



Convention on the Rights of the Child

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Committee on the Rights of the Child

Consideration of reports submitted by States parties under article 44 of the Convention

Third and fourth periodic reports of States parties due in
2010

Marshall Islands^{*}, ^{**}

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* The present document is being issued without formal editing.

** The annexes and the appendices to the present report are on file with the Secretariat and are available for consultation. They may also be accessed from the web page of the Committee on the Rights of the Child.

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Foreword

I would like to acknowledge the commitments and hard work of the following: Child Rights Office, stakeholders, Government ministries, agencies, partners and communities, without whom this report would not have been possible. Special recognition and appreciation to the following who have provided technical support, training, and financial support to assist the Republic of the Marshall Islands with the implementation of the Convention on the Rights of the Child and fulfilling its reporting obligations: United Nations Office of the High Commissioner for Human Rights (UNOHCHR), UN Women, UNFPA, UNICEF, UN Volunteer (UNV), SPREP, Australia Aide, and SPC RRRT.

This report shows the overall status of children in the Marshall Islands and the measures taken by the Government and civil society to address issues of concern identified in the First Report and Second Report and Concluding Observations and also the factors impeding implementation of the Committee's recommendations and the Government's plans to address the constraints.

As a small island state, the RMI faces many challenges including climate change which threatens ours and our children's livelihoods who are one of the most vulnerable. The Government therefore, takes very seriously its constitutional as well as legislative obligations to protect child rights and our commitments to the Convention.

Some examples of initiatives taken by the Government to implement the Convention:

- Enactment of the Child Rights Protection Act, 2015; the Rights of Person with Disability Act; and the Human Rights Act, 2015,
- Reducing the under-five and infant mortality rates to an estimated 24 and 20 deaths per 1,000 live births respectively, and
- Met the MDG target of a two-thirds reduction between 1990 and 2015.

Our children are our precious gifts and are the future of our nation, thus, their rights, protection and support should be a priority both across the islands and within the Governments. Every child has the inherent right to life, and the RMI will continue to ensure child survival and development.

Kommol tata,

Justina R. Langidrik, MPH
Chief Secretary
Office of the Chief Secretary, Republic of the Marshall Islands

Acronyms

AA	Associate of Arts
ADB	Asian Development Bank
AFP	Australian Federal Police
AG	Attorney General
AMI	Air Marshall Islands
APR	Annual Performance Report
APTC	Australian-Pacific Technical College
ART	Antiretroviral
ARV	Antiretroviral
AS	Associate of Science
ASL	American Sign Language
BMI	Body Mass Index
BPHC	Bureau of Primary Health Care
CAA	Central Adoption Authority
CAT	Convention Against Torture
CDD	Community Development Division
CED	Committee on Enforced Disappearances
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CMI	College of the Marshall Islands
CPBR	Child Protection Baseline Report
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of the Persons with Disabilities
CRVS	Civil Registration and Vital Statistics
CSP	Cyber Safety Pasifika
DVPPA	Domestic Violence Prevention and Protection Act
DVU	Domestic Violence Unit
Epi	Epidemiological
EPPSO	Economic Policy, Planning and Statistics Office
FAPE	Free Appropriate Public Education
FGM	Female Genital Mutilation
FHSS	Family Health and Safety Study
FLE	Family Life Education
FY	Fiscal Year

HIV	Human Immunodeficiency Virus
HTCO	High Tech Crime Operations
iBRAVE	Initiative for Better Response to Address Violence Everywhere
ICERD	International Convention on the Elimination of All Forms of Racial Discrimination
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICPD	International Conference on Population and Development
IDEA	Individuals with Disabilities Education Act
IEP	Individualized Education Program
ILO	International Labor Organization
IOM	International Organization for Migration
HRC	Human Rights Committee
JNAP	Joint National Action Plan
KEA	Kora Em Aera
MCH/CSHCN	Maternal and Child Health and Children with Special Health Care Needs
MDG	Millennium Development Goal
MIDPO	Marshall Islands Disabled Persons Organization
MIPD	Marshall Islands Police Department
MIPSSA	Marshall Islands Public School System Act
MIRC	Marshall Islands Revised Code
MISSA	Marshall Islands Social Security Administration
MISC	Marshall Islands Shipping Corporation
MLSC	Micronesian Legal Services Corporation
MOF	Ministry of Finance
MOFA	Ministry of Foreign Affairs
MOH	Ministry of Health
MOIA	Ministry of Internal Affairs
NAC	National Aids Committee
NCD	Non-communicable Disease
NDAA	National District Attorney's Association
NGO	Non-Governmental Organization
NHRC	National Human Rights Committee
NHRI	National Human Rights Institution
NNCC	National Nutrition and Children's Council
NSP	National Strategic Plan

