaucoro - SSV
6. Ms. Vanessa Chang - Legal Officer, Solicitor General's Office

The process included awareness programmes, participation in the CEDAW taskforce and individual consultations. Oral and written submissions were received from partners including NGOs and other institutions including USP and RRRT. The outcomes of those consultation were factored into the State CEDAW Report. The following NGO partners (names and organizations) are listed below:

**NGO Consultation:**

Ms. Kirsten Pavlovic	- USP, School of Law
Ms. Lavinia Padarath	- YWCA
Ms. Ecelini Weleilakeba	- YWCA
Ms. Colati Drauniatu	- YWCA
Ms. Sharda Segrn	- Poor Relief Society
Adi Finau Tabakaucoro	- Soqosoqo Vakamarama
Ms. Elenoa Ralulu	- Soqosoqo Vakamarama
Ms. Veena Singh – Bryar	- FemLinkPacific
Ms. Unaisi Vuetaki	- Fijian Teachers Association
Mr. Surendra Shiudin	- Ministry of Labour
Ms. Mili McDonald	- Dorcas Welfare
Ms. Michelle Reddy	- FWRM

Ms. Frances R.	- NCWF
Ms. Mere Masikerei	- Salvation Army
Capt. Merewalesi Qoriniasi	- The Salvation Army
Ms. Eleni Baivatu	- The Salvation Army
S. Waicaca	- The Salvation Army
Ms. Fay Volatabu	- Fijian Teachers Association
Ms. Leba Ledua	- PPSEAWA
Mr. Aseri Rika	- Ministry of Justice
Ms. Jabeen Ali	- PPSEAWA
Ms. Sharon Bhagwan Rolls	- FemLinkPacific and Poor Relief Society
Ms. Tokasa Gray	- Ministry of Education
Ms. Laisa Lewanavanua	- Dorcas Welfare
Mr. Filipino Masaurua	- SPC/RRRT
Dr. Sitiveni Yanuyanutawa	- Director, FNCDP
Ms. Susan Naidu	- FWRM
Ms. Rusila Racule	- Fijian Teachers Association
Ms. Nafroe Aropio	- NCW
Ms. Vika Saro	- NCW
Ms. Jimaima Vilsoni	- PSC
Ms. Leba Mataitini	- NCW, Fiji/YWCA
Ms. Cema Bolabola	- ACSOG
Dr. (Mrs.) Tokasa Leweni	- Director for Women
Ms. Luse Qereqeretabua	- Dept. of Women
Ms. Vuli Balenavutoka	- Dept. of Women
Mr. Fred Elbourne	- Dept. of Women
Ms. Amelia Nairobi	- Dept. of Women
Ms. Talei Fimone	- The Salvation Army
Ms. Marseu Rafai	- Rotuma Women's Association
Ms. K. Fesaitu	- Rotuma Women's Association

The STATE CEDAW Periodic Report was tabled in Cabinet in November 2008 and approved.

**2. Please provide information on the steps undertaken by the State party to improve the collection of data disaggregated by sex pertaining to all areas of the Convention and how such data is used in policy and programme development and in monitoring progress towards de facto equality between women and men.**

The need for collection of data disaggregated by sex to all areas of the Convention is seen as an immediate need by the State since the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> Periodic Report was sent in November 2008. In Fiji, with regards to data collection different organizations have different methods of carrying this out and the Fiji Islands Bureau of Statistics has their own. After consultation with developing partners, it was suggested by that forum that there is a need for a specific legislation that will ensure the collection of sex disaggregated data at all collection points. Meanwhile certain Ministries and Departments like Health, Education and the Public Service Commission have sex disaggregated data

bank and have used the information in formulating new policies, for example, Reproductive health programmes and Equal Employment Opportunities Policy to name two.

The need for improved data collection disaggregated by sex is clearly stipulated in the National Strategic Development Plan known as the Roadmap for Democracy and Sustainable Socio-Economic Development (RDSSED) 2009-2014, and is addressed in the 2010 Annual Corporate Plan for the Ministry and the 2010 Business Plan for the Department of Women and the National Women's Plan of Action 2010-2019.

### **i. RDSSED 2009-2014**

#### **Gender equality and women development**

<b>Goal: Achievement of gender equality and empowerment of women</b>		
<b>Policy objective</b>	<b>Strategies</b>	<b>Key performance indicator</b>
Achievement of Gender Equality and Empowerment of Women through full participation in business and decision-making process through entrepreneurial support in non-formal and formal sector and decision making processes.	<ul style="list-style-type: none"> <li>Laws in relation to UN CEDAW (articles 1-13) reviewed, implemented and monitored; gender mainstreaming institutions strengthened; a National Women's Plan of Action implemented, Domestic Violence Bill enacted, awareness training on the Family Law Act, and ensure appropriate sentencing penalties, including counseling, for violent crimes, against women and children.</li> <li>Increase ability of women and their access to income generating activities including SME. Development (WOSED to be reviewed), targeted programmes for women in agriculture reform and equal training opportunities at all levels in Government.</li> </ul>	<ul style="list-style-type: none"> <li>Share of women in wage employment in the non-agricultural sector increased from 35.9% to 37.9% by 2011 (MDG).</li> <li>Combined primary and secondary girls: boys ratio of 1:1 (MDG).</li> <li>The proportion of female school principals, vice- and assistant principals to be not less than 25% by 2011.</li> <li>The proportion of female CEOs in Government to be at least 20% by 2011.</li> <li>At least one woman in each Government board, committee, tribunal, council, and commission.</li> <li>Proportion of seats held by women in national parliament and municipal elections to be not less than 20% (MDG).</li> <li>Number of women supported by micro-finance increased from 5,100 in 2006 to not less than 19,500 by 2010.</li> </ul>

<b>Goal: Achievement of gender equality and empowerment of women</b>		
<b>Policy objective</b>	<b>Strategies</b>	<b>Key performance indicator</b>
	<ul style="list-style-type: none"> <li>• Empower women, particularly rural women, through training on leadership, awareness of human and indigenous rights issues, health and quality of life through Partnership, Networking and Coordination with women groups and increased collaboration and partnership with NGOs.</li> <li>• Mainstream gender perspectives in all ministries Strategic plans, Corporate plans and Business plans</li> <li>• Strengthen women's groups to increase awareness in the role that women play in societies.</li> <li>• conducting of gender sensitization workshops at national and district (including village) level</li> <li>• mobilizing and networking with more men and young boys organizations to work as gender advocates</li> <li>• increased partnerships with women's groups at community level, non government organisations and civil society organisations to conduct empowerment programmes for women</li> <li>• increased partnerships with research institutions such as the academia to provide evidence based research and results to make informed policy decisions</li> </ul>	<ul style="list-style-type: none"> <li>• Cases of domestic violence recorded by police to be monitored and analyzed.</li> <li>• Availability of Sex-Disaggregated data.</li> <li>• Maintain the 50% parity of young females</li> <li>• Full female parity (50%) in the top three occupation group in older age group</li> <li>• Percentage of Females who are considered "Economically Active" to rise from the 31% in 2004-05 to 37.9% by 2011</li> <li>• Household work for economically active females reduced from 14 hours per week to less than 5 hours by 2011.</li> <li>• Improve average paid work for Economically Active women as compared to men from 17% to less than 10% by 2011</li> <li>• Combined primary and secondary girls: boys ratio of 1:1 (MDG).</li> <li>• The proportion of female school principals, vice and assistant principals to be not less than 25% by 2011.</li> <li>• The proportion of female CEOs in Government to be at least 20% by 2011.</li> <li>• At least one woman in each Government board, committee, tribunal, council, and commission.</li> <li>• Effective rate of unemployment reduced from 35% to less than 25% by 2012</li> </ul>

<b>Goal: Achievement of gender equality and empowerment of women</b>		
<b>Policy objective</b>	<b>Strategies</b>	<b>Key performance indicator</b>
	<ul style="list-style-type: none"> <li>• support local and regional organizations in engaging with women's rights CSOs and indigenous women's groups to advocate and advance gender equality initiatives</li> <li>• adoption of a central data &amp; information management information system to reflect gender statistics and indicators disaggregated by ethnicity, age, disability, and employment status and other relevant status.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of women supported by micro-finance increased from 5,100 in 2006 to not less than 19,500 by 2010.</li> <li>• Cases of domestic violence recorded by police to be monitored and analysed.</li> <li>• Availability of Sex-Disaggregated data.</li> </ul>

## **B. Legal status of the Convention, legislative and institutional framework**

### **3. Taking into account recent political developments in the State party, please provide information on the current legislative and institutional framework governing the State party, particularly in relation to discrimination against women.**

The Domestic Violence Decree 2009 removes reconciliation and allows the process of the law to take its course once it is reported. Even though there is no Constitution, there are Promulgations and Decrees in place and existing legislations continue to be in force. Legislative Framework include the: Employment Relations Promulgation 2007; Family Law Act 2003; Marriage Act (Amendment) Decree 2009; Domestic Violence Decree 2009, Criminal Procedure Decree 2009, Crimes Decree and Sentencing and Penalties Decree 2009.

