



PACIFIC WOMEN
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Eliminating Violence against Women (EVAW) in Pohnpei and Chuuk, Federated States of Micronesia

Assessment of EVAW Services and Gaps in Services Section 2 – Pohnpei State

December 2017



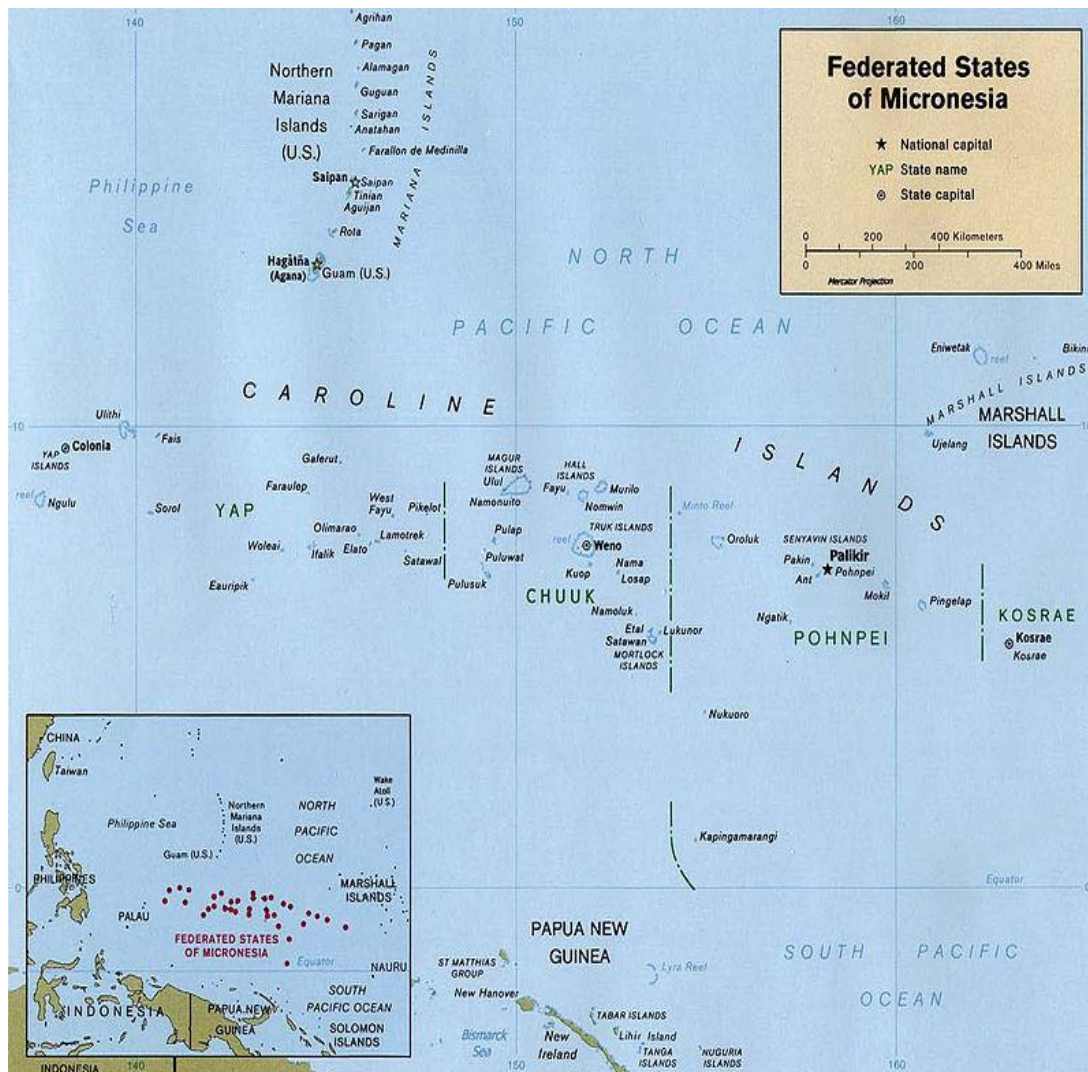
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Figure 1 Federated States of Micronesia Map



Source: U.S. Central Intelligence Agency - Federated States of Micronesia (Political) 1999 from Perry-Castañeda Library Map Collection: Federated States of Micronesia Maps, Public Domain, <https://commons.wikimedia.org/w/index.php?curid=46492>

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Every attempt has been made to reference the toolkit throughout the report. The author apologises in advance should any omissions become evident.

Abbreviations and Acronyms

AFP	Australian Federal Police
AGO	Attorney General's Office
CEDAW	Convention for the Elimination of all forms of Discrimination Against Women
CFO	Country Focal Officer
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
DHSA	Department of Health and Social Affairs
DHSS	Department of Health and Social Services
EVAW	Elimination of Violence Against Women
FHSS	Family Health and Safety Study
FSM	Federated States of Micronesia
FSV	Family and Sexual Violence
FVU	Family Violence Unit
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
M&E	Monitoring and Evaluation
MIS	Management Information System
MLSC	Micronesian Legal Services Corp
MOU	Memorandum of Understanding
NCDs	Non-Communicable Diseases
NGO	Non-Government Organisation
<i>Pacific Women</i>	Pacific Women Shaping Pacific Development
PCO	Pohnpei Consumers Organisation
PDF	Pacific Disability Forum
PWC	Pohnpei Women's Council
RRRT	Regional Rights Resources Team
SDGs	Sustainable Development Goals
SPC	(Secretariat of the) Pacific Community
UN	United Nations
UNICEF	United Nations Children Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
US	United States (of America)
VAWG	Violence Against Women and Girls
WHO	World Health Organisation

Glossary of Terms

Age of Consent	The age at which a person becomes legally competent to consent to marriage or sexual intercourse.
Child sexual abuse	An adult engaging in any sexual behaviour (looking, showing, or touching) with a child to meet the adult's interest or sexual needs, including the manufacture, distribution and viewing of child pornography.
Family violence	Controlling behaviours, commonly of a physical, sexual, and/or psychological nature which typically involve fear, intimidation and emotional deprivation occurring within a close interpersonal relationship, such as between partners, parents and children, siblings, and in relationships where significant others are not part of the physical household but are part of the family.
Gender	The norms, expectations and beliefs about the roles, relations and values attributed to girls and boys, women and men. These norms are socially constructed, they are learned from families and friends, in schools and communities, and from the media, government and religious organisations. These norms, expectations and beliefs change over time.
Gender discrimination	The situation in which people are treated differently simply because they are male or female, rather than on the basis of their individual skills or capabilities, eg, social exclusion, inability to participate in decision-making processes, and restricted access to and control of services and resources.
Gender equality	The same status, rights and responsibilities of women and men. Women and men, girls and boys have different but related needs and priorities, face different constraints, and enjoy different opportunities. Their relative positions in society are based on standards that, while not fixed, tend to advantage men and boys and disadvantage women and girls.
Gender mainstreaming	The promotion of gender equality into all aspects of an organisation's work and into its systems and procedures. It is a process that addresses what an organisation does (external mainstreaming) and how an organisation works (internal mainstreaming). Gender mainstreaming means that all policies, programmes, as well as organisational and management processes are designed, implemented, monitored and evaluated taking into account the different and relative needs and constraints of girls, boys, women and men with the aim of promoting gender equality.
Incest	Sexual intercourse between people who are very closely related. When the female is below the age of consent recognised by law, the act can be both rape and incest.
Intimate partner violence	Physical, sexual, emotional or economic violence by a current or former intimate partner, whether cohabiting or not, experienced by women.
Human trafficking	The trade of humans, most commonly for the purpose of sexual slavery, forced labour, or commercial sexual exploitation for the trafficker or others. Human trafficking is the trade in people, and does not necessarily involve the movement of the person from one place to another.
Sexual harassment	Unwelcome sexual advances, requests for sexual favours, and other verbal or physical harassment of a sexual nature.

Sexual violence

Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting,

including but not limited to home and work.

Rape

Unlawful sexual intercourse or any other sexual penetration of the vagina, anus, or mouth of another person, with or without force, by a sex organ, other body part, or foreign object, without the consent of the victim

Executive Summary

The Federated States of Micronesia (FSM) Department of Health and Social Affairs (DHSA) completed a national Family Health and Safety Study (FHSS) in 2014. The purpose of the study was to identify the prevalence of family and sexual violence (FSV), also known as intimate partner violence, in each of the four states of the Federation. In Pohnpei one in five ever partnered women had experience of physical or sexual violence by a partner.

Violence against women and children cannot be viewed in isolation as it is a symptom of gender inequality. Global evidence shows that countries with improved gender equality have better social and economic development outcomes; investing in eliminating violence against women and children will pay back in the future.

In 2015 UN Women developed an Essential Services Package as a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender-based violence. The Package identifies the essential services to be provided by the health, social services, police and justice sectors (the “Essential Services”) as well as guidelines for the coordination of Essential Services and the governance of coordination processes and mechanisms. Due to its best practice approach, the Framework was used to guide the collection of information for this assessment so that funding for future interventions ultimately contributes to achieving best practice in each of the essential services and in coordination of services.

The FHSS identified the need to promote multi-sectoral coordination between the health system and other public agencies (eg, legislature, judiciary, public safety, social services) and private organisations (eg, women’s groups, NGOs, private health centres). The findings were supported by in-country consultations for this assessment.

FSM is one of five Pacific countries that does not have mental health strategies or a mental health act. Mental health activities or services to address the issues of violence against women are essential.

A comprehensive legal framework is required that provides the legal and judicial basis for victims/survivors’ seeking health, social services, justice and policing services. Passing of the Pohnpei Domestic Violence Act in November 2017 is a very good start, but the Act is weak on sentencing, does not provide for police to issue protection orders and is contradictory in some areas. An early revision is desirable, as is the progressive alignment of all existing legislation with international and regional obligations and new legislation to fill gaps.

Both a Pohnpei EAW Committee (or task force) and a Pohnpei EAW Referral Network are mechanisms to secure good coordination and governance of coordination. Agency representatives appointed to the state EAW Committee (governance body) need to be senior enough in their agencies to be able to influence so that decisions of the governance body filter across each member agency and support the work of the EAW Referral Network at the front line of service delivery.

Coordination and governance of coordination need to be guided by an action plan that is aligned with national level strategy and developed consultatively.

Opening Recommendations: Pohnpei State

An extensive state program to eliminate violence against women requires actions from government, civil society organisations and development partners. A full list of recommendations appears in context in the text in [Section 6](#). This summary contains up to three key recommendations for each Essential Services area and were selected because they mostly require only internal action or technical support and will be relatively easy to commence with. Each service area is introduced in the main body of the report. Recommendations for National Government appear in Section 1.

Fundamental Elements

- Fulfil State Government's obligations by:
 - providing a strong legal framework to eliminate discrimination, contribute to the achievement of the Strategic Development Plan 2004-2023 and ultimately strengthen FSM's economy;
 - pursuing a range of technical support (outlined in section 6.5).

Coordination and Governance of Coordination

- Government to instigate a State EAW Committee (governance) and an EAW Referral Network (operational level), an action plan and an M&E framework that is aligned with national level strategy; develop agreements and standard operating procedures that are shared amongst participating organisations and accessible to communities.

Essential Social Services

- Government with support from donor partners provide:
 - funding of widespread awareness raising in communities on family and sexual violence, including through the media, plus funding to produce IEC materials to be distributed by all essential services, including clear accurate crisis information for supporting victim safety;
 - technical support to train trainers in crisis counselling for victims of family and sexual violence; funding for trainers to train strategically placed crisis counsellors in all sectors: government (hospitals, clinics and dispensaries), non-government (women, youth, senior citizens, people with different abilities) and faith based organisations.
- Government with support from donor partners to take urgent action to create shelters and allied services for abused women and their children, in a location where security can be extended by a respected leader; whether religious, traditional or municipal leader is open to each individual context.

Justice Essential Services

- Additional budget allocation for the Police Family Violence Unit so that it can function in a similar manner to the Guam Police Domestic Assault Response Team model.
- Additional budget allocations to judicial services to provide efficient and effective legal remedies.
- Government to establish specialised and multi-disciplinary units within the justice sector for improved coordination of service delivery.

Health EAW Essential Services

- The Department of Health to seek technical support and funding to:
 - strengthen every area of health essential services including: first line support; effective identification of women and children subjected to violence; training of staff on how to sensitively gather information from victims; psychological and mental health support;
 - upgrade training of mental health nurses and train additional mental health nurses;
 - create a safe space for mental health patients that is made secure and is supervised by health professionals around the clock.

1 Background

This assessment is structured in three sections. Section 1 is the main body of the report, Section 2 is specific to Pohnpei State and Section 3 is specific to Chuuk State, all including recommendations. Sections 2 and 3 contain a mapping of essential services and actions, outlining the assessment of what is in place that needs strengthening and gap areas. The assessment aims to inform stakeholders at national and state level on the strength of available services aimed at eliminating violence against women (EVAW) in the two states and to identify gaps in services so as to provide a way forward for eliminating family and sexual violence and for assisting government to report on regional and international obligations.

After contextual information on Pohnpei, the report situates domestic violence in the context of gender inequality. Brief information on gender equality indicators is provided and background on the State Women's Machinery. An introduction to the Essential Services Package follows and leads into the assessment of Pohnpei State essential services against the model. A mapping table is included in Annex 1 and brief information on non-government agencies is provided in Annex 2.

Information on the purpose and methodology can be found in the Section 1 report.