NTA	National Telecommunications Authority
NTC	National Training Council
OCHA	Office for the Coordination of Human Affairs
PAT	Parents As Teachers
PDF	Pacific Disability Forum
PICP	Pacific Islands Chiefs of Police
PIFS	Pacific Islands Forum Secretariat
PPDVP	Pacific Prevention of Domestic Violence Program
PREL	Pacific Resources for Education and Learning
PRS17D	Pacific Regional Strategy on Disability
PSA	Public Service Announcement
PSC	Public Service Commission
PSRO	Pacific Sub Regional Office
PSS	Public School System
R&D	Ministry of Resources & Development
RDC	Resource Development Committee
RMI	Republic of the Marshall Islands
RRRT	Regional Rights Resource Team
SEA	State Education Agency
SEOW	State Epidemiological Outcomes Workgroup
SEP	School Enrichment Program
SOP	Standard Operating Procedure
SOPAC	Secretariat of Applied Geo Science and Technology
SPC	Pacific Community
SPP	State Performance Plan
SRH	Sexual and Reproductive Health
STD	Sexually Transmitted Disease
STI	Sexual Transmitted Infection
TB	Tuberculosis
TOR	Terms of Reference
TVET	Technical Vocational Education and Training
UNAIDS	United Nations Program on HIV and AIDS
UNCAC	United Nations Convention Against Corruption
UNDP	United Nations Development Plan
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific

UNICEF	United Nations International Children’s Emergency Fund
UNFPA	United Nations Family and Population Fund
UNOHCHR	United Nations Office of the High Commissioner for Human Rights
UNTF	United Nations Trust Fund
UNV	United Nations Volunteer
UPR	Universal Periodic Report
USDOE	United States Department of Education
USP	University of the South Pacific
VRIS	Vital Records Information System
WAM	Waan Aelon in Majōl
WASC	Western Association of School and College
WHO	World Health Organization
WKWJ	Wa Kuk Wa Jimor
WUTMI	Women United Together Marshall Islands
YSB	Youth Services Bureau
YTYIH	Youth to Youth in Health

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Annex

I. Introduction

A. Background and purpose of report

1. The Republic of the Marshall Islands (RMI) ratified the Convention on the Rights of the Child (CRC) in 1993. The Committee on the Rights of the Child (the Committee) received the Government's *First Report on Implementation* in November 1998 and considered it in September 2000; the Committee's *Concluding Observations* were received in October 2000. The Second Report to the Committee was received in 2004 and considered in August 2005. The Committee's *Concluding Observations* were received in November 2007. This document therefore combines the 3rd and 4th reporting requirements for RMI.

2. The purpose of this report is to update the Committee on the overall status of children in the Marshall Islands; Measures taken by Government and civil society to address issues of concern identified in the *First Report and Second Report and Concluding Observations* and the factors impeding implementation of the Committee's recommendations and plans to address constraints.

3. In conjunction with the RMI *Ajiri in Ibinene, Child Rights Baseline Report (CPBR) (2014)*, the *Children in the RMI, an Atlas of Social Indicators (2013)*, and the updated *Situation Analysis of Children, Youth and Women in the Marshall Islands (2003)*, this report will be used to formulate a National Policy and Action Plan for Children.

4. While the RMI has made considerable progress since its last reporting, it continues to face significant challenges with the lack of capacity and inadequate resources in a time of serious financial constraints. There are continuing issues of unemployment, high teen pregnancy rate, quality education for children and urban and international migration. In addition, the constant threat of climate change demands increased attention, at both the political and service delivery level, as evidenced by the drought in the Northern Atolls in 2013, the inundation of Southern Atolls in 2014 and the most recent State of Disaster due to the severe drought this year, 2016, that is currently still in effect at time of writing of this report. These continue to hinder progress in the implementation of state obligations under the Convention and the submission of periodic reports in a timely manner.