With regard to Institutional Framework, there are mechanisms already in place awaiting implementation. In addition, there are reforms and a number of stages until the 2014 General Elections. It would be imperative to use these developments to include women and gender issues, as stipulated in the National Framework, "*Roadmap for Democracy and Sustainable Socio-Economic Development 2009-2014*". Institutional Framework include the: Women's Plan of Action (WPA) 2010-2020 Equal Employment Opportunities (EEO) Policy at the Public Service Commission; Sexual Harassment Policy in the Workplace (ERP 2007); Review of Terms and Conditions of Employment for the General Wage Earners and General Orders for male and female workers in the civil service.

**4. In its previous concluding observations (A/57/38, para. 47), the Committee recommended that the State party incorporate a definition of discrimination in its constitutional reform and that it include a clear procedure for enforcement of fundamental rights. Please provide information on the steps undertaken by the State party in incorporating the definition of discrimination in full accordance with article 1 of the Convention and procedures established for enforcement of these rights.**

Preparation and consultations on the Constitution will begin in 2012, and as such we are not aware of the provisions as yet.

**5. Please provide updated information on initiatives carried out by the State party in order to disseminate the principles of the Convention, as well as the Concluding observations of the Committee following the consideration of the initial report of the State party, including translation of these documents into the official languages of the country. Please also provide updated information on the activities undertaken by the State party in order to provide training for legal professionals, including lawyers judges and prosecutors as well as other actors responsible for the implementation of the provisions enshrined in the Convention.**

CEDAW Awareness training implemented at all levels from communities to policy level has not only been a major programme for the Department of Women but also for the training division of the Public Service and for new lawyers as well. This is a major component of the Orientation programmes for new lawyers (gender perspective to it, CEDAW as well) whilst the Department of Women have CEDAW as part of the component of their Legal Literacy Training Programmes and their Gender Sensitivity Training Programmes too.

The articles of CEDAW have been translated into the main vernacular languages of Fijian and Hindustani with fact sheets and pamphlets have been printed and circulated throughout the nation. The Concluding remarks of the Initial Report were disseminated to all stakeholders prior to the writing of the State Periodic Report.

### **C. National machinery for the advancement of women**

**6. Please provide updated information on the current national machinery mandated to implement the Convention, in particular the changes encountered by the Ministry of Women which was recently downgraded to a department within the Ministry of Health and Social Services. Please also indicate what human and financial resources are allocated to the new department and the impact of these changes on the Women Plan of Action (1998-2008).**

The Department of Women since its inception as a Ministry in 1987 was mandated to be the primary advisor to Government on women development and gender issues and also working towards eliminating discriminatory practices against women. In 2008 it became a Department under the Ministry of Health with an annual budget of \$300,000. This has been the budget since 1998 after the launch of the WPA 1999-2008. The staff were a total of 40 up until this year with two transfers living



the total staff to 38 personnel. The budget had increased to \$350,000 in 2009 with 40 staff members and has further decreased to \$300,000 for 2010 with 38 personnel respectively.

#### **D. Temporary special measures**

**7. According to the State party's report (CEDAW/C/FJI/4, para. 123), during the reporting period no temporary special measures were put in place to accelerate de facto equality of men and women. Please describe barriers that exist in this regard and measures taken to address them.**

#### *Electoral and Parliamentary Electoral Reforms*

The Roadmap for Democracy and Sustainable Socio-Economic Development (RDSSSED) 2009-2014 states that the electoral process will be reviewed to promote racial tolerance and unity and eliminate ethnic-based politics, a serious impediment to national development. Necessary steps will be taken to formulate the appropriate constitutional and legal framework to facilitate the adoption of the country's electoral and parliamentary system under the new Constitution in 2012. Further ancillary issues to be addressed include: the size and composition of Parliament; compulsory voting; the voting age; eligibility of candidates; residency restrictions on the right to vote; electoral rules and regulations to ensure a free and fair general election; and strengthening the capacity of electoral administration bodies.

In order to fulfil the objective of a *free and fair general elections and appropriate representation in Parliament and Cabinet*, articulated in the RDSSSED 2009-2014, the Women's Plan of Action 2010-2019 has provisions for Temporary Special Measures (TSM) to be included in the Constitution as affirmative action programmes to enable women's participation in Parliament and having a regulation with provisions for substantial representation of women in political parties' hierarchy. Although during the reporting period there were no temporary special measures in place, the WPA as a measure to having a free and fair general elections and appropriate representation in Parliament and Cabinet under the RDSSSED, is taking into account as a measure of complying to the state obligation to CEDAW.

#### **E. Stereotypes and discriminatory cultural practices**

**8. The report (CEDAW/C/FJI/4, para. 128) refers to Fiji as a patriarchal society where generally men are perceived as leaders and decision makers whilst women are expected to implement those decisions and that this is true in all ethnic groups. Please indicate what concrete measures are in place, or are planned, including review of text books for gender stereotypes, to change the social and cultural patterns of conduct of women and men in line with art. 5(a) of the Convention, as well as any progress achieved in their implementation.**

The Department of Women conducts Gender Sensitization Training as a strategy to alleviate stereotypical attitudes in our patriarchal society. GST is conducted at the 4 Divisions for communities and development partners (NGOs and Other Government Ministries/Departments) for which the outcome is increased women participation in decision-making forums in the rural – community level.

Both men and women appreciate this type of awareness training as it informs them of the different gender roles they play and how this affects gender relations in society, families and the workplace.

The Department of Women is currently reviewing the GST Manual that will be used as a standard training tool for the Department. The Ministry of Education through its Curriculum Development Unit has had ongoing consultations with line ministries in reviewing the Family Life Education Curriculum. This is carried out by reviewing certain school textbooks for gender stereotypes. Last year the taskforce began working towards making the family life education programme introduced at the primary school level and becoming an examinable subject. The Department of Women is represented in this Committee to ensure that changes made to the textbooks or curriculums are gender-responsive.

## **F. Violence against women**

**9. In its previous concluding observations (A/57/38, para.59), the Committee called upon the State party to intensify its efforts to prevent and combat violence against women, including domestic violence, and to adopt relevant legislation. Bearing in mind the Committee's General Recommendation No. 19 on violence against women, please indicate what progress has been made to adopt legislation that expressly prohibits violence against women and steps taken to develop a comprehensive strategy to combat all forms of violence against women, including: prosecution of perpetrators; provision of assistance to victims, including shelters, access to legal aid, and, implementation of capacity-building and awareness-raising programmes for various groups (such as the police, lawyers, health and social workers and the judiciary, as well as the public at large.**

The State has passed the following legislations since the Periodic Report in 2008. The legislations are as follows:

### ***1. DOMESTIC VIOLENCE (DV) DECREE 2009***

The Decree offers greater protection from Domestic Violence to clarify the duties of the Police in that regard, to introduce Domestic Violence Restraining Orders and other measures to promote the safety and well-being of victims of Domestic Violence and to promote rehabilitation of perpetrators of DV and for related matters. These other measures include compensation orders and occupation orders which all the court to order that the perpetrator give monetary compensation to the victim(s) and to transfer tenancies of residential property to the victim which prevents victims from losing the shelter of the matrimonial home. The Domestic Violence Decree which was passed in August 2009 was followed by an intensive training in November of prosecutors, legal aid lawyers, women's interest officers, social welfare officers and the judiciary on awareness and implementation of the Decree.