2 Pohnpei State Context

The State of Pohnpei consists of the main island of Pohnpei and eight smaller outer island groups. The population at the last census was 36,196 residents and almost half (46.7%) are less than 20 years of age.¹ It is the second-most populated state in the Federation, after Chuuk (48,654).

The island of Pohnpei, the largest island in FSM, is approximately 21 kilometres long with a land mass of 334 square kilometres and is subdivided into five municipalities. Ninety six percent (34,789) of the population live on Pohnpei Proper (SBOC, 2012:8). The town of Kolonia is where most of state government offices are, along with the Pohnpei State Hospital. Pohnpei host the FSM capitol of Palikir, which is 7km north-east of Kolonia.

Of the outer island groups of Pohnpei State, where 4% (1,407) of the population live (SBOC, 2012:8), to the south is Kapingamarangi (650 kilometres from Pohnpei Proper), Nukuoro (496 kilometres), Sapwuahfik (161 kilometres), Oroluk (306 kilometres), Pakin (45 kilometres), and Ant (34 kilometres). To the east lie the islands of Mwoakilloa (153 kilometres) and Pingelap (249 kilometres).² Distance from services results in migration to Pohnpei Proper, further reducing outer island populations.

Table 1 Outer Islands Distance from Pohnpei Proper and Population

Outer Island Group	Distance Km	Total Population
Kapingamarangi	650	350
Nukuoro	496	210
Sapwuahfik	161	456
Oroluk	306	-
Pakin	45	-
Ant	34	-
Mwoakilloa	153	133
Pingelap	249	258

¹ 2010 FSM-Wide Census of Population & Housing Pohnpei State Preliminary Count Pamphlet <http://catalog.ihsn.org/index.php/catalog/4155>

² http://www.fsmpio.fm/announcements/health/MCH/2017_APP_TitleV_PrintVersion.pdf

Outer Island Group	Distance Km	Total Population
Total		1,407

Distance Source: http://www.fsmpio.fm/announcements/health/MCH/2017_APP_TitleV_PrintVersion.pdf
Population Source: 2010 FSM-Wide Census of Population & Housing: Pohnpei State, Office of Statistics, Budget & Economic Management, Overseas Development Assistance and Compact Management (SBOC), 2012.

No population was recorded in the 2010 Census for the atolls of Oroluk, Pakin and Ant, though some are said to be popular destinations for divers.

Travel to outlying communities on Pohnpei Proper has become easier with the sealing of the road around the island but, due to scattered housing along unsealed feeder roads, there are still difficulties for many residents in accessing health care, including family planning. Infrequent and undependable cargo ships make the outer islands the most difficult to reach for service providers.³

3 2014 Family Health and Safety Study

The Federated States of Micronesia (FSM) Department of Health and Social Affairs (DHSA) completed a national Family Health and Safety Study (FHSS) in 2014. The purpose of the study was to identify the prevalence of family and sexual violence (FSV), also known as intimate partner violence, in each of the four states of the Federation. Partner violence was defined as the physical, sexual, emotional, and/or economic violence by a current or former intimate partner, whether cohabiting or not, experienced by women (FSM Department of Health and Social Affairs, 2014:28).

Close to one-third of ever partnered women had experience of physical or sexual violence by a partner. Based on the 2010 Census that would number 16,613⁴ victims and possibly as many perpetrators. Similarly, one-third of ever-partnered women experienced emotional violence by a partner in their lifetimes. Some women (6.3%) experienced physical violence by a partner during pregnancy and almost half of those (44.2%) were punched in the abdomen by the father of the child (Ibid:39).

Table 2 Prevalence of FSV for FSM and States Individually

Family and Sexual Violence	FSM	Pohnpei	Chuuk	Kosrae	Yap
2010 Census Female Population	50,650	17,825	23,819	3,264	5,742
Prevalence of ever partnered women	32.8%	18.9%	49.9%	57.8%	27.0%
Prevalence in last 12 months	24.1%	13.5%	42.6%	24.3%	15.1%

Source: SBOC, 2012:8 and FSM Department of Health and Social Affairs, 2014:40

While the Pohnpei and Yap results are below the national average, still one in five women in Pohnpei have experienced violence at the hands of a loved one.

A summary of FHSS results appears in Section 1.

³ Ibid

⁴ Based on all females counted in the census, even though the FHSS survey group was aged 15 to 64 years. The survey showed that some victims were aged under 15 years at the time of violence or sexual assault.

4 Gender Equality in Pohnpei State

Violence against women and children cannot be viewed in isolation as it is a symptom of gender inequality. The *Pacific Women Roadmap* references global evidence⁵ that shows that countries with improved gender equality have better social and economic development outcomes due to the involvement of more people with diverse views, skills and experiences in decision making, economic activity and maintenance of positive social relations. Family and sexual violence is one indicator of gender inequality. Other indicators emerge from the political and economic representation of women.

The 2017 election resulted in one woman senator out of 23 seats. Two Assistant Attorney Generals are women and the Director of Health is a woman.⁶ Despite the lack of recognition of women in the public sector, women are achieving in professional careers as lawyers, doctors and accountants and some achieve seniority in the private sector and are then able to influence decision making. A Women in Business network was formed in 2013, though it does not appear to be functioning currently.

In September 2017, the national government finalised a Draft National Gender Policy to be in effect until 2023, once endorsed by the President. The policy has six goals: Better representation of women in decision making; Elimination of gender-based violence; Equitable education outcomes; Address barriers facing women in the workforce; Women have better health care and improved choices over their fertility; and FSM and State Governments mainstream gender to consider the impacts of policies and programs on women and men, girls and boys. Mainstreaming gender across government is the tool for achieving the other five goals and will need to be progressed simultaneously. State gender policies are an important next step. Technical assistance is available through SPC-RRRT and the *Pacific Women/SPC Gender Adviser*.

FSM has ratified three key UN Conventions: CEDAW, CRC and CRPD. The government has also endorsed a number of key international and regional policy frameworks containing commitments to gender equality, including the 2012 Pacific Leaders Declaration on Gender Equality and the 2015 Sustainable Development Goals (SDGs). Implementation of the gender policy will assist the government to report progress on meeting its obligations at the regional and international level.

4.1 State Women's Machinery

The Pohnpei Department of Health and Social Affairs had a name change in 2017 to the Department of Health and Social Services (DHSS). Whether the name reflects a new structure was unclear at the time of the field trip.

The Women's Interests Desk is based at DHSS, alongside the Youth Interests Desk and Senior Citizens Interests Desk. It is the counterpart of the National Gender Development Unit. The role of the Women's Interests Desk is to develop and administer programs to provide training and other assistance to women; and develop and assist with programs and projects operated primarily by, or for the benefit of women. There is one staff member who does not receive a budget for programs so instead works with women's organisations and others to support and participate in their projects.

The Women's Interests Officer also liaises across State Government on women's issues, for example, the Attorney General's Office, and is responsible for passing on relevant information from National Government. Similar liaison with municipalities is attempted, though travel budget constraints limit regular visits.

The Women's Interests Officer has been a strong advocate for the Domestic Violence Act, ratified by the Senate in November 2017. During 16 Days of Activism the Women's Interests Officer cofacilitated

⁵ World Economic Forum, 2016, The Case for Gender Equality, <http://reports.weforum.org/global-gender-gap-report-2015/the-case-for-gender-equality/>

⁶ This information may not be up to date <http://fsm-supremecourt.org/WebSite/pohnpei/index.htm>

a workshop on domestic violence and the then Family Protection Bill, with the SPC-RRRT Country Focal Officer (CFO). The CFO is assisting with development of an implementation plan.

The Chair of the State Health and Social Affairs Standing Committee was a key informant for the assessment. The Senator was of the opinion that the Committee would be agreeable to making additional funds available for EVAW work, if a justified proposal came forward. The Pohnpei Domestic Violence Act implementation plan could form the basis of a proposal for implementation funds. The CFO and the *Pacific Women*/SPC Gender Adviser would be able to assist with preparation.

4.2 Pohnpei Women's Council

The Pohnpei Women's Council (PWC) has a Women's Centre, donated by the Governor and initially renovated with funds from the Australian Embassy then after cyclone damage in 2015, repaired with PWC's own funds. The building has always been intended as a safe house and information centre for women on health issues, legal rights and other areas. It had not been used in that capacity until recently, to harbour four child victims of trafficking. Though well intentioned, the exercise did not go well due to the lack of skilled people to run the centre and general lack of support services, in particular, psychosocial support. Prior to that situation, and since, the Centre is unused most of the time except for meetings or events held by PWC. Lack of funding is the main reason that the Centre doesn't operate as a safe house and PWC does not have volunteer expertise within its membership—nor should a safe house have to operate on a volunteer basis. Neither is there enough volunteer time to operate the Centre as an information hub for women.

In a recent development, an expression of interest was advertised for the establishment of a specialist violence against women and girls (VAWG) support service. A new human rights advocacy group, Cutting Edge, is the contact point for interest to be expressed. PWC indicated it would submit a proposal. At the time of the field visit no interest had been expressed and the opportunity was about to be readvertised. Additional information on PWC is available in Annex 2, which provides a summary of relevant Pohnpei CSOs.

5 Model: Essential Services Package

Services for eliminating violence against women and children fall into categories commonly known as the Three Ps: prevention, protection and prosecution. Added to that is the need for coordination and governance of coordination.

In 2015 UN Women developed an Essential Services Package as a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender-based violence. The Package identifies the essential services to be provided by the health, social services, police and justice sectors (the "Essential Services") as well as guidelines for the coordination of Essential Services and the governance of coordination processes and mechanisms (UN Women, et al, 2015, Module 1:6).

Essential services can reduce the losses experienced by women, families and communities in productivity, school achievement, public policies and budgets, and help break the recurrent cycle of violence. The Essential Services Package also plays a key role in poverty reduction and development, and efforts to achieve the 2015 Sustainable Development Goals (Op cit).

The Essential Services Package is set to be delivered in the South Pacific from 2018 and there is potential to expand delivery to the North Pacific at a future time. Due to its best practice approach, the Framework was used to guide the collection of information for this assessment so that funding for future interventions ultimately contributes to achieving best practice in each of the essential services and in coordination of services.

Figure 2 Overall Framework Diagram

Principles	A rights based approach	Advancing gender equality and women’s empowerment	Culturally and age appropriate and sensitive
	Victim/survivor centred approach	Safety is paramount	Perpetrator accountability

Common characteristics	Availability	Accessibility
	Adaptability	Appropriateness
	Prioritise safety	Informed consent and confidentiality
	Data collection and information management	Effective communication
	Linking with other sectors and agencies through referral and coordination	

Foundational elements	Comprehensive legislation and legal framework	Governance oversight and accountability	Resource and financing
	Training and workforce development	Gender sensitive policies and practices	Monitoring and evaluation

Source: UN Women, et al, 2015. Module 1:18-19

A mapping of essential services and actions appears as Annex 1, outlining this assessment of what is in place that needs strengthening and gap areas. Prioritisation for early state government, donor and technical support will be important as not every element of the Package can be implemented without a comprehensive program plan and matching funding. The following is an edited version of the commentary in Section 1 and focuses specifically on Pohnpei State.

6 Assessment of Pohnpei EAW Services

Information available suggest that FSM generally, and Pohnpei State individually, have made some progress in addressing violence against women and children but generally lack quality essential services to eliminate violence against women and girls. This is especially the case for women and children with disabilities, those living in rural and remote areas and those made vulnerable by other circumstances, eg, poverty. Pohnpei State now has a Domestic Violence Act and an implementation plan is being drafted. There are women’s and youth groups that raise awareness about family and sexual violence (FSV) and have been instrumental in creating momentum for legislation; however, these agencies work in a wide range of focus areas and are almost entirely voluntary.

Other issues have a higher profile than FSV, such as, substance abuse, teen pregnancy and youth suicide. Trafficking of women and children has a much higher profile despite there being a small number of cases to date. Coordination between service providers is either ad hoc or absent, data collection is minimal or obscured by the lack of formal identification of FSV cases and there is no government budget allocation to address FSV. However, there is strong support for action from all participants in the consultation for this assessment, including at the political level.

The Committee on the Elimination of Discrimination against Women identified a number of weaknesses in FSM’s response to family and sexual violence and recommended that government give high priority to putting comprehensive measures in place, including policy, legislation, access to justice and the full range of support services. An overarching recommendation was to step up educational and awareness-raising efforts aimed at judges, prosecutors, law enforcement personnel, legal practitioners, traditional leaders, health-care providers, social workers and the general public, in order to sensitise them to the fact that all forms of violence against women are unacceptable and to destigmatise victims (CEDAW, 2017:8).

Communication issues, both within the national government and between national and state governments, arose on many occasions. There is no mechanism to monitor the dissemination of information and there is a sense, amongst those consulted, that offices work in silos. Action is required to strengthen the dissemination of information, especially where there are consequences for the states. As a first step, a performance indicator for communication could be included in all civil service role descriptions and monitored at least annually. Communication Skills Training may also produce results.

6.1 Health ERAW Essential Services

Health care providers are the first professional contact for some women who have been subjected to intimate partner violence or sexual violence, so a quality health service response is crucial (UN Women, et al, 2015: Module 2:7). The FHSS found that more than 41% of women who experienced partner violence were injured at least once in their lifetime, slightly over 11% of ever abused women said they lost consciousness at least once and 8.8% said they were hurt enough to need health care of one sort or another. Only one third (30.2%) of those told the health worker the real cause of the injury (FSM Department of Health and social Affairs, 2014:55).