B. Report preparation

5. In 1991, the Government established the National Nutrition Children's Council (NNCC) to coordinate interventions for children and to monitor and report on implementation of the CRC. The NNCC, assisted by an ad hoc sub-committee made up of Government and Non-Government Organization (NGO) representatives, was responsible for preparation of report. The RMI later replaced the NNCC by the Resource Development Committee (RDC), which continued to work on a draft report. That report was never submitted to the Committee, however, in September 2015, the Nitijela enacted the *Human Rights Committee Act, 2015*, establishing the Human Rights Committee (HRC), which is responsible for finalizing and submitting this report.

6. This report incorporates information obtained from stakeholder workshops and draws on a wide range of published and unpublished documents. UNICEF and SPC RRRT provided technical assistance in compilation and analysis of the data.

7. The report deals with the period from the date of the second report up to time of writing of the report. The preparation of this report was led by the Ministry of Internal

Affairs (MOIA) in consultation with the HRC, and support from the Ministry of Foreign Affairs (MOFA), Public School System (PSS) and WUTMI.

C. The Land and the people

8. Further to the information RMI provided in its initial report with respect to the land and people of the Marshall Islands, and following the last periodical report, the RMI 2011 census showed that 97% of the total population of 53,158 is Marshallese with 27,243 males and 25,915 females. The remaining 3% of the population is largely composed of persons from other Micronesian jurisdictions, the United States, the Philippines, and other Pacific island countries. Children aged 0 to 17 years comprise 46% of the population. The annual population growth rate is only 0.4% due to high rates of outmigration rather than a decline in fertility. See Tables in “Data 1” in the Annex.

9. A new and significant event in the history of the RMI and its Government took place recently. In February 2016, for the first time in RMI history and the history of the Pacific Islands, except New Zealand and Australia, the Government elected its first female President, H.E. President Hilda C. Heine. The number of women Members of Parliament (Nitijela) also increased from 1 to 3, as opposed to just one since RMI became self-governing in 1986.

D. Economic Situation

10. The economy remains dependent on donor funding. Funding from The Compact of Free Association, as Amended, provides approximately 50% of the FY14 budget. (*FY14 Ministry of Finance*). A Trust Fund has been set up to bolster the RMI’s long-term budgetary self-reliance and to provide Government with an ongoing source of revenue after 2023 when Compact grants are set to expire.

11. Between 2003 and 2007, economic growth in the Marshall Islands averaged 1.9%. In 2008, following the global economic crisis, growth was negative and inflation around 18%. Due to high fuel and food prices in July that year, the RMI Government was forced to declare the first-ever State of Economic Emergency with hardships felt throughout the country. However, economic growth rebounded in 2010 to 5.2 per cent, mainly as a result of low inflation and expansion in fisheries.

12. Employment data shows that the economy has generated a number of additional jobs amounting to 0.6% per annum during the period of The Compact of Free Association, as Amended. The generation of additional jobs has been insufficient to provide gainful employment opportunities, and outward migration remains substantial, averaging 1.7% annually since 2004. (*USDA Graduate School 2012*).

E. Situation of Children

13. Family is paramount to the Marshallese people. When describing their society and culture, the common theme is the importance of children. With the shift to modern economy, changes in tradition, family structure and the roles and responsibilities of all members have become necessary, especially those of children. While there are traditional methods to safeguard against abuse and neglect of children these are not always in place, specifically, in urban centers. The traditional method of the extended family looking out for unusual behaviour, and then reporting it, helped kept children safe from harm. Also multi-generational support and guidance and even sharing of produce and food amongst family members was important in reducing the situation of neglect and extreme poverty. However,

these traditional safeguards are eroding as society shifts from communal self-sufficiency to monetary economy where families are finding it hard, even to support their own families. In a recent study, a small minority of children (8%), indicated that they experienced violence on a daily basis, an abuse that is often under-reported (CPBR- 2014). High teen pregnancy rate, teen suicides, quality education for children and urban and international migration issues are high priority issues of the RMI Government.

14. RMI is committed to realizing the objectives of the CRC and the Government is working towards strengthening this commitment through existing Government mechanisms including the HRC; the Human Trafficking Taskforce and other national committees that have been set up to address these critical human rights issues, including child rights, at the same time, realizing its limitations and constraints.