### ***2. SENTENCING AND PENALTIES DECREE 2009***

The Decree offers to make comprehensive provision for the sentencing of persons for criminal offences and to reform processes applicable to the prescription of penalties in the laws of Fiji and the determination and enforcement of a range of sentencing options imposed by the courts

and of related purpose. Under section 4 (3) of the Decree, courts are required to give special consideration to the sentencing of the perpetrators of domestic violence. These include the physical, psychological or other characteristics of the offence including the age of the victim, whether the victim was pregnant and whether the victim suffered any disability. They also include the presence of children during the offence, the effect of the violence on the victim (emotional, psychological and physical) and any hardship or dislocation experienced by the victim. Also relevant is the conduct of the offender and any act showing he has taken responsibility for the violence.

Under Section 10 of the Decree habitual sexual offenders may be sentenced to longer sentences than might be considered perpetuate if his previous record of offending shows that he has become a threat to the community.

### ***3. CRIMINAL PROCEDURES DECREE 2009***

The Decree to repeal the Criminal Procedure Code (CAP. 21) and to make comprehensive provisions in relation to the powers and procedures to be applied in relation to the apprehension of offenders and the conduct of criminal trials and for related matters. Several reforms are part of this Decree which addresses violence against women. One is that under section 12 (9), corroboration to the sentencing of the victim is abolished. Another is that under section 130, no victim in a sexual case may be cross-examined or examined on previous sexual history without leave of the court that leave can only be granted in limited circumstances.

### ***4. CRIMES DECREE 2009***

The Decree to repeal the Penal Code and make comprehensive provisions in relation to the elements of criminal responsibility and to prescribe a range of criminal offences and for related purposes. These criminal offences transform the definitions of sexual offending including rape. Rape is now defined as the non-consensual penetration of the vulva, vagina or anus with a body part or thing (including objects) and as the penetration of the mouth with the penis.

The definition is gender-neutral and specifically includes sodomy. Also created are comprehensive offences of sexual assaults and a definition of the offence of procuring persons to commit an act of gross indecency. Also now is the extension of the offences of prostitution which for the first time criminalizes the persons who uses the services of sex workers. The offence of infanticide has now been broadened to allow court to consider social factors which lead women to kill their babies.

Finally the Crimes Decree now satisfies Fiji's obligations under the Rome Statute and includes offences of crimes against humanity and genocide which may be committed by acts of rape, sexual servitude and sexual slavery. Also included are offences of trafficking in women and children which conforms to international definitions of trafficking.

**10. The State party's report (CEDAW/C/FJI/4, para. 136) refers to a recent study which highlighted the constraints encountered by the Sexual Offences Units in carrying out their mandates in an efficient and timely manner, including the lack of resources, unavailability of police officers and insensitive and hostile attitudes of officers when dealing with victims. Please describe concrete steps undertaken by the State party to address these concerns.**

The Sexual Offences Unit have had improvements since the last Periodic Report was sent. The Unit now operates under the Criminal Investigation Branch of the Fiji Police Force. With the inception of the 4 Decrees,<sup>4</sup> the role of the Fiji Police Force is further defined specifically for cases of domestic violence and gender-based violence. This is a positive step taken by the State in order to be compliant with the obligations of CEDAW. Further, all senior police officers have attended training on sexual offences, domestic violence and offences against children.

#### **G. Trafficking and sexual exploitation**

**11. Please provide statistics, if available, on trafficking of women and girls and of the number engaged in prostitution, including their involvement in sex tourism. Please elaborate on laws and measures adopted to prevent and punish trafficking and exploitation of prostitution, in line with art. 6 of the Convention, as well as measures taken to provide rehabilitation and support for social integration of women who wish to leave prostitution.**

As part of the measure to address the issue of trafficking of persons, the Crimes Decree 2009 under Section 111 to 121 specifically looks at the offence of "trafficking in Persons and Children". It not only looks at international trafficking but domestic trafficking too. Harsher penalties are in place under this legislation with a minimal of 12 years and maximum of 25 years imprisonment for offenders. Now that specific offences of trafficking are created by statute, the Police Force is obliged to keep statistics of reports and prosecutions. The Decree comes into effect on the 1<sup>st</sup> of February, 2010.

**12. Please provide information on the enforcement of article 166 of the Penal Code under which persons who benefit from the sexual exploitation of women are punishable.**

As alluded to earlier, the Crimes Decree 2009 has repealed the Penal Code and has made comprehensive provisions in relation to the elements of criminal responsibility and to prescribe a range of criminal offences and for related purposes. In the new Decree, those persons benefiting from sexual exploitation of women will face an imprisonment term of a minimal of 12 years and maximum of 25 years for offenders.

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<sup>4</sup> Domestic Violence (DV) Decree 2009, Sentencing and Penalties Decree 2009, Criminal Procedures Decree 2009 and Crimes Decree 2009.

## H. Participation in decision-making and representation at the international level

**13. The State party report (CEDAW/C/FJI/4, paras. 148-181) reflects the low representation of women in political and public life. In its previous concluding observations (A/57/38, para. 51) the Committee urged the State party to introduce temporary special measures, in accordance with article 4, paragraph 1 of the Convention, to increase the representation of women in national and local assemblies, and at all levels in decision-making positions. Please describe measures taken by the State party to improve the situation at local, national and international levels.**

Please refer to temporary special measure response to question 7.

Furthermore, there are 38 Government Outcomes for 2010 -2014. It provides strategic outcomes for all sectors of the economy for the period 2010-2014 to be used in the 2010 Annual Corporate Plans for all Ministries. These outcomes are based on the “Roadmap for Democracy and Sustainable Socio-Economic Development 2010-2014”. Outcome No. 32 is entitled “Gender Equality and Women in Development”. The outcome statement states: The achievement of gender equality and empowerment of women”. This provides an indication of Governments commitment to ensure the involvement and empowerment of women at local, national and international levels of the community in Fiji.

The Ministry for Women as directed by Government has included the strategies to achieve this outcome in Women’s Plan of Action 2010-2020.

## I. Education

**14. In its previous concluding observations (A/57/38, para. 61), the Committee recommended the introduction of targeted policies and programmes to reduce poverty, prevent early marriage, teenage pregnancies and girls dropping out of school. Please further elaborate on educational programmes which are available for girls and women who have left school before school leaving age and graduation, particularly plans in place to expand the “Matua” programme to rural schools.**

The expansion of the Matua programme is an immediate need by the State as stipulated below in the RDSSED 2009-2014:

### Rural and Outer Islands Development

<b>Goal: Promoting equal opportunities and access to basic services, livelihoods and markets</b>		
<b>Policy objectives</b>	<b>Strategies</b>	<b>Key performance indicators</b>
Rural and outer island communities to meet their basic needs, improve living standards and quality of life towards self-sufficiency.	<ul style="list-style-type: none"> <li>Implement infrastructure plans on water and sewerage, electrification, alternative energy sources, and telecommunications.</li> </ul>	<ul style="list-style-type: none"> <li>Rural population with water-seal toilets or other sanitary waste disposal increased from 45% to 80%.</li> </ul>

<b>Goal: Promoting equal opportunities and access to basic services, livelihoods and markets</b>		
<b>Policy objectives</b>	<b>Strategies</b>	<b>Key performance indicators</b>
	<ul style="list-style-type: none"> <li>• Awareness programmes to educate rural population on Government assistance and their civic responsibilities.</li> <li>• Put in place new Divisional development structure</li> <li>• Undertake capacity building in divisional offices to better serve population.</li> <li>• Develop divisional development plans in consultation with divisional stakeholders, including community.</li> <li>• Implement review of shipping franchise scheme.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in rural dwellers trained under the TVET and 'Matua' programmes from 2,000 to 3,000 per year.</li> </ul>

The vocational programme for school leavers is well established. The TVET<sup>5</sup> programmes target school leavers who have reached form four level and between the ages of 15 years to 20 years.