The 2014 FHSS reported that women who experienced partner violence were, over the life cycle, more likely to consult a doctor and to take more medication for pain, sleeping or depression than women who did not experience partner violence (ibid:56). Further, the proportion of women who reported ever thinking about suicide and attempting suicide was significantly higher among women who ever experienced partner violence than among women who never experienced partner violence (ibid:57).

The FHSS identifies the need to strengthen the health system through the development of medical protocols and capacity building programs for medical staff to better respond to family and sexual violence (Ibid:76). It also identifies the need to promote multi-sectoral coordination between the health system and other public agencies (eg, legislature, judiciary, public safety, social services) and private organisations (eg, women's groups, NGOs, private health centres) (Op cit). The findings were supported by in-country consultations for this assessment. Pohnpei hospital receives few cases related to family violence and reports that it has the capacity to take on more patients but doesn't have skilled staff. Pohnpei Hospital is accessible for surrounding populations but distant to wider communities. There is no public transport, only a taxi service, and the roads out to villages are in bad shape adding to travel time and discomfort for the patient. Health centres and dispensaries exist but function at varying levels and have no specific systems for dealing with victims/survivors. The outer islands are the poorest served for dispensaries.

Essential health services address all health consequences, including the physical, mental and sexual and reproductive health consequences, of violence against women. Health interventions include: first line support; treatment of injuries and psychological and mental health support; for post rape care: emergency contraception, safe abortion where such services are permitted by national law, post exposure prophylaxis for HIV infections, and diagnosis and treatment for sexually transmitted infections (UN Women, et al, 2015: Module 2:7). Medical and other health professionals need to be trained to effectively identify and treat women subjected to violence and professional forensic examinations made available (Op cit) with the associated laboratory support. Health care services need to be accessible; responsive to trauma; affordable; safe; effective and good quality (Ibid:8).

WHO Guidelines recommend that information on intimate partner violence and non-partner sexual assault should be available in healthcare settings in the form of posters, and pamphlets or leaflets. These can be on public display and made available in private areas such as women's toilets (Ibid:14). As mentioned above, the FHSS found that injured victims presenting at medical facilities are unlikely to tell the truth about how the injury was sustained; however, if victims see information about legal

rights, that family violence is not normal, and how to access confidential support, there is a chance that they will seek assistance at a future time.

When assessing conditions that may be caused or complicated by family violence, health service providers need to ask about exposure in order to improve diagnosis and subsequent care; however, this needs to be linked to an effective response, which would include a first-line supportive response, appropriate medical treatment and care as needed, and referral either within the health system itself or externally (Op cit).

As awareness on family violence is raised within communities, demands for hospital services are likely to increase and so may the risk of antisocial behaviour by perpetrators on hospital premises. Hospital security will need to be strengthened.

Mental Health Services

FSM is one of five countries that does not have mental health strategies or a mental health act (Kiribati, Niue, Solomon Islands and Vanuatu being the others). Mental health activities or services to address the issues of violence against women are essential (ADFAT, 2017c:6).

Pohnpei hospital provides limited mental health services and the focus to date has been on reducing substance abuse and other risky behaviour. There is one psychiatrist and one psychologist and a small number of mental health nurses. There are two Behavioural Health counsellors at Pohnpei Hospital that could be trained to provide psychosocial support to VAWC victims. The assessment heard that existing mental health nurses require additional training and there is a need to train more mental health nurses generally. There is no separate safe space for mental health patients, though a new mental health wing is being built at Pohnpei Hospital, funded by Australian Aid. Mental health sufferers are known to end up in jail for their own protection. An emerging issue is that of trafficked people and how to provide mental health support while the victims await justice. Assistance with developing protocols and systems for trafficked victims is required.

Pohnpei Hospital is currently merging mental health and disability, to share resources. A budget has been submitted to the state for a disability focal person and Motivation Australia has scoped a project for assisted technology. Outreach is a weakness here just as it is for health teams generally and lack of transportation is the problem. Australian Volunteers International (AVI) has been approached for a volunteer with experience in disability management to be based at the hospital.

The CEDAW Committee expressed particular concern about the health situation of women in remote areas and on outer islands, and was generally concerned about the lack of measures to address the physical and psychological trauma of women who are victims of gender-based violence—resulting in high suicide rates—the high number of teenage pregnancies and the absence of safe and legal abortion facilities except for where the life of the pregnant woman is at stake (CEDAW, 2017:11). Amongst the recommendations was to design a monitoring mechanism for the mental health situation of women and girls, to use as the basis for mental health programs and services (Ibid:12).

Health Management

In the past 15 years, FSM and the US Government have invested in FSM health information systems (HIS) to increase the ability to track key health indicators that can inform health service planning and programming at the state and national levels (UNICEF, 2013a:12); however, a study conducted in 2013 found different definitions were used between programs, limiting comparisons and triangulation of data. The structure of donor funding was said to have contributed to a compartmentalised effect and the resulting data collection methods (Op cit). This reflects comments made during the field visit, that the HIS only collects information required by donors. Clarification was provided by government that the HIS only captures inpatient and outpatient records and not federally funded public health programs. As such, it is not a donor driven health system. Program registries and databases are

donor driven systems to ensure that data for reporting are prioritised in those systems, and not of what the overall need of the health assessment is.⁷

Currently no VAW information is required by health donors and domestic violence is categorised as assault so the few confirmed cases are not recorded as other than assault.

Health professionals at Pohnpei Hospital felt that the HIS was adequate for current requirements but assistance was required to collect and record disaggregated data. The hospital was asked to provide samples of recent reports, but nothing came forward at the time or from email following up later. Accurate statistical reporting of cases is important for tracking demand and trends over time and should be accessible, both internally and externally.

The WHO has been assisting the health department to improve the HIS in relation to pharmacies. DHSA has a staff member updating HIS programming to include pharmacy, linking laboratory with lab system standalone finance, plus the triage and diagnosis that doctors do at the time of interviewing patients.⁸

SPC has been assisting the FSM Government to improve management information systems more broadly, but there is more to do. It will be particularly important to have systems in place to capture disaggregated data relating to violence against women and children, as attempts escalates to address the problem.

Health services are undermined to some extent by funding mechanisms. Core funding is provided through Compact funds for specific purposes, then grants are applied for through other US government funding windows for additional specific purposes, such as Behavioural Health. This tends to promote reactive rather than proactive health administration. When new situations arise, such as a recent trafficking case involving children, there is no capacity to respond. In this specific case, the children were left at risk.

Pohnpei health officials were of the opinion that availability of funding was not the problem, the lack of hard data to prove funding needs and access the health budget was the problem. Health management staff would benefit from technical assistance on forward planning, prioritising, budgeting and writing justifiable budget request proposals.

Pohnpei health officials suggested undertaking a stocktake of what health-related social resources are available across all sectors, such as church counselling. The National Department of Health and Social Affairs is well-positioned to undertake these surveys, perhaps with support from the WHO or other regional agency.

Recommendations for Health EVAW Essential Services: Pohnpei State

Governments are the duty-bearers when it comes to ensuring that adequate health responses are in place to address family and sexual violence.

- The Department of Health and Pohnpei Hospital management to participate in multi-sectoral coordination between the health system and other public agencies (eg, legislature, judiciary, public safety, social services) and private organisations (eg, women's groups, NGOs, private health centres).
- The Department of Health to seek technical support and funding to:
 - strengthen health centres and dispensaries, including in the outer islands, to develop specific systems for dealing with victims/survivors of family and sexual violence, including staff training;
 - strengthen every area of health essential services including: first line support; effective identification of women and children subjected to violence; training of staff on how to sensitively gather information from victims; psychological and mental health support;

⁷ Feedback from a government source during report drafting.

⁸ Feedback from a government source during report drafting.

- establish post rape care through: emergency contraception, safe abortion where such services are permitted by national law, post exposure prophylaxis for HIV infections, and diagnosis and treatment for sexually transmitted infections; forensic examinations by appropriately trained professionals with the associated laboratory support;
- establish separate clinic sessions for senior citizens, people with disabilities and especially vulnerable populations;
- produce visual information on intimate partner violence and non-partner sexual assault to be available in healthcare settings in the form of posters, and pamphlets or leaflets, including contact details for support agencies—these materials could be produced as part of a collective awareness raising campaign by the essential service providers;
- strengthen hospital security to ensure that violence of any kind is prevented on hospital grounds;
- upgrade training of mental health nurses and train additional mental health nurses;
- create a safe space for mental health patients that is made secure and is supervised by health professionals around the clock.
- Hospital management to seek additional funding for vehicles for health outreach to road-accessible communities and to provide an adequate transportation budget for quarterly outer island health outreach.
- Government to provide additional budget for a disability focal point position, to be based at the hospital.

6.2 Police and Justice EAW Essential Services

The provision of a quality justice response as part of the holistic, comprehensive and multi-sectoral approach to addressing violence against women is essential. Relevant laws against such violence should meet international standards; be enforced; keep women and girls safe from violence, including from the re-occurrence of further violence; hold perpetrators accountable; and provide for effective reparations for victims and survivors. Justice systems, and all actors within the system, must be accountable for ensuring that they deliver on their obligations (UN Women, et al, 2015: Module 3:6).

The FHSS commented that weak law enforcement and limited institutional capacity exacerbate the problem of human rights violations, particularly those against women (FSM Department of Health and Social Affairs, 2014:24). In 2013 the Pohnpei Department of Public Safety started training police officers on how to handle incidents of domestic violence (Op cit). These efforts need to be part of a sustained annual program, not just ad-hoc, and police domestic violence unit requires adequate resourcing of both trained personnel and operational budgets.

The CEDAW Committee noted with concern the lack of effective access to justice for women and their inability to obtain justice in the formal system due to multiple factors including poverty, negative gender stereotyping, their lack of knowledge about their rights, the limited availability of free legal aid, the low number of courts throughout the territory and their limited accessibility owing to geographical dispersion. The committee was concerned at the limited training of law enforcement personnel, members of the judiciary and traditional authorities and legal practitioners on the Convention and women's rights, and the general fear among women of using the court system (CEDAW, 2017:4-5). While noting plural justice systems (National and States), the Committee pointed out FSM's obligation to ensure that women's rights are protected by all components of plural justice systems (Ibid:5).

Police

Most participants in the 2014 FHSS felt that involving formal services or authorities, such as police, did not lead to support due to the failure of police to act. Difficulties with keeping information confidential was another constraint to reporting the violence to authorities and one respondent commented that some police officers beat their wives and abuse young girls (FSM Department of Health and Social Affairs, 2014:64), which further undermined victims' willingness to report. A 'no

drop' provision⁹ is in place but the force is mostly untrained on how to apply it. This training must be prioritised, and consequences must be introduced for officers who do not enforce the provision. The Police Force, as a whole, is under-resourced and struggles with recruitment and retention issues due to low salaries mandated by the Compact. Some commentators explained that better-suited people tend to have more opportunities in the private sector (or overseas) where salaries are higher and, due to the cost of living in FSM, would struggle to provide for families on the police wage. As a result, police recruits tend to have lower education levels and are more difficult to bring up to the professional standard required for a respected police force.

Police Academy training has a role to play in instilling professional standards in recruits and it would be worthwhile for the Academy curriculum to be revised for best practice, particularly in responding to family and sexual violence. There does not appear to be a national academy, rather a series of ad-hoc academy trainings are run, with tutors coming from state police forces and visiting instructors from Australia. Adequate funding to run the academy training is also required. A training for 33 recruits run in July 2017 had to be shortened from 90 days to 30 days due to lack of funding.¹⁰ A strong police force requires well-trained recruits. An adequate budget for comprehensive police academy training must be prioritised.

There is also a need to recruit and promote women across the police service. When it comes to family violence cases, victims are mostly women and children who are often afraid of talking to a male police officer, so there is a special police counselling role to be played. Currently, there are no police counsellors in the force. Not to be confused with psychosocial counsellors, police counsellors (both female and male) take victims through their rights and the legal remedies available—regardless of what type of case. The main purpose is to pursue a prosecution. Police counsellors could also play a role in a multi-agency referral network for victims of family and sexual violence by supporting FSV victims to access medical and psychosocial support because police counsellors, where they exist, are often the first police presence at the hospital or social service if called to attend.

Inequalities between women and men create gender specific vulnerabilities, such as economic and legal dependency, which among other things, impact on women's use of justice services and create obstacles to accessing justice. Prioritising the victims' safety, empowerment and recovery requires treating women with respect and supporting and keeping them informed throughout the justice process. A women-centred approach to justice and policing service delivery puts the needs and realities of women and girls at the core of any justice service, rather than the goals of the justice institutions (UN Women, et al, 2015: Volume 3:13). Specialised and multi-disciplinary units within the justice sector are the ideal (Op cit).

Pohnpei Police

In October 2015 a Pohnpei Police Family Violence Policy was approved by the Director of Public Safety, along with approval to train all officers on the policy. The policy is meant as a standard operating procedure (SOP) in the department's Manual of Operations. A copy of the SOP was provided. The focus is on receiving and investigating a complaint and it compels officers to act to prosecute any criminal offense where sufficient evidence exists.

In November 2015, the Director formally established a Domestic and Family Violence Unit within the Investigations Unit. The Unit is composed of an Officer in Charge of Investigations (OICI) and has one Detective and one Domestic Violence Officer. The Unit's mandate is to act as a focus for coordinating all domestic and family violence activities and to record all domestic violence reports and incidents into a database. Additionally, the Unit is to provide EAW training for the whole department, link with

⁹ A 'no drop' provision places an obligation on the law and justice sector to prosecute a case, even if the victim withdraws the complaint. Victims have been known to be pressured by abusers or relatives to drop charges. The 'no drop' approach relieves the victim of this additional pressure so that justice can be pursued. The role of police as the frontline agency is to arrest, charge and gather evidence for a successful prosecution.