15. RMI has made progress, despite ongoing challenges, in reducing the under-five and infant mortality rates to an estimated 24 and 20 deaths per 1,000 live births respectively, and has met the MDG target of a two-thirds reduction between 1990 and 2015. The Maternal and Child Health and Children with Special Health Care Needs (MCH/CSHCN) program provides a range of services for mothers and children, including antenatal and high-risk antenatal care clinics and postpartum care. The child care clinic includes immunization, high-risk pediatric clinics, school health programs, coordination of family planning services, newborn hearing screenings, child and adolescent health interventions.

II. Ratification of the Convention on the Rights of the Child

16. The Government acknowledges that the CRC Committee, during the initial review and the last periodic report, had identified several challenges and it is working towards these issues. The Government is open to further technical assistance and funding from partners.

17. The RMI continues to work to improve the Government's capacity to address the implementation of the CRC and human rights issues. Major accomplishments include the enactment in 2015 of a new *Child Rights Protection Act*, *Human Rights Committee Act*, *Rights of Persons with Disability Act*, the new Criminal Code that is more closely in line with international human rights standards, enactment of the *Domestic Violence Prevention and Protection Act 2011* (DVPPA), and the active participation in the visit of the Special Rapporteur in 2012 on the implications for human rights of the environmentally sound management and disposal of hazardous substances and wastes and the subsequent consideration by the Office of High Commissioner on Human Rights (OHCHR) of the resulting report.

III. General measures of implementation

A. National legislations conforming with the provisions of the Convention

18. Since the last report to the Committee submitted in 2005, the Marshall Islands Revised Code (MIRC) was significantly revised. The following legislation relevant to legal conformity with the provisions of the Convention were enacted or amended:

- ***Child Rights Protection Act, 2015***: An Act to declare the rights of children and provide for their protection, promotion, enforcement, and implementation in the Republic of the Marshall Islands as required under the United Nations Convention on the Rights of the Child. The Act repealed *The Sale of Tobacco Act 1966*, *Child Abuse and Neglect Act* and *Adult Film Act 1994*.

- ***Human Rights Act, 2015***: An Act to establish a Human Rights Committee, to provide for its membership, functions, powers and administration, to establish a complaint mechanism for the redress of human rights violations, and for related purposes.
- ***Rights of Persons with Disability Act, 2015***: An Act to declare the equal rights and freedoms of all persons with disabilities and provide for the protection, promotion and enforcement of those rights and freedoms, as a step towards implementing the legal obligations of the Marshall Islands, as a State Party to the United Nations Convention on the Rights of Persons with Disabilities, and to make related provisions.
- ***The Public School System Act, 2013***: An Act to repeal Chapter 3, Title 14 of the MIRC the *Education Act of 1992*, and to enact in its place an Act to establish an autonomous public school system; to provide for a National Education Board and Commissioner of Education; to provide for independent personnel and financial management, budgeting, and for related purposes.
- ***Domestic Violence Prevention and Protection Act, 2011***: An Act to prevent domestic violence, protect complainants or survivors of domestic violence; to ensure investigation, prosecution and punishment of perpetrators of domestic violence; to provide treatment, rehabilitation of survivors and perpetrators, and other related matters.
- ***Criminal Code Act, 2011 (amended 2013)***: An Act to repeal the Criminal Code, 31 MIRC Chapter 1, and to provide for a more integrated system of criminal offenses, defenses and penalties; to repeal sections 156 and 157 of the *Criminal Procedures Act*, 32 MIRC Chapter 1, to provide for the defense of insanity in the Criminal Code; to repeal section 512 of the *Child Abuse and Neglect Act*, to provide for the criminal offense of child abuse in the Criminal Code; to repeal the *Prostitution Prohibition Act*, 31 MIRC Chapter 5, to provide for criminal offenses for prostitution and trafficking in person in the Criminal Code.
- ***Food Safety Act, 2010***: An Act to provide for the health, safety and welfare of the people by prohibiting the importation, production, processing, handling, distribution, and domestic trade of unsafe, unwholesome and poor quality food.
- ***Betelnut Prohibition Act, 2010 (amended 2013)***: An Act to prohibit importation of betelnut for sell, distribution or use by minor, and for matters related thereto.
- ***Marshallese Language Orthography (Standard Spelling) Act, 2010***: An Act to declare a standardized spelling system for written Marshallese words and phrases.
- ***Global Fund Act, 2009***: An Act to establish a country coordinating mechanism to access and manage funding received from the Secretariat of the Pacific Community to fight HIV/AIDS and Tuberculosis in the Republic.
- ***Cancer Registry Act, 2009***: An Act to establish a cancer registry system for the collection of information on the incidence of cancer and related data; to provide for the confidentiality of identifying information regarding individual patients, health care facilities and health care providers; and for related purposes.
- ***Birth, Death and Marriage Registration Act 1988, (amended 2009)***: An Act to make provision for registration of births, and deaths and marriages and for matters connected therewith. [The original Part VI of this Chapter titled “The Fund” was repealed by the Ministry of Internal Affairs Special Revenue Fund, 2003 in its entirety. Section numbering style modified to conform to Code format] (Rev.2003)]