Current programmes include:

- Automotive Engineering
- Catering and Tailoring
- Office Technology
- Vocational Agriculture
- Carpentry & Joinery
- Computer Education

**15. Please provide information on measures to facilitate collection of data disaggregated not only on the basis of sex but also by geographical location (local, sub national, national, and regional levels).**

Please refer to Question 2 response.

<sup>5</sup> Technical and Vocational Education Training.

**16. Please provide information on legislative and other measures taken or envisaged by the State party to allow pregnant girls and women to pursue their education. Please provide information on the situation of violence and sexual harassment of girls in schools and measures in place to address these issues.**

The Ministry of Education has a strong policy on education being made compulsory for all and having a zero tolerance on harassment cases in schools. In addition, the Sexual Harassment Policy 2007 reinforces the measures in place to deal with this situation.

**17. Please provide information on community based early identification and intervention services which identify girls with disabilities, including in remote areas, to ensure they attend schools.**

The Fiji National Council for Disabled Persons (FNCDP) has branches throughout Fiji, to which any development needs of disabled persons in the rural communities is reported to this forum. At the District level, with regards to education and health issues, the District Officer makes submission to the Director of FNCDP for services to be accessible to people with disabilities. FNCDP also has vocational programmes offered to disabled children.

## **J. Employment**

**18. The State party's report (CEDAW/C/FJI/4, para. 236) refers to the fact that Government is expected to examine the incomes gender gap findings with the view "to encourage the restructuring of public sector income policies so that female's pay scales across industries and occupations commensurate with male pay scales for work of equal." Please provide updated information on steps undertaken in this regard.**

With regard to the NEW WAGES REGULATIONS ORDERS 2009, the Minister for Labour, Industrial relations and Employment provide updated information on steps Government has undertaken regarding wages in the employment sector in Fiji:

### **COMPLIANCE RESULTS ON THE NEW WAGES REGULATIONS ORDERS 2009**

...“The Labour Ministry confirms that most of the industries are complying with the whole of the ten (10) new Wages Regulations Orders (WROs) promulgated by Government with effect from 1st July 2009, after the six (6) months grace period was granted to employers.

The new WROs, which cover ten industries or sectors, were revised up in terms of wage rates by 5 to 20%, as the result of the significantly improved terms and conditions of employment brought about under the Labour Reform policy framework of the new Employment Relations Promulgation 2007.

Government is maintaining the current sectoral minimum wages format to facilitate economic recovery by the various sectors, with the aim to sequentially improve minimum wages, and terms and

conditions of employment across all sectors above the poverty line and towards a national minimum wage later.

From the data received to date, the compliance rates of the new WROs by industries are as follows: Printing Trades (100%); Mining & Quarrying Industry (100%); Sawmilling & Logging Industry (100%); Wholesale & Retail Trades (95.5%); Hotel & Catering Trades (94.7%); Garment Industry (90%); (Building and Civil & Electrical Engineering Trades (85.7%); Road Transport (66.7%); Manufacturing Industry (60%); and Security Services (4.7%).

With the exception of the Security industry, the results are quite encouraging and contrary to the belief held by some that the implementation of the new WROs could not be sustained by industries and employers.

Only one hundred and twenty two (122) workers lodged their complaints from the minority employers not complying with the new WROs, out of which the Ministry's Compliance Service has settled 24% of these cases with a total recovery of \$3,962.74 in arrears of wages. The rest of the 93 cases (76%) are currently being processed.

The Compliance Service of the Labour Ministry will step its inspections of enterprises and will fully enforce the new WROs as they are now law with effect from 1st July 2009, and all employers are required to fully comply with the new wages regulations.

This is the role of the Ministry – to ensure that Government's social justice policies in the labour market under the Labour Reform are implemented to ensure poverty is alleviated in the workers, his or her family and the nation as a whole. Also, the new labour laws require that all employers to sustainably improve productivity within their enterprises to remain competitive by adopting modern and best business practices"... (28 August [www.fiji.gov.fj](http://www.fiji.gov.fj)) On the same note, the Trade Unions have welcomed the implementation of the national minimum wage rate as stated below:

"The implementation of the national minimum wage rate has been welcomed by workers and employer representatives. Fiji Trade Union Congress assistant national secretary Rajeshwar Singh said they were pleased with the wage increases in the nine different sectors of the economy ranging from a minimum of 20 cents to the maximum of 50 cents. The new basic wage rate in the garment industry, apart from the trainees, is around \$1.36 per hour. For other sectors, the new basic rates for unskilled workers range from \$1.65 to \$2.08 per hour. The skilled wage rate ranges from \$1.84 in hotel and catering to \$2.57 in mining and quarrying. Any further delay would have prolonged the miseries suffered by low-income earners. He said the issue was poverty and one way of improving life is to increase the national minimum wage rate. The 1997 Fiji Poverty Report indicated that 83 per cent of the population is employed yet they are poor because the wages they receive are so low.

Fiji Island Congress of Trade Unions general secretary Attar Singh said the wage regulation orders means all the of the country's 146,000-plus wage earners should be getting \$172 to \$175 a week. Fiji Employers Federation president Ken Roberts said this was not about how much the minimum wage rate was increased to but why there was a delay"... ([www.fijitimes.com/story/](http://www.fijitimes.com/story/))



**19. In its previous concluding observations (A/57/38, para. 56) the Committee expressed concern at the working conditions of women, particularly in the tax-free zones which was not in line with article 11 of the Convention and called upon the State party to promote the adoption of a code of ethics for investors, including in the tax-zone free. Please provide information on the steps taken in this regard.**

To address the issue of working conditions of women, the RDSSED 2009-2014 looks to achieve the following:

*“Employees work in a safe, healthy, descent, conducive and sustainable work environment where more people can secure incomes from employment in the formal and informal sectors and acquire technical skills and productivity levels needed for higher incomes and economic development”.*

As alluded to earlier, under the new Wages Regulations Order (WRO), all employers are required by law to fully comply with the wages regulations. Women working in tax-free zones amongst others will benefit greatly from this change; with the Employment Relations Promulgation (ERP) 2007 in place, workers working conditions is ensured to be compliant with this.

**20. The report (CEDAW/C/FJI/4, para. 240) refers to a National Policy on Sexual Harassment in the Workplace adopted in 2008. Please clarify whether this policy applies also to non-state actors. Please provide further information on the extent to which this policy is enforced and sanctions applied to perpetrators.**

#### **THE NATIONAL POLICY ON SEXUAL HARRASSMENT IN THE WORKPLACE**

Government considers sexual harassment in the workplace an important and priority issue that Fiji has to address in order to ensure a quality work environment free of intimidation and sexual harassment, and to enhance productivity.

The State believes that every working person should be able to enjoy a working environment free from all forms of harassment and discrimination, whether on the basis of ethnicity, national or social origin, religion, political affiliation, gender, or any other form of personal identity. Therefore, behavior and attitudes respecting the dignity and human rights of a worker should be actively promoted.

#### ***Rationale***

Sexual harassment is a significant issue for all workplaces in Fiji because of its negative impact on the work culture and workforce, which impedes progress and development. Sexual harassment should have no place in any organization and working environment. It should be prevented, and where it exists, eradicated. Therefore it is crucial that employers, workers, and the public at large are educated on the behavior that constitutes sexual harassment in the workplace in order that they not only know what to do if they are sexually harassed but also that they will not be responsible for sexually harassing others.

### *Operating Principles*

1. To ensure that all stakeholders associated with a 'workplace' and the community at large are safeguarded against sexual harassment.
2. To ensure that behavior appropriate to promoting and ensuring a harassment-free workplace environment is characterized by mutual respect and support.
3. To empower those persons within an organization who have insufficient power to prevent any form of harassing behavior from occurring.
4. To support people who feel sexually harassed to find appropriate solutions. Conversely, to provide appropriate solutions for those persons who may be accused of sexually harassing others in the workplace.