¹⁰ http://www.kpress.info/index.php?option=com_content&view=article&id=699:33-cadets-from-throughout-the-fsm-participating-in-fsm-police-academy-in-pohnpei&catid=8&Itemid=103

other relevant government departments and CSOs and link to the Pacific Prevention of Domestic Violence Program (PPDVP) for capacity and technical support. Since then the PPDVP program appears to have scaled back and it is unclear what the operational level is in FSM now.

Consultations for this assessment disclosed that training of all officers on the EAW policy is incomplete and that police training requires strengthening across the board. Gender training for the police force was requested. Other weaknesses were record keeping, case management, and the collection of data. Police are keen to have family protection legislation in place and to be part of a multi-agency EAW referral network. These initiatives by police leadership are admirable.

Now that the Pohnpei Domestic Violence Act has been passed, the Unit will require additional capacity to deal with an increase in demand that will result from widespread awareness raising. The Unit needs to be a member of the operations side of a state EAW referral network.

Policing at the village level is primarily the responsibility of the Municipal Police Forces. The State Police Force may have to negotiate with municipal administrations to provide EAW training at the next level. Otherwise, the complaints and lack of trust that came forward during the FHSS will continue. This will require a sustained program of training across municipalities and needs to commence immediately.

Regional Police Support

A small number of senior police from Pohnpei have had police training on EAW in Guam, facilitated by the Guam Police Department and Australian Federal Police (AFP). Guam has an effective Domestic Assault Response Team, which provides a model for the Pohnpei police force to adapt. A training program based on Guam's success, is required and while Pohnpei police officers have been trained as trainers, there appears to have been limited opportunity to roll out a training program. This should be prioritised along with additional assistance through AFP as required.

Database support has also been provided by AFP in the past. Statistical reports were requested from police for this assessment but were not provided. Additional support is required to further develop the database to collect disaggregated data in relation to family and sexual violence.

FSM is one of seven countries where the Pacific Police Development Program-Regional (PPDP-R) is delivered by the Australian Federal Police (AFP) to promote the safety and security of Pacific Island communities through effective operational policing. One way it does this is through a Basic Investigation Program (BIP), which is being phased into FSM police forces. The BIP concentrates on the fundamentals of criminal investigations, including initiating investigations and presenting evidence as part of court proceedings.¹¹ These investigation techniques will be useful for obtaining convictions of perpetrators of family and sexual violence.

Judicial Services

There is a lack of court information on family and sexual violence cases. Where these cases are prosecuted they are done so as assault, under criminal law, and are not reported as a separate category. As the FHSS demonstrated, most victims do not report to any support service so, as it stands, justice cannot be pursued. There is also anecdotal evidence that if a victim reports abuse to a family member, the matter is resolved between the victim's family and the abuser's family, usually through a payment of either cash or goods (Ibid:64). The practice of traditional dispute resolution came up several times during consultation, and never in a positive manner. Most of those who commented found it disturbing because it never resulted in remedying the violence and was more a case of tradition being exploited to cover up of a crime. Generally speaking, a legal remedy is a more effective deterrent. Compensation can be awarded by the court as part of the legal resolution, but it must not diminish the sentence.

¹¹ Australian Federal Police Platypus Magazine, April 2016.

The CEDAW Committee recommended that specific remedies should be established to provide justice for women in both formal and customary systems and raise public awareness of the importance of addressing violations of women's rights through judicial remedies (CEDAW, 2017:5). The Committee also recommended that safeguards need to be provided against violations of women's human rights through reviews by the Federal Courts or administrative bodies of the activities of all components of state justice systems, with special attention to customary courts (Op cit).

Pohnpei's constitution provides protection against discrimination on the basis of social status but does not extend to covering women with special characteristics, such as disabilities or HIV conditions (FSM Department of Health and Social Affairs, 2014:22). The issue of constitutional reform is taken up under 6.5 below.

A broad range of justice options need to be available to victims and survivors. Essential justice and policing services cover all victim and survivor's interactions with the police and the justice system from reporting or initial contact to ensuring appropriate remedies (UN Women, et al, 2015: Module 3:7).

Justice systems in Pohnpei are weak. Civil cases are backlogged, sometimes for years. The Attorney General's Office is under-staffed and has high caseloads. Not all staff have legal training yet but do receive in-service training throughout the year from senior qualified staff. The Public Prosecutor's Office was not consulted during the field visit due to time and availability constraints, but the situation is likely to be similar. The CEDAW Committee recommended strengthening of judicial systems to ensure that women have effective access to justice, including by increasing human, technical and financial resources (CEDAW, 2017:5).

The Attorney General's Office (AGO) prioritises cases based on seriousness as the office has limited capacity. The office receives over 100 cases per month from Public Safety, many of which are for misdemeanours. It was suggested that giving police authority to give citations for misdemeanours would cut down the number of cases being presented for trial to only major cases. Police effectiveness has a major impact on AGO effectiveness in court; hence the importance of police having a good understanding of family and sexual violence, the new law and the forces obligations. The lack of female detectives and police officers was considered to be a constraint, especially when an abused girl is involved. A recent incest case was an example. Of the current prison population, roughly one third were convicted for sexual offenses.

CEDAW awareness in the office was low and staff of the AGO were not aware that the national government had recently reported and received observations from the UN Committee, which impact on the states. A copy of the Convention and the Committee Observations was provided later.

Data is collected manually from log books and consolidated in a monthly spreadsheet report. Support with information management and data collection training for staff was viewed favourably. EVAW training was also considered to be useful for staff, judges and others in the justice sector. Support with case management systems was also required. Service gaps were identified as psychological counselling for victims, substance abuse counselling for perpetrators, shelters, especially for victims of trafficking, and public awareness raising on legal rights.

Light sentencing by judges was of concern; in one case a three-month sentence was given for a crime that was punishable by up to ten years imprisonment. Procedures are not in place to move cases through the system quickly. Consequently, processes are slow and burdened by bureaucracy. Some civil cases are known to be outstanding for 20 or 30 years.

The AGO was keen to see the Family Protection Bill move to an Act to provide a legal framework for addressing domestic violence. Other areas where policy changes are required were identified as spousal testifying and the Age of Consent—currently 15 years of age.

A new Chief Justice is under recruitment and the AGO has approached the Select Committee on Judiciary and Governmental Operations to use the opportunity to establish priorities and guidelines for the administration of the Court system, establish case management and inventory control systems to

move cases through the system promptly, reassign all outstanding civil and criminal cases and set timetables for announcing decisions on all old cases.

The suggestion of a Bar Association came forward, as a mechanism for the judicial sector to engage with government on legislation and procedures.

Corrections

Corrections Services were not met with during the field visit and there is no information online or in documents. Anecdotal evidence is that jail conditions are poor and there are no rehabilitative programs. There is a plan to renovate correctional facilities in Pohnpei. Current capacity is around 47 prisoners and the jail is close to capacity. The lack of jail space impacts on court sentencing.

The potential number of family and sexual violence victims across the country is around 16,000, meaning there could be just as many perpetrators. Prevention is better than prosecution, so the more emphasis placed on awareness raising about family and sexual violence, the more leadership and community training, the more chance there is of deterring offending.

In other parts of the Pacific, prison programs on relationship management, positive parenting and even basic literacy, have resulted in positive outcomes for the convicted perpetrator and the family. Attendance at a behaviour change program must be voluntary and must not lead to a reduced sentence. It is not a reward, it is an opportunity to develop new life skills and reduce reoffending.

Recommendations for Police and Justice EAW Essential Services: Pohnpei State

Police

- Additional budget allocation for the Police Family Violence Unit so that it can function in a similar manner to the Guam Police Domestic Assault Response Team;
 - budget to ramp up police force EAW training is also required both at the state and municipal levels;
 - training for the force on the 'no drop' provision in relation to family violence as a priority and introduce consequences for officers who do not enforce the provision;
 - strengthen police training across the board and include gender training and training in dealing with people with disabilities and other especially vulnerable populations, in an annual program of capacity building.
- Police to take an active role in a multi-agency Pohnpei EAW Referral Network and commit to supporting the network, both at the governance and operational levels.
- Review recruitment procedures with the aim of improving the quality of new recruits, in particular women recruits;
 - plan recruitment drives in high schools and tertiary institutions;
 - provide basic literacy training to new recruits with low education achievement.
 - train equal numbers of male and female police officers as police counsellors.
- Program at least quarterly missions to the outer islands, ideally joint missions with other essential services, and use them to raise awareness on family and sexual violence issues.

Judicial Services

- Additional budget allocations to judicial services to provide efficient and effective legal remedies.
- Government to establish specialised and multi-disciplinary units within the justice sector for improved coordination of service delivery.
- Essential justice sector services should engage in a multi-agency Pohnpei EAW Committee and EAW Referral Network at both the governance and operational levels.
- Government to pursue specific remedies to provide redress for women in both formal and customary justice systems, including women with disabilities and other especially vulnerable

women, and raise public awareness of the importance of addressing violations of women's rights through judicial remedies and not customary compensation.

- Government to strengthen judicial systems to ensure that women, including women with disabilities and other especially vulnerable women, have effective access to justice, including by increasing human, technical and financial resources;
 - seek technical support from regional agencies to provide CEDAW and EAW training across the justice sector, especially for judges;
 - seek technical assistance from regional agencies to improve case management, data collection, and information management systems.
- Corrections to investigate perpetrator programs for delivery by correctional services, based on best international practice.

6.3 Social Services EAW Essential Services

Quality social services form a vital component of coordinated multi-sectoral responses for women and girls subject to violence (UN Women, et al, 2015: Module 4:6). Social services comprise a range of services that are critical in supporting the rights, safety and wellbeing of women and girls experiencing violence including crisis information and help lines, safe accommodation, legal and rights information and advice (Op cit). These are lacking in FSM.

Access to clear accurate crisis information is vital for supporting victim safety. Crisis information includes information about the rights of women and girls and the range and nature of services available (Ibid:12). Crisis counselling is essential in assisting women and girls to achieve immediate safety, make sense of their experience, reaffirm their rights and alleviate feelings of guilt and shame (Ibid:13). Help lines can provide an essential link to counselling and support services for women and girls experiencing violence. These are separate to, but alongside, law enforcement and other emergency help lines (Op cit); however, considerable resources are required to maintain a 24/7/365 help line and it is important to have other services in place before taking this step.

The one-stop-shop model is proving to be successful in other parts of the Pacific where there are dedicated EAW NGOs. The office providing counselling and initial support is located away from the safe house. Victims present at the office or are referred by police or other services. The NGOs have counsellors on staff, along with a lawyer and a registered nurse. Usually a police officer from the Domestic Violence Unit is based permanently at the office also.

Spotlight: One-Stop Shop Model

One of the best-known good practices in service provision involves bringing together services in one location, often called the "One-stop centre", an interagency unit for victim/survivors of domestic or sexual violence. Such a service was first developed in the largest government-run general hospital in Malaysia. The victim/survivor is first examined and treated by a doctor and is seen by a counsellor within 24 hours in a separate examination room that protects privacy and confidentiality. If it appears that the victim will be in danger if she returns home, the doctor or counsellor arranges for her to go to an emergency shelter or admits her to the accident and emergency ward for 24 hours. If the patient chooses not to seek shelter, she is encouraged to return to see a social worker at the hospital at a later date. She is also encouraged to make a police report at the police unit based in the hospital. In a case involving severe injury, the police see the patient in the ward to record her statement and start investigations.

Known in the Pacific as a one-stop shop, the model is successfully being delivered by the Fiji Women's Crisis Centre and the Tonga Centre for Women and Children, both non-government organisations with donor support. The victim/survivor is brought to the Centre where a nurse is on hand to assess medical needs. If hospital support is required, the victim is accompanied to hospital. A crisis counsellor is on hand. A female police officer provides support with obtaining a protection order

or with filing charges. A lawyer is on staff to give legal advice. If refuge is required, the victim and accompanying children are taken to a safe house. Ongoing counselling is offered, and the victim is accompanied by a staff member to any police interview or court appointment.

Adapted from: Ending violence against women: From words to action. Study of the Secretary-General. United Nations, 2006.¹²

Women's Shelters

Timely access to safe houses, refuges, women's shelters, or other safe spaces can provide an immediate secure and safe accommodation option for those who have to flee violence and there may also be a need to secure accommodation in the medium to longer term (Ibid:14). The FHSS found a mixed response amongst participants to the concept of refuges. Many felt that no location could be kept secret in small populations; that security guards could not be trusted to turn perpetrators away due to extended family relationships; and that police take the attitude of family violence being a private matter within the family and, as a result, the consequences can be worse for the victim (FSM Department of Health and Social Affairs, 2014:64).

Several discussions on the concept of refuges were held during the field trip and opinions were divided; however, many felt that safe refuge as an escape from immediate violence was necessary. Suggestions came forward for how to make refuges safe. Many felt that church denominations should provide refuges on church property and that this would provide a level of security because perpetrators would not pursue victims onto church grounds. Others suggested that traditional leaders should take responsibility for victim safety by establishing a refuge close to the traditional leader's house and thereby under the leader's protection. Comprehensive training of traditional leaders would be required for this approach to be successful as there are anecdotal reports that some traditional leaders are perpetrators and other traditional leaders protect perpetrators. Municipal buildings were proposed as another option. The use of motels for short term stays were discussed, an approach used successfully in other parts of the Pacific, but most felt it would be too easy for perpetrators to find the victims. A Marshall Islands approach was also suggested, where a network of safe homes was said to be in place, for victims to be sheltered by different families on different occasions.