- ***Marshall Islands Youth Advisory Board Act, 1986*** (amended 2011): An Act to create a Youth Advisory Board in the Republic to serve as an umbrella agency in youth development.

B. National Policies and Measures

40. The RMI is yet to adopt a national strategy for children. However, children's issues are currently incorporated and supported by line-ministry programs and is also included in the National Strategic Plan (NSP).

- **National Strategic Plan (NSP) (2015-2017)**: The NSP was developed in line with both *The Constitution* and Vision 2018, which provides the RMI with a long range view of national context and perspective that inform relevant national priorities. The objective of the NSP is "Sustainable, equitable and measurable development reflecting the priorities and culture of the Marshallese People." This objective will be achieved through activities in five sectors, including Social Development. The Social Development Sector is comprised of five strategies: health, education, gender, children, youth and vulnerable groups and community development. The objectives include, amongst others, reduce adolescent birth rates, improve child mortality rate, improve and increase access to behavioural health services, improve child welfare and social services, improve school enrolment rates, reduce dropout rates, improve student performance, upgrade qualification of teachers, revitalize TVET in secondary schools, improve linkages between national curriculum and classroom practice, improve Life Skills instruction, enhance the capacity of youth and vulnerable groups to meet their full potential thru improved access to all level of education, for students with disabilities, and the child right office to enhance awareness of child rights issues and improve awareness on teenage pregnancy, HIV/AIDS and health issues.
- **RMI National Gender Mainstreaming Policy (2014)**: The policy was developed in line with the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), CRC, the Pacific Plan, the Millennium Development Goals (MDGs), the Beijing Platform for Action, the Revised Pacific Platform for Action for the Advancement of Women and Gender Equality and the 2012 Pacific Islands Forum Leaders' Gender Equality Declaration and the RMI NSP. The purpose of the Gender Policy is to "guide the process of developing laws, policies, procedures and practices that will address the needs, priorities and aspirations of all women, girls, men and boys and effectively eliminate all forms of discrimination and inequality." The five priority outcomes are: strengthened capacity across the Government to deliver gender-responsive programs and services, secured family wellbeing, elimination of gender-based violence and protection and care of survivors, enabling environment for an equitable participation in and benefit from economic development and equitable participation of women and men in decision making.
- **RMI National Youth Policy (2009-2014)**: Currently, the Youth Services Bureau within MOIA is in the process of renewing its National Youth Policy, which expired in 2014. The Youth Policy was developed in 2009 through consultations with national stakeholders and with technical assistance from regional development partners. The purpose of the Youth Policy is to promote and realize coordination among organizations serving the youth population by mobilizing and engaging young people as partners in development and by promoting collaboration between Government, NGOs, churches and the communities. An amendment to the *Marshall Islands Youth Advisory Act* to include youth-related organizations was adopted by

the *Nitijela*. The Youth Policy addresses the following priority policy areas: young people, families and communities; education and training; career development, employment and livelihood; health and social services; cultural and creative arts; sports and recreation; and youth machineries and youth development programs. These policy areas address the key areas identified by community and stakeholder participants in consultations: lack of family and community support, youth unemployment, school dropouts, teenage pregnancy, substance abuse, depression and suicide, juvenile crime, and loss of culture and identity. All activities in the key policy areas are to be implemented in line with the following values and principles: youth participation and youth voice, partnership, equity, sustainability, accessibility diversity, and transparency.