### *What is Sexual Harassment?*

Sexual harassment-

- is a form of discrimination and a gross violation of a person's human rights and human dignity;
- can occur at two levels in relationships of unequal power or authority,
  - i) as in staff/student and supervisor/subordinate relationships; and
  - ii) between peers or co workers (e.g. worker/worker), i.e. colleagues. It is important to note that while the majority of complainants are females, males are also victims of sexual harassment in the workplace.

The Sexual Harassment Policy 2007 applies across the board to public and private sectors.

**21. The report (CEDAW/C/FJI/4 para. 226) indicates that women's composition in the labour market has dropped from 40% in the 1996 census to 31% in the 2004/2005 labour survey participation in paid employment. Please also indicate whether there are any State funded child care services available to facilitate the entry of more women into formal employment.**

To date, the state does not have any funded child care services available to facilitate the entry of women into formal employment.

**22. Please provide information and statistics on women's labor force participation in informal sector. Please describe the types of legal, social, or other services and the protection available to women in the informal sector, and any measures to increase their accessibility.**

In terms of accessibility to markets, this is a major constraint for women in the informal sector. Traveling to the main centres to sell their products becomes an expensive exercise and a discouragement to women in the rural areas who pay as much as the cost of their products in order to reach the main centre.

With the goal of promoting equal opportunities and access to basic services, livelihoods and markets, the State under one of its policy objectives in the RDSSSED 2009-2014 looks to improving access to markets and government services to ensure income and food security. This is through:

- Community capacity building programmes at grassroots level in collaboration with NGOs.
- Supporting the developments of Medium, Small and Micro Enterprises (MSMEs).
- Reviewing inter-island shipping routes as well as improvement in inter island maritime infrastructure
- Increased access to formal financial services for savings and credit, including rural banking, microfinance and savings and credit unions
- Increased market access and connectivity by upgrading infrastructure and the provision of basic services and amenities.

## **K. Health**

**23. Please provide information and data on the access to general and mental health services for women and girls, including those from rural areas. Please also describe services provided by the State party to older women.**

### **Awareness and Outreach programmes:**

1. Psycho Education – This involves awareness programmes, stigmatized psychiatry and starting attachments of doctors in major hospitals and health centres to become an integrated programme into the current health system.

2. Clinics – This programme began in 2008 where clinics for mental health problems were taken out to centres other than St. Giles Hospital. Clinics have started in Nadi, Lautoka, Ba, Taveuni and Suva. At the Valelevu Health Centre in Suva, there are weekly clinics to cater for the population along the Suva –Nausori Corridor. Evaluation is usually every two months whilst clinics at the Colonial War Memorial Hospital in Suva, is usually once a month.

Through the National Mental Health and the Suicide Prevention Strategic Plan 2005-2008, activities were implemented in 2008. NCOPS, facilitates and coordinates the implementation of the Suicide Prevention by stakeholders as reflected in the Strategic Plan. The Divisional Mental health project officers support the divisional program and assist in the strengthening of the west & north mental health services. The Suicide Prevention Policy 2008 was launched during the World Suicide Prevention Day celebrations in Ba.

**24. The State party's report (CEDAW/C/FJI/4 para. 279) refers to a high incidence of cancer of the cervix and breast. Please provide information on measures taken by the State party, including fund allocation to improve health care facilities and access to regular pap smears, mammograms and other testing, to address these health factors. Please also provide information on the extent that rural women have equal access to these services.**

As stipulated in the RDSSED 2009-2014, **Health** continues to be a growing and increasingly complex field of competing priorities from all perspectives – from the individuals to governments, businesses, health professionals and the health services system. A healthy and productive population is a key for sustainable economic development. Despite consuming a major portion of governments budget (>3% of GDP and 9% of total budget), health care funding continues to be lower compared to other countries in the region while Fiji’s population tends to be increasing every year.

To achieve its goal of having “*quality, affordable and efficient health services for all*” the State plans to do the following:

## Health

<b>Goal: Quality, affordable and efficient health services for all</b>		
<b>Policy objectives</b>	<b>Strategies</b>	<b>Key performance indicators</b>
Communities are served by adequate primary and preventive health services, thereby protecting, promoting and supporting their well being.	<ul style="list-style-type: none"> <li>Strengthen and implement integrated programme on maternal and child health, Expanded Programme on Immunization, Integrated Management of Childhood Illnesses and Reproductive Health.</li> <li>Implement the safe motherhood programme.</li> <li>Strengthen reproductive programme.</li> <li>Implement the STI/HIV/AIDS Strategic Plan 2010-2012.</li> <li>Implement the Non Communicable Diseases Strategic Plan 2005-2008.</li> </ul>	<ul style="list-style-type: none"> <li>Child mortality rate reduced from 26 to 20 per 1000 live births (MDG).</li> <li>Percentage of one year old immunized against measles increased from 68% to 95%.</li> <li>Maternal mortality ratio reduced from 50 to 20 per 100,000 live births.</li> <li>HIV/AIDS prevalence among 15-24 year-old pregnant women reduced from 0.04 to 0.03 (MDG).</li> <li>Prevalence of diabetes reduced from 16% to 14%.</li> <li>Contraceptive prevalence rate amongst population of child bearing age increased from 46% to 56% (MDG).</li> <li>Increased Fiji resident medical graduates from the Fiji School of Medicine from 40 to 50 per year.</li> <li>Increase annual budgetary allocation to the health sector by 0.5% of the GDP annually.</li> </ul>

	<ul style="list-style-type: none"> <li>• Maintain appropriate levels of health care professionals and ensure high standards of health care.</li> </ul>	
<p>Communities have access to effective, efficient and quality clinical health care and rehabilitation services</p>	<ul style="list-style-type: none"> <li>• Balanced mix of public and private financing for priority health programs.</li> <li>• Identify and appropriately equip the health centers in Fiji that are in dire need for more resources particularly, additional medical expertise and drugs</li> <li>• Improved level of equity, efficiency and effectiveness of health services.</li> <li>• Financial resources shifted towards cost-effective health programmes.</li> <li>• Implementation of a Social Health Insurance Scheme</li> <li>• New fees and charges incorporated in the revised Hospital and Dispensary Act</li> <li>• Establish a Health Policy Commission</li> </ul>	<ul style="list-style-type: none"> <li>• Participation of private and health care providers increased from 2 to 10.</li> <li>• Number of doctors per 100,000 population increased from 36 to 42.</li> <li>• Elimination of stock outs of drugs from present 100 items per month.</li> <li>• Average length of stay for in-patient treatment reduced from 5 to 3 days.</li> <li>• Outsourcing non-technical activities such as laundry, kitchen and security by end of 2010.</li> <li>• Health expenditure increased from the current 2.92% to at least 5% of GDP by 2013</li> <li>• Outsourcing non technical activities such as laundry, kitchen and security by end of 2010</li> <li>• Hospital Boards established by 2010</li> <li>• Child mortality rate reduced from 26 to 20 per 1000 live births (MDG).</li> <li>• Percentage of one year old immunized against measles increased from 68% to 95%.</li> <li>• Maternal mortality ratio reduced from 50 to 20 per 100,000 live births.</li> <li>• HIV/AIDS prevalence among 15-24 year-old pregnant women reduced from 0.04 to 0.03 (MDG).</li> <li>• Prevalence of diabetes reduced from 16% to 14%.</li> <li>• Contraceptive prevalence rate amongst population of child bearing age increased from 46% to 56% (MDG).</li> <li>• Increased Fiji resident medical graduates from FSM from 40 to 50 per year.</li> <li>• Increase annual budgetary allocation to the health sector by 0.5% of the GDP annually.</li> </ul>

		<ul style="list-style-type: none"> <li>• Participation of private and health care providers increased from 2 to 10.</li> <li>• Doctors per 100,000 population increased from 36 to 42.</li> <li>• Elimination of stock outs of drugs from present 100 items per month.</li> <li>• Average length of stay for in-patient treatment reduced from 5 to 3 days.</li> </ul>
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**25. Please explain what measures have been undertaken by the State party to reduce the high rate of adolescent girls' pregnancies and to provide adolescent friendly services on sexual and reproductive health and rights.**

The Adolescent Reproductive Health (ARH) Project emanated in Fiji in response to the global call for action, following the ICPD+5 in 1999. The initiative, which started as a pilot project under the UNFPA-funded national Reproductive Health Programme (1998-2002), demonstrated government's recognition of emerging ARH issues and its commitment to respond appropriately to these issues.