The debate over the usefulness of safe houses in Pohnpei must continue but should not delay the provision of refuge to those at immediate risk. The FHSS finding that around 11% of ever-abused women lost consciousness at least once and almost 9% were hurt enough to need health care (Ibid:10) is evidence that a place of escape and protection is necessary and could be lifesaving. The recommendation of the FHSS was the creation of shelters and allied services for abused women and their children, located close by a respected local leader to provide them with further security from the abusers (Ibid:76). Whether the respected leader is religious, traditional or municipal is open, perhaps even to each individual context. Regardless, action is required, commencing with suitable training for leaders and support workers.

Material and Financial Aid

Material and financial aid may be required for ongoing safe accommodation, food and other essentials (UN Women, et al, 2015: Module 4:14). Processes for recovery or replacement of identity documents need to be in place, as many women and girls experiencing violence need to flee without identity documents in order to remain safe (Op cit). Consideration needs to be given to longer-term accommodation for survivors for whom it is not safe to return to the family home. A half-way house may be one solution, but management of the house and security needs to be planned. In other Pacific countries, immediate financial aid is met from local fundraising rather than donor funds and is not provided in cash, only in kind. Examples are the purchase of groceries, the provision of transportation

¹² <http://www.unwomen.org/-/media/headquarters/media/publications/un/en/englishstudy.pdf?la=en&vs=954>

to move victims to long term safety in a new location or the purchase of a mobile phone and credit so that victims can maintain contact with their support networks. Where the capacity for local fundraising is limited, financial aid for victims with immediate needs could be built into a relevant funding application to government or donors. Management of the fund needs to be kept simple and reporting of how the fund is used should be accountable but not burdensome. Also, the effect of experiencing violence directly or indirectly can have a devastating impact on children. Children have the right to access services that are age appropriate, child sensitive and child-friendly (Ibid:16).

Civil Society Service Providers

A key role is played by civil society organisations, women's groups, faith and community leaders in mobilising community efforts to raise awareness about the prevalence of violence against women and girls and the community's role in responding to and preventing violence (Ibid:17).

In Pohnpei, civil society organisations (CSOs), in the form of chartered associations and church denominations, take on some of the social services roles but struggle to find funding to respond to needs. Amongst key CSOs are the Pohnpei Women's Council, Pohnpei Youth Council and Pohnpei Senior Citizens Association. Instead, they apply for project funding for specific activities within a funder's criteria, eg, reducing substance abuse. Usually, no core funds are included for salaries, rents or utilities so the agencies struggle to achieve on the goodwill of volunteers. Development partners need to reconsider providing funding for a percentage of core costs as part of project funding. Also, if a new position is required to execute the project, eg, project coordinator, then as a risk management measure, the salary forms part of the project budget. Development partners rely on CSOs to deliver projects and FSM CSOs have little or no opportunity to raise independent funds from membership fees, the private sector or community donations.

The Micronesian Legal Service Corp (MLSC) is a not-for-profit legal aid service headquartered in Saipan but with an office in Pohnpei. MLSC deals mostly with civil cases but since 2014, MLSC has noticed an increase in women seeking protection orders because of physical violence. Whether that is a result of FHSS media and public awareness was difficult to establish. Police are not able to issue protection orders, only the court can, so police refer clients to MLSC. In the new Act, police can request an emergency protective order from a judicial officer, which allows 72 hours for the normal process to be pursued. MLSC is willing to play a role in the Pohnpei EAW Referral Network and will need strengthening to do so, both in human resources and data collection. It would be useful for MLSC to commence discussions with head office in Saipan to seek financial and technical solutions in preparation for the likely increase in cases as a result of the Pohnpei Domestic Violence Act.

The state government could also provide an annual grant to a selection of key CSOs because these organisations contribute to fulfilling government's civic obligations and to achieving the gender objectives of the Strategic Development Plan 2004-2023.

Unlike other parts of the Pacific, there are no dedicated EAW NGOs in FSM. As a result, there are next to no psychosocial counselling services, safe houses, male advocates programs or community and school awareness raising programs. Civil society service providers need to be supported, both technically and financially, to prepare proposals to donors and government to fill the social service gaps aimed at eliminating family and sexual violence.

Women who have permanently left a violent relationship, usually with their children, require long term financial independence. Courts may order the abusive parent to contribute to the well-being of children but often the financial burden falls to the women. A government social security benefit is a good first step. Eventually, the survivor may have recovered enough to gain paid employment, undertake vocational training or establish a small business. Discussion is required between government and CSOs on planning for the long-term recovery of survivors and a range of options to support women into paid employment or self-employment. Training programs and business small

grants facilitate the return of survivors into the local economy, so they can contribute to the national economy.

Recommendations for Social Services EAW Essential Services: Pohnpei State

- Support the creation of paid positions either in national, state or civil society organisations for social work graduates so that the country benefits from the qualification and so that social workers are less inclined to emigrate once the bonding period has expired.
- Government with support from donor partners provides:
 - funding of widespread awareness raising in communities on family and sexual violence, including through the media, plus funding for the production of IEC materials to be distributed by all essential services, including clear accurate crisis information for supporting victim safety;
 - technical support to train trainers in crisis counselling for victims of family and sexual violence; funding for trainers to train strategically placed crisis counsellors in all sectors: government (hospitals, clinics and dispensaries), non-government (women, youth, senior citizens, people with different abilities) and faith based organisations.

Women's Shelters

- Government with support from donor partners to take urgent action to create shelters and allied services for abused women and their children, in a location where security can be extended by a respected leader; whether religious, traditional or municipal leader is open to each individual context;
 - continue exploring what the best model for a shelter is in the Pohnpei context.

Material and Financial Aid

- Where the capacity for local fundraising is limited, civil society organisation need to build in financial aid to victims with immediate needs into a relevant funding application to government or donors; management of the fund needs to be kept simple and reporting of how the fund is used must be accountable but not burdensome.
- Government to provide for the establishment of age appropriate, child sensitive and child-friendly services for children who have experienced family and sexual violence.

Civil Society Service Providers

- Relevant civil society partners need to take a role in a Pohnpei EAW Committee (governance) and the EAW Referral Network (operational level).
- Development partners to provide funding for a percentage of core costs as part of project funding and if a new position is required to execute the project, eg, project coordinator, then as a risk management measure, the salary forms part of the project budget.
- Government to allocate annual grants to a selection of key CSOs that contribute to fulfilling governments civic obligations and to achieving the gender objectives of the Strategic Development Plan 2004-2023.
- Donor partners to provide civil society service providers need technical and financial support to prepare proposals to donors and government to fill the social service gaps aimed at eliminating family and sexual violence.
- Government to seek technical support to identify potential for a social security benefit for women who have permanently left a violent relationship, usually with their children, but require long term financial independence from the perpetrator.
- Government and CSOs hold discussions on planning for the long-term recovery of survivors and a range of options to support women into paid employment or self-employment.

6.4 EAW Coordination and Governance of Coordination

Agencies working in isolation are not as efficient as a cohesive multi-disciplinary cross-agency approach for responding to violence against women and girls, including intimate partner violence and non-partner sexual violence. Coordinated systems can have a greater impact when responding to violence and protecting victims from further harm (UN Women, et al, 2015: Module 5:6). The focus is primarily on responding to violence against women and girls (and their children) after the violence has occurred, acting at the earliest stages of violence, and intervening to prevent the reoccurrence of violence (Ibid:7).

Attempts have been made to establish multi-disciplinary referral networks, mostly in the context of trafficking, but meetings become increasingly infrequent. There are no appropriately trained staff or formal systems for coordination, risk assessment and management, or accountability.

Multi-disciplinary response teams are groups of stakeholders who have entered into agreements to work in a coordinated manner to respond to violence against women and girls within a community. Taking a victim-centred approach, these networks are focused on ensuring an effective response to individual cases (Op cit). Stakeholders are all government and civil society organisations and agencies that have a role in responding to violence against women and girls including social services, health care sector, legal aid providers, police, prosecutors, judges, and child protection agencies, among others.

Agreement to participate in the referral network usually takes the form of a collective Memorandum of Understanding (MoU), signed by each agency, which outlines what the role of each agency is in the network. Identification of roles prevents confusion and ensures that a best-practice response is provided. All network members are responsible for collecting and sharing data.

One agency, selected by the network, takes responsibility for coordination of the network. The coordination body can be from any sector. An example from the Solomon Islands is explained in Section 1. Referral networks can also contribute to policy making, undertake joint training, undertaking collective community awareness raising and the development of joint information, education and communication (IEC) materials to promote key messaging.

A coordinated response recognises victims/survivors' multiple needs, psychosocial, sexual health and other health needs. Information sharing among agencies can reduce the number of times victims and survivors are asked to tell their stories, thus reducing the risk of re-traumatisation (Ibid:8-9).

Coordination benefits the institutions and agencies that respond to violence against women and makes them more effective. Clarity about roles and responsibilities means that each sector can excel in its area of expertise, and each professional's work is complemented by that of other agencies and professionals at a lower cost, through pooling financial and human resources and by reducing duplication of effort (Ibid:9). From a community perspective, coordination sends clear, consistent, unified messages that violence against women is being treated seriously, both by protecting and assisting victims/survivors and by deterring and punishing perpetrators (Op cit).

Local Level: Essential Actions

National Level Essential Actions are outlined in Section 1 of the assessment. In the unique FSM context, local takes the form of state level actions but it is important to acknowledge that the states are made up of municipalities with administrations, which serve as deliverers of services, such as, health, education and law and order. Alongside is a traditional leadership structure that parallels municipal governance. Consideration must be given to including all the layers in the EAW response.

Formal structures for local coordination and governance of coordination, support the participation of local institutions and organisations and enables robust mechanisms that can be understood by, and are accountable to the stakeholders and the community (Ibid:18). Formal structures need to be consistent with international human rights standards; take a victim/survivor-centred approach

grounded in women and girls' human right to be free from violence; and include perpetrator accountability (Op cit).

Both a Pohnpei EAW Committee (or task force) and a Pohnpei EAW Referral Network are mechanisms to secure good coordination and governance of coordination. Agency representatives appointed to the state EAW Committee (governance body) should be senior enough in their agencies to be able to influence so that decisions of the governance body filter across each member agency. Operationally, the agency representative is likely to delegate responsibility for action to other staff. For example, the Chief of Police may represent Public Safety on the EAW Committee but the first point of call for victim support is likely to be to the Domestic Violence Unit, which should be represented on the EAW Referral Network.

Coordination and governance of coordination must be guided by an action plan that is aligned with national level strategy and developed consultatively. The effective functioning of local coordination efforts can be supported through agreements and standard operating procedures that are shared amongst participating organisations and accessible to communities (Op cit).

In Pohnpei, the Women's Interests Office at DHSS is in a good position to act as coordinator of the Pohnpei EAW Committee. The role is that of secretariat to the governance group. This suggestion was discussed with stakeholders during the field visit and there was general agreement that the Women's Interests Office is well situated to coordinate across agencies. The coordinator of the EAW Referral Network can be identified by the network from amongst its membership.

A monitoring and evaluation (M&E) framework is required that aligns with the national monitoring and evaluation framework and focuses on the functioning of coordinated responses to violence against women and girls. Capacity and resources may need to be developed and monitoring and evaluation findings ideally will be reported to the State Senate and the National EAW Committee.

Recommendations EAW Coordination and Governance of Coordination: Pohnpei State

- Government to instigate a State EAW Committee (governance) and an EAW Referral Network (operational level), an action plan and an M&E framework that is aligned with national level strategy; develop agreements and standard operating procedures that are shared amongst participating organisations and accessible to communities;
 - appoint the Pohnpei Women's Interests Office at DHSS to act as coordinator (secretariat) of the Pohnpei EAW Committee.

6.5 EAW Fundamental Elements

Strong foundations need to be in place to support high quality services and service delivery by National and State health, police, justice and social services sectors (UN Women, et al,2015: Module 1:17).

Foundational elements	Comprehensive legislation and legal framework	Governance oversight and accountability	Resource and financing
	Training and workforce development	Gender sensitive policies and practices	Monitoring and evaluation

Comprehensive Legislation and Legal Framework

A comprehensive legal framework is required that provides the legal and judicial basis for victims/survivors' seeking health, social services, justice and policing services (Op cit). Adoption of the Pohnpei Domestic Violence Act in November 2017 is a very good start, but the Act is weak on sentencing, does not provide for police to issue protection orders and is contradictory in some areas. An early revision is desirable.

The State Government is obliged to progressively align all existing legislation with CEDAW, CRC and CRPD and develop new legislation to fill gaps. Policies and procedures follow on to support achievement of legislation. A State Gender Policy that aligns with the national policy is a priority. Many areas of legislative discrimination were identified by the CEDAW Committee and addressing these will contribute to the achievement of the Strategic Development Plan 2004-2023 and ultimately strengthen Pohnpei's economy.

Governance Oversight and Accountability

State politicians are duty-bearers and their duty is to provide quality essential services (Op cit). Comments came forward during the field study for this assessment that senators see themselves as donors rather than duty-bearers; donors, because much of Senate time is taken up with approving distribution of expenditure. While fiscal transparency is important, it is not the main role of elected officials. Duty to the constituency is the main role.

Governance, oversight and accountability are required to ensure the duty is met by facilitating dialogue on whether and how guidelines will be implemented; determining the quality of service standards; and in monitoring compliance with service standards (Op cit). Systemic failures in design, implementation and delivery need to be identified (Op cit) and there needs to be recourse for those who have been negatively affected (Op cit). Accountability is enhanced by participation by stakeholders in design, implementation and assessment of services and is vital to ensuring essential services are available, accessible, adaptable and appropriate (Op cit).