In the early phase of development, the Ministry of Health recognized peer education and the establishment of ARH Centres as effective strategies for providing easy access to adolescent sexual and reproductive health (ASRH) information and services.

Initially, the focus revolved around peer support in the prevention of sexually transmitted infections (STI) and the promotion and advocacy of family planning services through a Peer Education Programme. The peer approach was designed for peer educators to reach other young people with ARH information and education.

The regional UNFPA-funded ARH Project started in 2001, coordinated by the Secretariat of the Pacific Community (SPC) and implemented in 10 Pacific island countries, including Fiji. Through this project, additional funds became more available to expand the scope of the project. The Ministry of Health appointed an ARH Project Officer in 2003 to coordinate the project at headquarter level.

Adolescent reproductive health is a key component of the national Reproductive Health Programme, which is part of the public health Programme under the Fiji Ministry of Health. ARH is reflected in the national corporate plan and the strategic plans of the Ministry. It is also incorporated into the divisional and sub-divisional business plans with the aim that implementation takes place at these levels.

The development of the 2008 work plan drafted at the regional Project Review and Planning meeting conducted in Nadi during 26th – 30th Dec 2007 which was attended by the General Manager Western Health Services AHD<sup>6</sup> project Coordinators and the RH/EPI<sup>7</sup> project officer for Northern Health Division. The draft work plan was again reviewed in a consultative meeting between the Director of Public Health, the ARH Project Officer and the Reproductive Health Project Officer for Reproductive SPC team in 2007. Revisions were incorporated before finalizing the document and submitting to the Ministry for approval. ([www.health.gov.fj/AHD/AHD.html](http://www.health.gov.fj/AHD/AHD.html) )

### **AHD information and education**

Various awareness activities targeting gatekeepers especially community leaders have helped to create a supportive enabling environment. In the early years of the AHD Project a number of outreach initiatives through both in-school and community-based approaches allowed young people gain AHD awareness, information and education. Peer education Programme has been a mechanism for taking AHD messages to schools and communities. Extending the Programme to other divisions through the peer education Programme allowed for greater AHD awareness and education to reach out to urban and rural communities. ([www.health.gov.fj/AHD/AHDInform.html](http://www.health.gov.fj/AHD/AHDInform.html) )

### **AHD youth-friendly services**

To facilitate the delivery of youth-friendly AHD services, the AHD centers have been established in 12 of the subdivisions to provide basic information and basic counseling by peer educators. Nurses have been trained to integrate AHD services as part of their community health programmers by reorganizing health services to integrate youth friendly AHD services in health centers and clinics. Fiji has a well structured and a well-established public health Programme where public health nurses are assigned health zones within a subdivision, which in turn falls under one of the three main divisions. ([www.health.gov.fj/AHD/AHDInform.html](http://www.health.gov.fj/AHD/AHDInform.html) )

### **Achievements to date**

In the last six years, the project has made a number of achievements; the main achievements are summarized below:

- 1) Widespread advocacy using community outreach and multi-media initiatives.
- 2) Establishment of AHD Centres in 12 of the 19 sub-divisions and deployment of peer educators to run the AHD centres and initiate youth-friendly services include peer counseling. They also conduct both in school and out of school peer education.
- 3) School-based peer education has been initiated in selected schools.
- 4) In-school and out-of-school activities have taken ASHD<sup>8</sup> to reach more young people, thus increasing coverage.
- 5) The development of a revised Family Life Education programme (FLE), working in collaboration with Curriculum Development Unit, Ministry of Education commenced in 2006. The project aims to formalize and institutionalize a Life Skills based FLE curriculum to be taught in schools in an age appropriate manner.

<sup>6</sup> Adolescent Health Development Programme.

<sup>7</sup> Reproductive Health/National Expanded Immunization Programme.

<sup>8</sup> Adolescent and Sexual Health Development Programme.

- 6) Training in Life Skills has resulted in youth trainers mastering the skills of delivering community-based training in Life skills in their respective communities.
- 7) Introduction of youth-friendly AHD services in AHD Centres and Hub centres to expand the availability and accessibility of services.
- 8) Training of Nurses in the “Integration of AHD services” in health centres and clinics, with the aim of increasing the number of health facilities and health providers providing AHD services.
- 9) Integration of AHD in to the Midwifery Society Activities.
- 10) Networking with National Substance Abuse Advisory Council (NSAAC) in the Ministry Of Education. ([www.health.gov.fj/AHD/AHDAchive.html](http://www.health.gov.fj/AHD/AHDAchive.html))

**26. Please provide information on the incidence of suicide among women in the State party and whether research has been carried out to identify factors accounting for the high rate of cases among women.**

*Suicide research*

FSPI<sup>9</sup> has a Regional Health Research Officer to investigate suicide in Fiji. By learning more about the characteristics of suicide in Fiji we seek to create informed suicide prevention programs that target the key causes of suicide. While the number of suicides in Fiji has steadily declined in the period between 2000 and 2007, there is still much we do not know about the characteristics of suicide in the country. Attempted suicides in Fiji have remained high over the past seven years and when looking at a breakdown by ethnicity, Indo-Fijians have a much higher number of both completed and attempted suicides than indigenous Fijians, despite the decline of Indo-Fijians making up the overall population in Fiji. ([www.fspi.org.fj](http://www.fspi.org.fj))

Current Projects - Youth and Mental Health

The Youth and Mental Health (YMH) Project has its roots in an earlier FSPI project that studied Male and Masculinity and Mental Health (MMM) in the region. In 2004, MMM got underway with a situational analysis of youths in four countries - Fiji, Kiribati, Papua New Guinea and Vanuatu.

When this phase was completed in 2006, the results revealed certain common features that are indicative of regional pressures on the lives of Pacific youths. Most of these pressures arise from the socio-cultural and economic transitions occurring across the Pacific region.

Limited employment and economic opportunity to participate in the emerging modern lifestyles has led to personal mental stress, social exclusion, unemployment, the development of a subgroup of disaffected youth who may resort to a range of questionable means of acquiring the resources for daily living. In response to this background, the Youth and Mental Health Project was developed as the 2nd and expanded Phase of a MH Project focused on understanding the needs and services and advocating for improvement in the mental health of Pacific Youth.

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<sup>9</sup> Foundation of the Peoples of the South Pacific International (FSPI).



## Where we work?

The Youth and Mental Health (YMH) project addresses the inter-related issues of youth in relation to mental health in the Pacific island nations of Fiji, Vanuatu, Papua New Guinea, Kiribati, Solomon Islands, Tonga, Tuvalu and Samoa.

## What we do?

The project aims to promote better coping skills and strategies to manage mental health among youth and overall to improve mental health of Pacific youth.

The project will achieve this through two main objectives. It promotes and facilitates the development of gender-sensitive support services for youth to build a coalition of service providers at the community and national level. It builds knowledge among youth themselves on mental health issues that affect their lives to develop and advocate for effective coping strategies and access to support services.

These two key objectives have been divided into four components for implementation:

- **Awareness, Education and Sustainable Livelihoods:** Aims to raise awareness on mental health among communities, policy makers and the private sectors.
- **Research:** Youth and Mental Health-related research is undertaken and published to define the existing issues, services and possible routes of effective action for sustainable work in the mental health area.
- **Promotion:** Youth for mental health forums, engaging both young men and women, to develop gender-sensitive strategies and behaviour change communication for health promotion, and actions to enhance the mental well being of individuals, families, organisations and communities.
- **Advocacy:** Most Pacific Island Countries (PICs) are in the process of reviewing Mental Health legislations and do not yet have effective and proactive national mental health policies. FSPI Health Programme works actively to develop collaborative consultation and input into policy development.

## How we work?

Overarching regional coordination will be managed by the Regional Health team based in Suva, Fiji Islands. The team has a Programme Manager and a Coordinator. Each of the eight Network Partners have a YMH coordinator to implement this project within communities. Each country programme establishes a Mental Health Working Group to guide and advise their programme and develop strategies for research, educational awareness, advocacy on key mental health issues and mental health promotion strategies.

Clinical experience, public perceptions and research have indicated that the Indian communities have been overrepresented in suicide statistics in Fiji. A computerized Medline search of the literature back to 1966 on suicide and ethnicity in Fiji using the search words SUICIDE and FIJI was performed supplemented by other relevant research and published material. A consistent pattern of higher suicide rates for the Indian population in Fiji compared to the indigenous Fijian population was found. Factors including religious and cultural beliefs, higher suicide risk in rural areas, use of toxic biocides as a method of suicide and relatively high suicide rates in young Indian women are discussed. Evidence for Indian vulnerability to suicide in Fiji has to date been based upon uncontrolled, descriptive observations. Helpful directions for future research include studying postulated vulnerability variables for suicide in the Indian community (Morris P & Maniam T, 2000, Asia Pac Journal, Public Health. 2000;12(1):46-9).

**27. The State party (CEDAW/C/FJI/4 para. 291) recognizes that mental illness is highly stigmatized in Fiji. Please provide updated information on the steps taken by the State party to improve the mental health support services and to ensure their accessibility by women across the country. Please also provide information on awareness and outreach programmes to address stigmatization and stereotyped generalizations in order to improve women's accessibility to mental health care services.**

### **Mental health and Suicide prevention**

1. The National Mental Health and the Suicide Prevention strategic plan 2005-2008 was developed through massive consultations with stakeholders and endorsed in 2006. NCOPS,<sup>10</sup> multisectorial body which is chaired by the Minister for Health is to facilitate and coordinate the implementation of the SP by stakeholders as reflected in the priorities of the strategic Plan.
2. The Divisional Mental health PO funded by FHSIP has been appointed to assist in the establishment and strengthening of the west & north mental health services. CME ongoing for staff on mental health, suicide prevention.
3. Review of Mental Treatment Act is still continuing.

### **Awareness and Outreach programmes:**

1. Psycho Education – This involves awareness programmes, stigmatized psychiatry and starting attachments of doctors in major hospitals and health centres to become an integrated programme into the current health system.
2. Clinics – This programme began in 2008 whereby the clinics for mental health problems were taken out to centres other than St. Giles Hospital. Clinics have started in Nadi, Lautoka, Ba, Taveuni and Suva. At the Valelevu Health Centre in Suva, there are weekly clinics to cater for the population

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<sup>10</sup> National Committee on the Prevention of Suicides.

along the Suva –Nausori Corridor. Evaluation is usually every two months whilst clinics at the Colonial War Memorial Hospital in Suva, is usually once a month.

3. COMBI Programme – This is an AUSAID funded programme which begun in 2008 to reduce and stop the stigmatization of mental illness (a country wide campaign). These include launch in schools, having information booths, advertisement on the television, talkback shows on radio and television, checklist on symptoms of Mental Illness, distribution of IEC Materials and Awareness Campaigns.

4. Domiciliary Treatment Forms – This form is usually filled and sent to the main health centres to facilitate the need for those that cannot be in time or have access to the clinical services for mental illness which is either on a weekly basis or monthly basis. This includes those that have finished their medication and are in need of more supplies before their review date. This is ascertained by an authorized personnel who has visited their homes. He or she must confirm with the doctor at the St Giles Hospital or one of the main Hospitals that the medication needs to be given or the person needs to be assessed medically by the Psychiatrist.

5. Accessibility – St. Giles Hospital provides inpatient, outpatient, occupational therapy and counseling, community psychiatric nursing (CPN) and training for both medical and nursing students. Staff of St. Giles provides support and membership to a number of bodies i.e. National Advisory Council on Mental Health, NCOPS, Fiji Disabled Persons Council, WHO Pacific Island Mental Health Network, Psychiatric Survivors Association, Hospital Board of Visitors, National Substance Abuse Advisory Council and Mental Health working group.

To date, there is 1 Psychiatric Unit at each of the main hospitals in Labasa, Lautoka and Suva. There is also a Clinical Services Network which meets 4 times in a year to discuss and monitor the progress of these Units and clinical services on Mental Illness. There are 3 Project Officers in the respective 3 Divisions who coordinate the mental health programme and seek ways to improve or make the service better. Forums like the Youth Summit is one avenue where the public is made aware of the Mental Illness programme that the State has in place, its developments and how to access it.

With regard to domestic violence cases, management at the St Giles Hospital are lobbying for “Respite Homes” for victims through occupational therapy on how to earn a living and get away from that depressed state. In addition, submissions have been made to the State in trying to get more Psychiatric Units established as part of the services offered at hospitals and health centres.

**28. Please explain what measures and programmes have been introduced in the country to increase public awareness of the risk and effects of sexually transmitted diseases, particularly HIV/AIDS. Please indicate whether any of these measures are aimed specifically at women and girls.**

## Family health

### (a) HIV/AIDS update issues

HIV is a complex, multi-faceted and convoluted issue that will continue to be a challenge & an upcoming crisis in the next decade or so in Fiji and the region. HIV is no longer not only a health issue but also has social, economic, development & security components. A lot of developments & achievements in the last decade, especially in the last 3-4 years have been recorded in Fiji to be in par with the international progress on HIV. Based on commitments at 2005 World Summit, building on 2001 UNGASS Declaration of Commitment on HIV, up scaling towards Universal Access by 2010 will serve as a midpoint to achieve MDG 6 – to halt and reverse the spread of HIV/AIDS by 2015.

Fiji's response is documented in the multisectorial Fiji National HIV/AIDS Strategic Plan 2007-2011 which was developed after numerous consultations with all stakeholders. The priority areas identified as reflected in this strategic plan are:

1. Priority Area 1: Prevention of HIV/AIDS & STI with identified vulnerable groups
2. Priority Area 2: HIV/AIDS Clinical management, Drugs & Consumables Procurement, Laboratory Testings
3. Priority Area 3: Continuum of Care for PLWHAs
4. Priority Area 4: Surveillance, Monitoring and Evaluation
5. Priority Area 5: Coordination and Governance

### (b) Key Characteristics HIV/AIDS epidemic in Fiji

According to WHO/UNAIDS criteria, Fiji is still at a low Epidemic level, however, with the Low HIV but High STI prevalence. The Mode of transmission in Fiji is predominately through Heterosexual as in other Pacific island countries. The Mother to Child Transmission is still a high Potential Risk with PMTCT issues to be addressed. With blood transmission, there is Minimal Risk. The factors for HIV spreading are mainly the STI: Syphilis/Chlamydia+++, particularly in women and the implementation of sexual & social high Risk behaviors with the Most at risk populations such as the SW<sup>11</sup>, seafarers, MSM, TMM, STI clients, Young people. There is increasing AIDS disease burden in the health system as in AIDS cases and AIDS deaths. A lot of achievements and success have been attained in the response provided by the government in the past 5 years and more detailed of these could be accessed through the PH Division of the Ministry.

## L. Economic and social benefits

**29. The State party recognizes (CEDAW/C/FJI/4 para, 291) that women continue to be marginalized in terms of access to credit and loans. Please specify any measures taken by the State party in order to eliminate any de facto inequality between women and men on this issue.**

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<sup>11</sup> SW – sex workers; MSM – men who have sex with men; TMM – transgender and marginalized men; STI – sexually transmitted infections.

## 1. The Fiji Development Bank

### (a) Micro loans

The Fiji Development Bank (FDB) introduced the Social Banking facility in July 2008 to provide soft loan access to the poorer segment of the society. There are two schemes under the Social Banking facility; the Micro Credit and Agri. Finance schemes.

The objective of the Micro Credit scheme is to alleviate short and long term financial burdens for those who earn below \$7,500 per annum. It also facilitates in providing opportunities for alternative livelihood programs to lessen poverty in the long term i.e. legal income generating activities that would address the social needs of the borrower.