Some senators take their duty-bearer role seriously, but others do not appear to do so. A comprehensive induction program after each election would be a good first step. Inductions need not be limited to the senate process but could include presentations by CSOs on the social service needs of communities.

Resources and Financing

Building and sustaining each sector, as well as an integrated coordinated system that has capacity and capability to provide quality essential services, requires resources and financing that effectively and efficiently respond to violence against women and girls (Op cit).

International evidence is mounting that countries with less equality have lower Gross Domestic Product (GDP).¹³ Spending on essential services now, pays back in the future. As Pohnpei approaches the end of Title 2 of the Compact in 2023, new thinking is required on long-term economic sustainability that considers the economic cost of lost opportunities resulting from family violence and gender and social inequalities.

New thinking is also required on improving time-consuming senate financial appropriation processes. Changes to the Constitution may be required, along with sound advice on maintaining accountability and transparency. Technical support is likely to be available from a regional agency.

Providing resources through government budgets shows that eliminating family and sexual violence is a priority for government. This sends a strong message to development partners who are more likely to be supportive if government demonstrates political will to address the challenge.

Training and Workforce Development

Capacity and capability needs to be built for sector agencies and coordination mechanisms to deliver quality services. Service providers must have the competency required to fulfil their roles and responsibilities and to ensure their knowledge and skills remain up to date. Training and workforce development at state level, will be crucial if Pohnpei is to improve negative statistics on literacy,

¹³ World Economic Forum, 2016, The Case for Gender Equality, <http://reports.weforum.org/global-gender-gap-report-2015/the-case-for-gender-equality/>

health, substance abuse, suicide, teen pregnancy and many other factors undermining social cohesion and the economy.

Gender Sensitive Policies and Practices

Increasingly, other Pacific Island Countries are developing national action plans to eliminate violence against women. Each sector needs to be supported to develop relevant policies that work with and alongside other services to provide the most effective response to women and girls subjected to violence. Sector policies then link with the state policy and with achieving the state action plan (Op cit). All policies, whether related to family violence or other areas, need to be gender sensitive and take into account the different impacts of the policy issue on women and men. Policies are known to fail for not taking this measure.

Monitoring and Evaluation

Collection, analysis and publication of comprehensive data on violence against women and girls contributes to continuous improvement by sectors (Op cit). Regular monitoring and evaluation is needed to deliver quality services to women and girls experiencing violence. Data needs to be collected in a form that can be used to gauge and promote quality service provisions (Op cit).

Pohnpei State's management information systems require additional development to be able to record and report EAW statistics. Technical support is being provided in some sectors through development partners, but more is required. Training of specialised monitoring and evaluation staff results in rich information that informs effectiveness and efficiency in programming and contributes to meeting reporting obligations at the regional and internal level.

Recommendations for Fundamental Elements: Pohnpei State

- Fulfil State Government's obligations by:
 - providing a strong legal framework to eliminate discrimination, contribute to the achievement of the Strategic Development Plan 2004-2023 and ultimately strengthen Pohnpei's economy;
 - pursuing a range of technical support to:
 - assess and make recommendations on Constitutional changes for reducing the amount of time spent by the Senate on financial allocation process, without weakening accountability and transparency;
 - facilitate new thinking on long-term economic sustainability that takes into account the economic cost of lost opportunities resulting from family violence and gender and social inequalities;
 - provide training and workforce development to improve negative statistics on literacy, health, substance abuse, suicide, teen pregnancy and many other factors undermining social cohesion and the economy;
 - improve all national and management information systems, especially to accommodate the collection of EAW data;
 - provide training of specialised monitoring and evaluation staff for the collection of rich information that informs effectiveness and efficiency in programming and contributes to meeting reporting obligations at the regional and internal level.
 - develop a comprehensive induction program after each election, including presentations by CSOs on the social service needs of communities and not be limited to senate processes.

A mapping table of recommendations follows in Annex 1.

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Annex 1 Mapping of Pohnpei State EVAW Essential Services and Gaps

The following does not address all elements of quality essential services because a comprehensive response is not planned at this stage. Detailed information on every essential service is available in the six modules that make up the essential services package, which can be found at: <http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence>.

Pohnpei First Response Health Services

The entry points for providing care to women affected by violence at all levels of service delivery include sexual and reproductive health, including maternal health, family planning, post-abortion care services, HIV and AIDS as well as mental health services, provided either through the government or by non-governmental organisations. The network of service delivery includes preventive, curative, palliative and rehabilitative services and health promotion activities (UN Women et al, 2015: Module 2:8).

Department of Health and Social Services (DHSS); Department of Health (DOH); Family and Sexual Violence (FSV); Information, Education and Communication (IEC); Pacific Community (SPC); Post Traumatic Stress Disorder (PTSD); World Health Organisation (WHO)

HEALTH	What's in place		Action for EVAW Services	Stakeholders
Identification of survivors of intimate partner violence	No identification process; up to the survivor to declare, and most lie.	Strengthen	Emergency services training of health care providers--including OB/GYN, paediatrics, family planning, maternal and child health, mental health, behavioural health--to ask questions (empathic, non-judgmental manner) and how to respond appropriately; services to remote communities; a vehicle for outreach	DOH; Hospital; WHO; regional EVAW training provider
		Gaps	Awareness raising in communities on EVAW and available health services; visible IEC materials in hospitals, clinics and dispensaries (posters, brochures on family and sexual violence rights, health service support and other support services; disability, youth-friendly and LGBT, TG and FSW health services; written information on coping strategies for dealing with severe stress; vehicle for services to remote communities.	Joint community outreach campaigns with other essential services, including joint IEC materials
Comments: Confidentiality within limits (mandatory reporting of assault to police)				
First line support	Emergency and outpatient services; clinics; dispensaries Informal system for referrals between hospital and police MIS in place Protocols/standard operating procedures	Strengthen	Attention to four kinds of needs: (1) immediate emotional / psychological health needs; (2) immediate physical health needs; (3) ongoing safety needs; (4) ongoing support and mental health needs; emergency services training of health care providers to ask questions (empathic, non-judgmental manner) and how to respond appropriately; system for referrals (formal and multi-agency); protocol/standard operating procedure specific to FSV and rape; comprehensive gender-disaggregated data collection and storage/retrieval.	DOH, Hospital, WHO, SPC, regional EVAW training provider
		Gaps	Child-friendly clinics; youth-friendly clinics; senior citizens clinics; public outreach to encourage victims to seek medical support.	DOH, Hospital, WHO, regional EVAW training provider

HEALTH	What's in place		Action for EAW Services	Stakeholders
Comments: Rapid assessment of dispensary services, including for FSV and rape, conducted in October 2017 with technical support from WHO. Results not released yet				
Care of injuries and urgent medical treatment	Emergency services at hospital	Strengthen	Training of emergency services health care providers to ask questions (empathic, non-judgmental manner) and how to respond appropriately; system for referrals (formal and multi-agency); protocol/standard operating procedures.	DOH, Hospital, WHO, regional EAW training provider
		Gaps	Examination and care of physical and emotional health together; best practice standards; victim centred approaches keeping in mind that women who have experienced intimate partner or sexual violence are likely to be traumatised; explain and obtain informed consent for each aspect of examination, treatment and evidence collection.	DOH, Hospital, WHO
Comments: It is unclear whether emergency services are available at all clinics and dispensaries, especially in remote locations				
Sexual assault examination and care	Some hospital services available	Strengthen	Taking a complete history to determine what interventions are appropriate; training on caring for victims of sexual assault; training on reliably collecting samples; training on lab processing of samples.	DOH, Hospital, WHO
		Gaps	Forensic evidence collection and laboratory service; emergency contraception and post-exposure prophylaxis (HIV/STIs/HepB)	DOH, Hospital, WHO
Comments: Rape victims rarely report the offence or seek medical care				
Mental health assessment and care	Psychologist (1), psychiatrist (1), mental health nurses (2); Behavioural Health counsellors (2) Free counselling services at the hospital through the Behavioural Health and Wellness program--mental health workers, psychosocial counselling, mobile services (access to vehicle a constraint).	Strengthen	Recruitment of additional mental health staff: develop extensive mental health care delivered by health service providers with a good understanding of violence against women; retraining of existing mental health nurses plus training of more; services to remote communities.	DOH, WHO, regional EAW training providers
		Gaps	Safe treatment space for mental health patients; assessment of mental status (at same time as physical examination) for immediate risk or self-harm or suicide and for moderate-severe depressive disorder and PTSD; psychosocial support for up to 3 months (in the first instance) to monitor for more severe mental health problems as a result of FSV; vehicle for outreach.	DOH, Hospital
Comments: Currently merging mental health and disability services; scoping study for assisted technology by Motivation Australia; mental health hospital wing under construction, funded by Australian Aid. The former alcohol and drug addiction service is being reshaped to a more generic service and then scale up interventions to deal with people who present at hospital who tend to have higher rates of alcohol and drug abuse and depression, both victims and perpetrator				
Documentation (medico-legal)		Strengthen		
		Gaps	Training health service providers to be familiar with the legal system; know how to write a good statement; as a minimum, document injuries in a complete and accurate way; make sound clinical observations; and reliably collect samples from victims for when they choose to follow a legal recourse	DOH, Hospital, WHO

HEALTH	What's in place	Action for EAVW Services	Stakeholders
Comments: Adequate systems for storing and retrieving statistics but narrow focus on what statistics are gathered and systems will need to be adapted to gather EAVW stats; need for gender and statistics training to gather disaggregated data.			

Pohnpei Justice and Policing

All victim and survivor interactions with the police and the justice system are covered in essential justice and policing services from reporting or initial contact to ensuring appropriate remedies. Broad stages of the justice system are grouped as: prevention, initial contact; investigation; pre-trial/hearing processes; trial/hearing processes; perpetrator accountability and reparations; and post-trial processes. There are also services that must be available throughout the entire justice system: protection; support; communications; and justice sector coordination (UN Women, et al, 2015: Module 3:7).

Australian Federal Police (AFP); Attorney General's Office (AGO); Disability Consumers Organisation (DCO); Civil Society Organisations (CSOs); Department of Health and Social Services (DHSS); Department of Justice (DOJ); Department of Public Safety (DPS); Family Protection Act (FPA); Micronesian Legal Service Corp (MLSC); Pohnpei Women's Council (PWC); Pohnpei Youth Council (PYC); Public Prosecutor's Office (PPO); Senior Citizens Association (SCA); Pacific Community (SPC)

JUSTICE AND POLICING	What's in place		Action for EAVW Services	Stakeholders
Prevention	Laws: Criminal; Trafficking; Pohnpei Family Protection Act Police Family Violence Unit Police SOP on domestic violence Awareness raising done by CSOs, sometime with support from govt partners	Strengthen	Increase Age of Consent from 15 to 18 years; Family Violence Unit; enforce a zero tolerance policy against violence committed against any person, including victims/survivors of violence against women, for all employees of the organisation with sanctions for non-compliance, provide training and establish processes to ensure implementation of the policy; Police Academy training; community outreach on EAVW (prevention); disaggregated data collection on the various types of VAW; accurate records and analyse records of reported incidents of violence perpetrated to identify trends of reporting to police services.	DOJ, AGO, DPS, DHSS, PWC, PYC, DCO, SCA, Standing Committee Judicial and Government Operations, AFP, SPC National DPS
		Gaps	FPA State Action Plan; Family Violence Unit (FVU) as a key part of the referral network; work with others to increase public confidence in the ability of the justice system to respond effectively to violence against women; strategies to challenge cultural and social norms, attitudes and behaviours that contribute to the acceptability of violence against women and girls; programs aimed at men and boys as part of the solution to addressing violence against women and girls; increase women's confidence to report by responding quickly and appropriately to reported acts of violence	DOJ, DPS, DHSS, PWC, PYC, DCO, SCA, SPC-RRRT, AFP
Comments: The Police Family Violence Unit will require better resourcing to deal effectively with FSV; the Unit is also tasked with providing training on FSV to all other police officers, which further undermines capacity. Training will be essential for all municipal police also				
Initial contact	Family Violence Unit but not high-functioning; Informal referral of	Strengthen	Family Violence Unit (FVU) to be high-functioning and a key part of the referral network; FVU staffed 24 hours per day, 365 days per year; training on EAVW and 'no drop' policy for all police officers not just FVU officers; protocol/ standard operating procedure; police response (attendance at site, speed of arrest, victim-centred); visible IEC	DOJ, DPS, Standing Committee Judicial and Government Operations, CSOs

JUSTICE AND POLICING	What's in place		Action for EAW Services	Stakeholders
	victims to hospital for medical care		materials at police stations--posters, brochures on family and sexual violence rights; law and justice support services; and other support services;	
		Gaps	Safe space for women and children to file a complaint—either at police station or elsewhere; EAW services in remote locations; disability, youth-friendly and LGBT, TG and FSW access to justice.	DOJ, DPS
Comments: Recruitment issues (salaries, high turnover, etc) need to be addressed to instil behaviours that build trust with communities (professionalism, no favouritism, etc); absence of police counsellors (legal rights, options for prosecution); recruitment of more women is urgent				
Assessment/investigation	Family Violence Unit but not high-functioning	Strengthen	Policy that requires justice service providers to explain to the victim/survivor the investigative and justice processes, her rights, and the services available to her throughout the justice process; immediate victim sensitive investigations; actions taken do not cause further harm; victims/survivors are not delayed or impeded in their effort to bring their case to the attention of justice authorities; suspects are arrested as soon as practicable; suspects are required to submit to measures for the protection of victims; medical and psychosocial needs are addressed; records and case management; data collection, storage and retrieval.	DOJ, DPS, PPO, AGO, AFP
		Gaps	Professional accountability throughout the investigation that holds investigators accountable for their actions throughout process; transparent and accountable complaint management system in place to address service complaints; when working with girl victims/survivors that services are tailored to the unique requirements of the age of the girl.	DOJ, DPS, PPO, AGO, AFP
Comments: The Guam Police Domestic Assault Response Team is a model that may be adaptable to the Pohnpei context. Skills development is essential at the municipal policing level				
Pre-trial processes	AG's Office; Public Prosecutor Minimal legal aid	Strengthen	EAW training for legislature; court response (victims' rights primary, witness support, speed of sentencing); coordinated and integrated approaches to criminal, civil, family and administrative law cases; sharing of information from other proceedings as appropriate within the justice system; mediation or restorative justice that guarantees no force, pressure or intimidation has been used, where the same or greater measures of protection are used, and where the perpetrator has accepted responsibility.	DOJ, DPS, PPO, AGO, MLSC, Courts, Corrections, AFP
		Gaps	Victim / survivor centred, empowerment oriented and rights based pre-trial processes; pro-prosecution policies; primary responsibility for initiating prosecution to rest with the justice service provider and not with the victim/survivor; reducing barriers that place undue pressure on the victim/survivor to withdraw charges; charges reflect the gravity of the offense; a broad range of free legal aid in civil, family and administrative law matters, simple procedures and free or affordable filing fees; fast track procedures especially for girl victims.	DOJ, DPS, PPO, AGO, MLSC, Courts, AFP
Comments: Clarity on application of laws in each circumstance, ie, criminal, trafficking, domestic violence				
Perpetrator accountability and reparations	A small number of cases are prosecuted, mostly for sexual offenses	Strengthen	Appropriate sentencing as deterrence and taking into account aggravating factors such as abuse of a position of trust or authority; training of judges and traditional leaders so that customary restitution and financial compensation are not used as a substitute for custodial sentences.	DOJ, Courts, Traditional Leaders

JUSTICE AND POLICING	What's in place		Action for EAW Services	Stakeholders
		Gaps	Justice outcomes commensurate with the gravity of the crime and focused on the safety of the victim/survivor; timely, effective, gender sensitive and age appropriate civil remedies for the different harms suffered by women and girls; redress when essential justice services are denied, undermined, unreasonably delayed, or lacking due to negligence.	DOJ, Courts, DPS, AGO, PPO
Comments: Pohnpei legislators want to focus on the family – not the women only – and want services to support perpetrators as well. Many perpetrators were considered to have mental health issues, which need to be addressed				
Post-trial processes		Strengthen		
		Gaps	Interventions that prevent reoffending and focus on victim / survivor safety; appropriate measures in place to eliminate violence against women who are detained for any reason.	DOJ, DPS, Corrections
Comments: There is no separate women's prison, so women offenders of any crime are usually sentenced to home detention				
Safety and protection	Protection Orders (but police cannot issue)	Strengthen	Enforcement and monitoring of protection measures.	
		Gaps	Mechanism for police to issue Protection Orders; access to immediate, urgent and long-term protection measures; holding justice service providers accountable for their action or inaction in enforcement of protection measures; risk assessment; safety planning; coordinated protection and support services.	DOJ, DPS, PPO, AGO, MLSC, Courts
Comments: Only the court can issue Protection Orders, so victims need legal assistance to access the court, which is a barrier to safety.				
Assistance and support	Public Prosecutor's Office Micronesian Legal Service (legal aid)	Strengthen	Public Prosecutor's Office; free legal aid in Kolonia only; practical, accurate, accessible and comprehensive justice information; victim and witness support services; referrals to health and social service providers.	PPO, MLSC, DPS, DHSS
		Gaps	Justice sector representation on a EAW Referral Network; legal aid outreach including to outer islands; signage at all justice sector offices meeting the needs of various target groups.	PPO, MLSC, DPS, Courts, Corrections
Comments: Justice sector offices lack capacity and resources to meet minimum standards for victim support.				
Communication and information	Communication on an as required basis.	Strengthen	Regular and effective communication between justice agencies; communication by justice agencies with other agencies; Management Information System (MIS)	Justice Sector, Health Sector, Social Services, AFP
		Gaps	Family Violence referral network (wrap-around services) Joint community outreach campaigns with other essential services, considering the various target groups; simple and accessible information about justice services	Justice Sector, Health Sector, Social Services Sector, DHSS
Comments: Case information is compiled manually.				
Justice sector coordination		Strengthen	Coordination amongst justice sector agencies including case management, risk assessment and safety planning.	Justice Sector

JUSTICE AND POLICING	What's in place		Action for EAW Services	Stakeholders
		Gaps	Multi-agency referral network; protocol/standard operating procedure.	Justice, Health, Social Sectors, DHSS
Comments: The suggestion of a Bar Association came forward, which would be a useful mechanism for justice sector coordination amongst other purposes				

Pohnpei Social Services

Quality social services are another vital component of coordinated multi-sectoral responses for women and girls subject to violence. A range of services are critical in supporting the rights, safety and wellbeing of women and girls experiencing violence including crisis information and help lines, safe accommodation, legal and rights information and advice. The manner in which services are provided has a significant impact on their effectiveness. This means ensuring that services are women-focused, child-friendly, are non-blaming, and support women and children to consider the range of choices available to them, and support their decisions. (UN Women, et al, 2015: Module 3:6).

Department of Health and Social Services (DHSS); Department of Health (DOH); Department of Justice (DOJ); Information, Education, Communication (IEC); Micronesian Legal Services Corp (MLSC); Pohnpei Women's Council (PWC); Pohnpei Youth Council (PYC); Pohnpei Consulter Organisation (PCO); Senior Citizens Association (SCA)

SOCIAL SERVICES	What's in place		Action for EAW Services	Stakeholders
Crisis information	Loose referral network: Police, Hospital, MLSC, PWC	Strengthen	Awareness raising/community outreach on rights and responsibilities and legal literacy;	Justice, Health, Social Sectors, DHSS
		Gaps	Crisis information that identifies and refers to the range of existing services available for women and children; IEC materials (shared resources?); use of media for mass awareness-raising, eg, radio	Justice, Health, Social Sectors, DHSS
Comments: Radio is still the most effective form of mass communication as not all communities have access to the internet but almost everyone has a cell phone and most come with a radio app				
Crisis counselling	Limited crisis counselling services available at hospital Limited crisis counselling provided by some churches	Strengthen	Services available at hospital; church counselling services.	DOH, Hospital, churches
		Gaps	Crisis counsellors in each essential service; specific women-led organisations providing crisis counselling in communities; crisis counselling in various locations and diverse settings; training of crisis counsellors.	Justice, Health, Social Sectors, DHSS
Comments: There is no dedicated comprehensive EAW service provider NGO/CSO				
Help lines		Strengthen		
		Gaps	A free 24/7 help line.	DHSS, Social Sector
Comments: This intervention should be delayed until the full range of services are in place to support callers				

SOCIAL SERVICES	What's in place		Action for EVAW Services	Stakeholders
Safe accommodation	Unused space at PWC Women's Centre Some churches provide temporary shelter on a case-by-case basis	Strengthen	PWC Women's Centre to become a best practice women's shelter.	PWC, DHSS, donor partners
		Gaps	Safe short-term accommodation with full FSV services available for women and children under immediate threat.	DHSS Standing Committee DHSS, DHSS, Social Services, donor partners
Comments: The issue of safe housing for victims/survivors is divisive in FSM so debates should continue until permanent solutions are reached. In the meantime, there is a need for at least overnight refuge for women and children at risk				
Material and financial aid	Some CSOs use their networks to seek donations of clothing or groceries	Strengthen		
		Gaps	Material and financial aid to enable access to crisis information and counselling, safe accommodation, food, transportation to safety or other needs that arise when victims/survivors are no longer safe in the home.	DHSS Standing Committee, DHSS, Social Services
Comments: Social protection such as cash transfers is a useful option that could be explored by government				
Creation, recovery, replacement of identity documents		Strengthen		
		Gaps	Support to create, recover or replace identity documents to ensure women can travel, maintain or seek employment, access social services, and access bank accounts etc.	DHSS, Social Services, DOJ
Comments:				
Legal and rights information, advice and representation, including in plural legal systems ¹⁴	Public Prosecutor's Office; Micronesian Legal Service Corp	Strengthen	Free legal services for victims/survivors; community awareness raising; distribution of IEC materials.	DOJ, PPO, MLSC, Social Services, donor partners
		Gaps	Accurate and timely information about such matters as divorce/marriage laws, child custody, guardianship, migration status and assistance to navigate justice and policing responses.	DOJ, MLSC
Comments: SPC-RRRT is about to commence a para-legal training program in some South Pacific countries. A similar program for FSM would assist with ramping up access to legal and rights information				
Psychosocial support and counselling	Limited clinical counselling at hospital Limited church crisis counselling	Strengthen	Clinical counselling services at hospital; case management.	DOH, Hospital, DHSS Standing Committee
		Gaps	Ongoing psychosocial support for at least 3 months in the first instance; accessibility of psychosocial counselling and support; stocktake of what social resources being provided informally, eg, through churches	Hospital, DHSS, churches, Social Sector
Comments:				

¹⁴ Multiple legal systems within one population or geographic area, in this case, national and state legislation.

SOCIAL SERVICES	What's in place		Action for EAVW Services	Stakeholders
Women-centred support	PWC network MJI-Cutting Edge	Strengthen	Staff training in all sectors to work on behalf of, and to represent the interests of, women and girls.	All sectors
		Gaps	Women and child-centred support for the duration of their journey through the system.	All sectors
Comments:				
Children's services for any child affected by violence		Strengthen		
		Gaps	Age appropriate, child sensitive and child-friendly access to services including emergency and long-term alternative care, if required, with or without a parent/caregiver, as appropriate.	All sectors
Comments:				
Community information, education and community outreach	Community awareness through chartered associations: PWC, PYC, PCO, SCA, Churches, Traditional Leaders	Strengthen	Widespread EAVW training for key sectors: politicians, traditional leaders, church ministers.	Senate, all Sectors, EAVW training provider, donor partner
		Gaps	Core funding for key associations; IEC materials; multi-year, multi-agency community awareness raising including the media; Positive Parenting training; training for men who advocate for women's human rights to act as role models and as support systems; outreach to schools, community sport clubs; community information and education for hard to reach, vulnerable and marginalised groups; clear protocols to support the safety of women where they may be contacted by the media to tell their story.	DHSS Standing Committee, All Sectors, media, donor partners
Comments: Many feel strongly about strengthening the cultural core to respond to family and sexual violence and dispute that this violence has ever been part of the culture. This sentiment could be taken forward in an IEC campaign				
Assistance towards economic independence, recovery and autonomy		Strengthen		
		Gaps	Longer term assistance to support the recovery of women and children affected by FSV to lead productive lives and reintegrate safely into the community, accepting that there are long term consequences for health and well-being. Support could be provided in the form of vocational education or access to small business loans or in other ways.	DHSS Standing Committee, Department of Education, FSM Development Bank, donor partners
Comments:				

Pohnpei Coordination and Governance of Coordination

Coordinated systems have a greater impact in responding to violence, as well as greater efficiencies. When responding and protecting victims from further harm, it is essential to have a cohesive multi-disciplinary cross-agency approach (UN Women, et al, 2015: Module 4:6).