Agri Finance will assist in improving the livelihood of farmers. It is aimed at encouraging farmers to expand farming ventures from subsistence to semi commercial levels. Farmers can use this facility to make greater use of natural resources available to them. The range of products under Micro Loans is:

Micro Credit - (for loans between \$500 -\$5,000)

Agri Finance - (for agricultural loans up to \$10,000)

### (b) Community reach

#### SMALL BUSINESS AWARDS

The Small Business Awards commenced in August 2004 to promote Small Micro Enterprise (SME) development through the recognition of successful and innovative entrepreneurs who are making a livelihood and in doing so collectively make a strong contribution to the Fiji economy. The competition serves as a medium for the FDB to market itself to the people of Fiji and also serves as part of the Banks corporate social responsibility program. The Bank believes that small businesses are the cornerstone of new economic growth and that it has a strong role to play in fostering new business development.

The competition is open to 100% locally owned businesses that have a turnover of up to \$100,000 in annual gross sales. The Bank launched the 5th FDB Small Business Awards on Tuesday 14th August 2008 and held the Awards Night on 4th February 2009. The aim of the Awards is to recognize small micro-enterprises (SMEs) and its contribution to the economy. The competition usually has 6 major categories, is open to 100% locally owned companies with an annual turnover of \$100,000 or below.

#### FDB SMALL BUSINESS AWARDS 2008. WINNERS PROFILE

Below are two awards that have been awarded to women under the FDB small business awards for 2008:

**i. The Others Category** was awarded to Siliva Nasaqa, originally of Naitasiri who has been into flower business for years. It's a family business whereby her whole family is involved in running this

business. Her husband used to work for the Ministry of Forestry at its Colo-i-Suva station and realized how people spend to buy plants during the arbor week and combining that with Silvia's hobbies for planting, they both came up with the idea of establishing a commercial nursery. Silvia claims she has used materials usually thrown away by others to start her nursery business. Today she plants all types of flowers, palms and ornamentals. This is a husband wife team business and they dream of owning a delivery van one day to cart pot plants to their stall in Garden City Raiwai.

**ii. The FDB Small Business Awards 2008 Overall Winner** was awarded to Varasiko Salatubalevu of Nabouwalu, Bua. This is a very special category of all as the best of all the winners gets away with grand prize money. Varasiko Salatubalevu's business benefitted her entire province, considering the challenges of operating a business in an under developed area is not easy. Many aspects of operating a business under these harsh circumstances were taken into consideration before declaring Varasiko Salatubalevu the winner of the FDB Small Business Awards for 2008.  
([www.fdb.com.fj/pages.cfm/about-us/community-reach/](http://www.fdb.com.fj/pages.cfm/about-us/community-reach/) )

## **2. National Centre for Small and Micro-Enterprise Development**

The National Centre for Small and Micro-Enterprises Development (NCSMED) is mandated by legislation to develop, promote and support small and micro-enterprises (SMEs). This is to support and promote the establishment of small and micro-enterprises especially for the benefit of economically or socially disadvantaged groups including women and youths. NCSMED as one of its functions facilitates access to funds and to complement and supplement financing programmes for small and micro-enterprises. Micro- enterprise would entail any enterprise which has a turnover of total assets not exceeding \$30,000 and employs not more than 5 employees. Small enterprises comprises of enterprises which has a turnover of total assets between \$30,000 and \$100,000 and employs between 6 and 20 employees ([www.ncsmed.org.fj](http://www.ncsmed.org.fj)).

## **3. Northern Development Programme**

The NDP is a government-funded programme that provides equity assistance through grants to enterprises to improve the livelihoods of the Northern Division. The beneficiaries of this programme are Micro, Small and Medium Enterprises. This project .has was put together by the State to help increase people's participation in economic development. Apart from supporting the development of micro, small and medium enterprises it looks to raise the level of investment and economic production and increase the volume and value of trade. The NDP through its enterprise development programme conducts demand-based business training to potential communities to prepare participants to start and operate their own businesses. The training is funded by the programme and is free of charge. This programme will be beneficial to everyone especially women, since it only finances **new** and **incremental** investments and not **refinance** projects being implemented by entrepreneurs. Government has committed \$5 million to the programme to which the focus will be in agriculture, fisheries, forestry, tourism and manufacturing ([www.ncsmed.org.fj](http://www.ncsmed.org.fj)).

## M. Rural women

**30. Please provide detailed information on any programmes, which have been developed to meet the needs of rural women and girls, in particular in the areas of education, vocational training, access to health services and employment. Please also describe the outcome of these programmes. Furthermore, please provide information on whether a gender perspective has been incorporated into national disaster relief strategies and national policies aimed at combating the negative impact of climate change.**

In meeting the needs for rural women to gain access to basic services, the State under the RDSSED 2009-2014, will work towards achieving their goal of *Promoting Equal Opportunities and Access to Basic Services, Livelihoods and Markets*, for the development of rural and outer islands, as stipulated in the table on “Rural and Outer Islands Development” (Question 14).

The State in its progress in promoting policy changes for gender sensitive disaster management and disaster risk reduction, is working with UNDP in conducting a Training of Trainers (TOT) for development stakeholders including the Ministry of Social Welfare and Women. Since women and children are known to be the mostly affected ones during any disaster, through this partnership programme with UNDP, the State is embarking on a new area of incorporating gender perspectives into national disaster relief programmes. Under the RDSSED 2009-2014, this is what the State envisages to achieve and this is also indicated in the Women’s Plan of Action 2009-2018. For the State to work towards “building the national resilience to disasters, reducing vulnerability and risks and adapting to Climate Change”, the RDSSED 2009-2014 specifies the following:

### Disaster risk reduction and disaster management

<b>Goal:</b> Building the national resilience to disasters, reducing vulnerability and risks and adapting to climate change.		
<b>Policy objectives</b>	<b>Strategies</b>	<b>Key performance indicators</b>
Communities are better protected from the risks of disasters and are better able to cope with their consequences.	<ul style="list-style-type: none"> <li>• Identify and implement Effective risk reduction projects.</li> <li>• Improve community response capacity in dealing with disasters and risks with effective, integrated and people-focused early warning systems on all hazards.</li> <li>• Enhance analysis and evaluation of hazards, vulnerabilities and risks.</li> <li>• Promote and strengthened Food security programme to enhance community based disaster reduction initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>• Government responds to disaster situation within the first 24 hours.</li> <li>• Casualties reduced from 30 per year to none.</li> <li>• Everybody to receive timely warning</li> <li>• One third of all villages and settlements in Fiji have disaster plans and committees in 2010</li> <li>• Models of best practice developed and adopted to support disaster risk reduction</li> <li>• Cost for disaster emergency relief food ration reduced by 20% by 2012</li> </ul>

	<ul style="list-style-type: none"> <li>• Strengthen organizational, institutional, policy and decision making frameworks.</li> <li>• Enhance knowledge, information, public awareness and education.</li> <li>• Strengthen effective planning, response and recovery.</li> <li>• Ensure availability of adequate necessary germplasm to support recovery.</li> <li>• Reduce the underlying risk factors.</li> </ul>	
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## N. Marriage and family life

**31. Please provide information on any plans envisaged by the State party to raise the age of marriage of girls from 16 to 18 in order to equalize it with the age of marriage of boys in line with article 16, 1(a) of the Convention.**

Cabinet in July 2009 approved the amendment to the Marriage Act (Cap. 50) by way of the Marriage Act (Amendment) Decree 2009. The amendment stipulates 18 years as the minimum age at which marriage can be contracted for both males and females. This is in line with Article 16 (a) of CEDAW. The requirement of parental consent where a party to an intended marriage is under the age of 21 years has been removed. According to the Attorney General and Minister of Justice, Mr Aiyaz Sayed-Khaiyum, increasing the marriage age of girls from 16 years to 18 years will prohibit involuntary marriages and also remove the discriminatory treatment accorded to males and females under the Marriage Act.

## O. Optional Protocol and Amendment to article 20, paragraph 1

**32. Please indicate any progress made towards accession to the Optional Protocol to the Convention. Please also indicate what progress has been made towards acceptance of the amendment to art. 20, para. 1, of the Convention relating to the Committee's meeting time.**

Cabinet had endorsed the deferment of the ratification of the Optional Protocol to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in April 2009. The State felt that this was not a good time to endorse the Optional Protocol to CEDAW.