Attorney General's Office (AGO); Department of Health and Social Services (DHSS); Department of Justice (DOJ); Memorandum of Understanding (MOU); Pubic Prosecutor's Office (PPO); Pacific Community (SPC); World Health Organisation (WHO)

COORDINATION AND GOVERNANCE OF COORDINATION	What's in place		Action for EAW Services	Stakeholders
Law and policy making	Provisions in some laws AG's office and some CSOs given opportunities to make submissions on laws, policies and plans	Strengthen	Alignment of laws and policies with CEDAW and other international and regional obligations; clarify the application of laws for prosecution and sentencing; strengthen government agencies, organisations and other structures that have a role in responding to violence against women.	DOJ, AGO, Chief Justice's Office
		Gaps	A high-level EAW task force, including ministers and/or executives of key institutions; create government agencies, organisations and other structures that have a role in responding to violence against women where they don't currently exist; create laws and policies informed by gender equality and non-discrimination where they don't currently exist; ensure responses to violence against women are based on a victim-centred approach and human rights standards of victim safety and offender accountability; Develop and/or update state action plans to specify mechanisms and budgets for coordination of Essential Services.	Senate, relevant ministries, DOJ, AGO, relevant Standing Committees
Comments:				
Appropriation and allocation of resources	Ad-hoc project funding for some CSOs	Strengthen		
		Gaps	Provide adequate financial support, personnel, expertise, and technical support at the state level to coordinate policymaking; provide sufficient resources to state local level for providing, coordinating and funding of services and effectively implementing laws and policies; prioritise funding and resources for NGOs and civil society to enable their leadership in providing and coordinating services; promote a common understanding among all providers of essential services of the causes and consequences of violence against women and girls; align public education messages.	Relevant Standing Committees
Comments:				
Standard setting for establishment of local level coordinated responses	Ad-hoc referral of victims/survivors on a case-by-case basis.	Strengthen	Communication between DHSS and other state govt departments on EAW, CEDAW Observations and other relevant information.	DHSS, AGO, PPO, Services Sector
		Gaps	Formal Referral Network of Essential Services that meets regularly, has shared policies and protocols and conducts joint planning of activities and interventions; agreement that state institutions and not victims/survivors are responsible for addressing violence; basic requirements for formal protocols/MOUs for local coordination; standards specific to the needs of girls; participation by underrepresented or marginalised groups; identification of community champions, supporting and strengthening their efforts; promotion of community awareness of violence against women and girls and	All Stakeholders, DHSS, UN Women

COORDINATION AND GOVERNANCE OF COORDINATION	What's in place		Action for EVAW Services	Stakeholders
			availability of Essential Services; agree common terminology for all recording and reporting; require each agency to maintain data for monitoring and evaluation.	
Comments:				
Inclusive approaches to coordinated responses	Ad-hoc projects for young women and girls	Strengthen		
		Gaps	A victim-centred approach to minimise trauma and recovery time; create an understanding of how violence against women and girls affects different communities in diverse ways (especially women and girls who suffer multiple forms of discrimination) at all levels of policymaking and coordination; include representation of marginalised and vulnerable groups in all stages of policymaking and coordination (planning, policymaking, implementation, monitoring and evaluation) and design specific responses; ensure voices of young women and girls are heard with attention to the particular vulnerabilities they face.	All Sectors
Comments:				
Facilitate capacity development of policy makers and other decision-makers on coordinated responses to VAWG	Some training undertaken by CSOs	Strengthen		
		Gaps	Provide resources and guidance for organisational and financial stability, program quality and growth; provide training for state policymakers on coordinated response to violence against women and girls; require training to be regular and ongoing to ensure that new knowledge and best practices are incorporated into responses to violence against women and girls.	Relevant Standing Committees, WHO, SPC, UN Women, <i>Pacific Women</i> , donor partners
Comments:				
Monitoring and evaluation of coordination at state and local levels	Some monitoring in relation to project funding	Strengthen		
		Gaps	Set realistic short, medium and long term goals; use qualitative and quantitative indicators of effectiveness of coordination; set up systems for measuring achievement of goals; include baseline data, where possible, in measurement systems; identify barriers to successful coordination and possible solutions; incorporate lessons learned into future policies and practices; apply information learned from local monitoring and evaluation to inform national agenda; regularly published reports on victim/survivor use of services and how perpetrators are held accountable.	All Sectors, WHO, SPC, UN Women, <i>Pacific Women</i> , donor partners
Comments:				
Creation of formal structures for local coordination and governance of coordination		Strengthen		
		Gaps	Formal structures supporting the participation of local institutions and organisations which include standards that are consistent with international human rights standards, take a victim/survivor-centred approach grounded in women and girls' human right to be free from violence and include perpetrator accountability.	All Sectors, WHO, SPC, UN Women, <i>Pacific Women</i> , donor partners
Comments:				

COORDINATION AND GOVERNANCE OF COORDINATION	What's in place		Action for EAW Services	Stakeholders
Implementation of coordination and governance of coordination		Strengthen		
		Gaps	An independent body or specialist agency whose role is coordinating key sectors—Women's Interests Office; implementation plan for work of EAW Committee governance body; agreements and standard operating procedures that are shared amongst participating organisations and accessible to communities; require that agency representatives have decision making authority for their agencies; prioritise victim/survivor safety over preservation of the family or other goals; create processes that recognise the needs of children who are victims of violence, directly or as a result of violence toward a parent; ensure that community awareness activities are conducted using all mediums: television and radio public service announcements, social media messages, billboards, publication of reports.	All Sectors, DHSS, SPC-RRRT, UN Women, UNICEF, <i>Pacific Women</i>

Annex 2 Annex 2: Summary of Pohnpei CSO EAW Activities

In July 2016, a civil society conference was jointly organised and facilitated by FSM Alliance of NGOs (FANGO) and the Pohnpei State Office of Social Affairs. FANGO is the FSM representative on the Pacific Islands Association of NGOs (PIANGO). The purpose of the conference was to create a Pohnpei State NGO umbrella organisation to serve as the focal point between the NGO community and the Pohnpei State Government, and to help strengthen FANGO. The conference established the Association of Pohnpei Non-Government Organisations (APONGO) with a five-member board of directors elected by NGO representatives.¹⁵ Some individual APONGO members were consulted with for this assessment but there was no mention of APONGO during the field visit.

The key active chartered associations, which take on the mantle of NGOs, are the Pohnpei Women's Council (PWC), the Pohnpei Youth Council (PYC), the Pohnpei Senior Citizens Association (PSCA) and the Pohnpei Consumers Organisation (PCO).

Pohnpei Women's Council

PWC has 31 women's group members, including on the outer islands, and membership is estimated at around 1,000 women. Groups pay an annual membership fee of \$50 plus additional funds for projects. There is no governance board, only a committee made up of the President, Vice-President, Secretary, Treasurer and three representatives of each member group. The President is directive and decisions are made by majority vote.

PWC undertakes projects to do public awareness amongst PWC members, mostly on public health issues, such as NCD's, leprosy and cancer. Prior to International Women's Day, PWC members do community clean-ups, visit the jail to pray with prisoners and take donations of goods to hospital patients. PWC has been a strong advocate for the Domestic Violence Act, especially during 16 Days of Activism events and advocates for more women in the legislation, judicial services and senior roles. PWC also advocates for temporary special measures but feels that the issue has been buried.

Main concerns for PWC are gender equality in family relationships, the rights of women and children, training for the clergy and traditional leaders on EAW to stop protection of perpetrators and acknowledgement of women's role in subsistence agriculture that supports the family as much as a men's role does (in relation to balancing household decision making).

Pohnpei Youth Council

The Pohnpei Youth Council (PYC) was formed in 2011 but has been largely inactive until 2017. Over 20 youth groups are members making up around 400 individual members. Some outer island youth groups are member and are represented at meetings by clan members based in Kolonia. The PYC Board meets monthly at the DHSS office, where they receive support from a Youth Officer.

PYC conducted a survey of youths in June 2016 to identify the habits and needs of young people. The result was not available but issues that arose included information on sexual and reproductive health and general sex education, teen pregnancy, and non-communicable diseases (NCDs). There was also a desire to have a better understanding of culture and how to balance culture with modern society. Questions on family and sexual violence were not asked but PYC is keen to have a role in joint awareness raising on family and sexual violence, especially give the statistics for young women in the FHSS.

Some PYC members, who are also Youth 4 Change members, actively lobbied for the Domestic Violence Act and expressed concern that the Bill wasn't strong enough and at the lack of understanding by police of the 'no drop' policy. Another concern was the use of *sakau* (a kava-type

¹⁵ http://www.kpress.info/index.php?option=com_content&view=article&id=373:association-of-pohnpei-ngos-apongo&catid=8&Itemid=103

substance) to resolve, between the victim and the perpetrators families, family and sexual violence incidents rather than prosecution.

Five organisation members of PYC have received project funding to raise awareness on alcohol abuse and underage drinking.

PYC were unaware that national government had recently completed a report to the UN on progress with Convention on the Rights of the Child. The information should have been transmitted to the State Youth Officer by the National Youth Officer.

Pohnpei Consumers Organisation

Pohnpei Consumer Organisation (PCO) is a disability action group established in 2000 that engages with national and state governments on support for people with disabilities. PCO is the only disabled persons organisation in FSM. Around 2010, a small office space was made available by the Governor. The office needed extensive repairs, which PCO found funds to undertake. Since 2012, the Director has a salaried role, funded by the Pacific Disability Forum (PDF), as its North Pacific Officer and there are two other staff: a Disability Advocacy Program Manager and an Office Manager. The organisation has a membership of over 600 consumers, parents and family members with roughly 40% female membership. The five-member Board has one woman. In 2013, SPC-RRRT provided training on Human Rights and the Convention on the Rights of Persons with Disabilities (CRPD). As a result, PCO was instrumental in persuading the FSM government to sign and later ratify CRPD. PCO has a successful history of advocating for disability rights and current work includes lobbying for the national government to ratify the CRPD Optional Protocol and supporting Pohnpei state government to review existing laws for alignment with CRPD.

In 2010 PCO assisted with the establishment of Pohnpei Women with Disabilities but due to lack of funding the group merged with PCO after a year. There is currently no specific advocacy program on the intersection of family and sexual violence against women and girls, and disability. PCO would like women's groups to be more inclusive of women with disabilities, especially in committee roles, and join with PCO on advocating for women and disability issues.

FSM DHSS and SPC-RRRT convened a multi-stakeholder workshop in Pohnpei in June 2017 to develop a state implementation plan to meet the obligations of CRPD. The international NGO, Oxfam, recently embarked on a program with PDF to develop the capacity of civil society organisations across the Pacific. Both FSM and Marshall Islands are target countries.

PCO has received small grants from the US Government, Rotary Clubs in Pohnpei and Japan, the Government of FSM, Disability Rights Fund, Pacific Disability Forum and Australia Pacific Islands Disability Support. In March 2016, the Government of Japan provided \$109,105 to the Pohnpei State Government to provide PCO with a new facility which will be utilized as a supporting centre for persons with disabilities.¹⁶ Progress has been slow but when finished the centre will be used for a range of training, including vocational training for youths.

Pohnpei Senior Citizens Association

The Senior Citizens Association is relatively new but has a registered membership of between 300 and 400 hundred. Women make up roughly two-thirds of the membership. Anyone aged 60 years or above is eligible for membership and there is no membership fee. The Association works closely with the Senior Citizens Desk Officer at Pohnpei DHSS. The Association is entirely run by a volunteer Board of six (1f, 5m) that applies to the State and donors for funds to run events, such as annual Senior Citizens Day public activities. In 2016, the Association received \$15,000 from the State for this event, which is held in a public ground and involves novelty events as well as health checks, dental

¹⁶ http://www.micronesia.emb-japan.go.jp/itpr_en/supportingcenter_en.html

checks and vaccinations. Goods in kind are often sourced through supermarkets and other commercial operations.

The Association also advocates to government for the restructuring of discriminatory laws and policies. One example is that of widows who inherit social service benefits due to their deceased husbands but only if they don't remarry. Many people, especially women, do not have social security benefits at retirement and struggle to make ends meet. Advocacy for a universal pension is intended.

Senior citizens would also like to have special clinics at hospitals so that their ailments can be addressed without the additional discomfort of waiting at outpatients for many hours. An easy solution would be weekly time slots set aside for senior citizens presenting with non-urgent health needs.

The Association is also advocating for the FSM Government to ratify the UN Principles for Older Persons so that a national senior citizens plan can be put in place, similar to the national youth plan. There are no similar associations in the other three States to support this action and the Pohnpei Association is keen to work with the other States to establish their own associations and eventually a national body.

The Association is concerned to transfer traditional knowledge to youth and plans a summer camp for 20 young people to be partnered with 20 members to exchange knowledge. Additionally, the group already holds traditional canoe building workshops that include sailing lessons.

Family violence issues have not been brought to the attention of the Board by members, but it is willing to participate in a public campaign to raise awareness on family violence not being part of the culture, with all age groups including the 60 plus.

Micronesian Justice Initiative—Cutting Edge Advocacy

A new chartered national organisation is getting off the ground in Pohnpei and could soon play constructive roles in EAW. Cutting Edge Advocacy is a network of concerned individuals in FSM and from around the region that meets regularly on Facebook to advocate against the various forms of violence against women in FSM. It is described as the public relations arm of Micronesian Justice Initiative, a not for profit support Centre, whose main objective is to promote human rights principles and provide legal literacy training and legal aid to victims of human rights abuse throughout Micronesia.

Cutting Edge Advocacy recently advertised a call for expressions of interest in the establishment of a specialist support services that will provide assistance to victims of domestic violence, gender based violence and victims of human trafficking. Interested organisations are required to develop comprehensive referral mechanism for victims; provide psychosocial counselling; provide a safe place, shelter, for victims' rehabilitation; and provide reintegration support services. At the time of the field visit there had been no expressions submitted and the call was about to be readvertised. It was unclear how this service would be funded.

Micronesian Legal Services Corp

Micronesian Legal Services Corp (MLSC) is a not-for profit legal aid service headquartered in Saipan with offices throughout the North Pacific. MLSC has limited human and financial resources and does not do public outreach. Clients present at the office in Kolonia. Recent annual statistics were requested but were not forthcoming, seemingly due to limited information management systems.

MLSC has noticed an increase in women seeking protection orders because of physical violence. Police are not able to issue protection orders, only the court can, so police refer clients to MLSC. The suggestion of establishing a formal referral network was considered to be useful.

A gap area is the lack of a transition house for clients experiencing family violence, which results in the client returning to the violent situation. Issues around securing a safe house were acknowledged.

The need for a law to be in place was emphasised. The lack of counselling services was also cited as a gap area, as was the social acceptance of family violence, victims being advised by others to deal with it and not report it, and protections provided to perpetrators by family, friends and traditional leaders.

Substance abuse was considered to be less of a trigger than jealousy, especially since the gradual reduction in the number of alcohol bars since the 1960s. Abuse of *sakau*¹⁷ was acknowledged as a trigger, in relation to depleting household income, but this was considered to be minor.

No incest cases or teen pregnancy cases had come to MLSC, but it was considered that these were more likely to be reported to the Public Defender. It was estimated that there are at least six perpetrators of incest in prison at present.

¹⁷ *Sakau* is a drink known in other parts of the Pacific as kava. The plant (*Piper methysticum*) is a member of the pepper family and has been grown on Pohnpei for many generations. It is pulped and mixed with water to create an almost-narcotic effect.