- **RMI National Policy on Disability Inclusive Development (2014-2018):** In September 2014, the *Nitijela* approved the RMI National Policy on Disability Inclusive Development. The purpose of the policy is to “provide a comprehensive framework for improving the quality of life of person with disabilities and to increase their meaningful participation in society” in line with the goal that the “RMI becomes a barrier-free society that respects the rights of all persons with disabilities by empowering, including and providing them with the means of achieving their rights.” The Disability Policy was developed in line with the Convention on the Rights of Persons with Disabilities (CRPD), the Pacific Regional Strategy on Disability (PRSD) and the Incheon Strategy. The Disability Policy is organized around ten priority areas: coordination, legislation, signature and accession of the CRPD, awareness and advocacy, education and training, employment and livelihoods, access to health services, mainstreaming of disability across Government and civil society, strengthening of Marshall Islands Disabled Persons Organization (MIDPO), and women with disabilities and youth with disabilities. In January of 2015, the *Nitijela* ratified the CRPD and in September the *Nitijela* passed the *Rights of Persons with Disabilities Act*.
- **RMI National Reproductive Health Policy/Strategy (2014-2016):** In light of RMI’s commitments under the International Conference on Population and Development (ICPD) and the MDGs, the RMI is active in improving reproductive health services, including making pregnancy safe and offering adequate family planning services. The policy envisions quality service of Sexual and Reproductive Health (SRH) for all the people of the RMI. The thematic areas of the policy are maternal and neonatal health, provision of family planning, adolescent sexual and reproductive health, the control of STIs/HIV and integration with other SRH programs, other gynaecological morbidities, cervical and breast cancer, gender and reproductive health, reproductive health commodity security, and male involvement in reproductive health.
- **RMI Prevention of Adolescent Pregnancy: A 3-year Strategy (2014-2016):** In 2014, the RMI developed the Prevention of Adolescent Pregnancy Strategy. This strategy is based on the identification of adolescent pregnancy as a major social issue, with a recorded adolescent fertility rate of 85 births per year per 1000 women aged 15-19, which is by far the highest adolescent pregnancy rate in the Pacific. The specific actions within the strategy were based on qualitative and quantitative data collected. The five strategic areas are: commitment, prioritization and policies, youth-friendly services and environment, early education and intervention, and support. To implement this strategy, YTYIH will be running the Teen Pregnancy Prevention Project in collaboration with MOH, PSS and MOIA. This project commences in 2016 and will run for the next 5 years.

- **RMI Joint National Action Plan for Climate Change Adaptation & Disaster Risk Management (JNAP) (2014-2018):** The JNAP was developed by the RMI, through consultations with key Government ministries, agencies and NGOs with assistance from SPC and the Secretariat of Applied Geo Science and Technology (SOPAC), Secretariat of the Pacific Regional Environment Program (SPREP) and UNDP. The JNAP provides a detailed strategy for “holistically and co-operatively” addressing risks in the RMI. The JNAP’s goals include: establishing and supporting an enabling environment for improved coordination of disaster risk management/climate change adaptation in the RMI. To provide public education and awareness of effective Climate Change Adaptation and Disaster Risk Management from local to national level, enhanced emergency preparedness and response at all levels within the RMI, making sure needs of vulnerable groups are given priority. To improve energy security while working towards a low carbon future for the RMI, enhanced local livelihoods and community resilience (including health and wellbeing) for all people of the RMI, and vulnerable groups including children and youth.
- **Child Protection Baseline Research (CPBR):** In 2013, the Child Protection Baseline Report (CPBR) was launched, with logistical and financial support from UNICEF. The Report provides an in depth look at child protection in the RMI. It evaluates the legal framework for child protection, and looks at child protection issues in the community and family setting. The CPBR developed 108 recommendations that form a plan of action to cover child protection issues in the family, in institutions and in the legal framework.

C. Coordinating mechanism within government

41. A *Children Project Coordinator* in the Child Rights Office within MOIA was recently appointed by the Public Service Commission (PSC) with the endorsement of the Cabinet and has its own budget allocations under the Ministry’s Fiscal Appropriations. The Child Rights Office is supported by and works in close cooperation with the other offices within the Community Development Department (CDD), which include the Youth Services Bureau, the Gender and Development Office (GAD), and the Disability Coordination Office. The Children Project Coordinator is tasked with the responsibility to liaise and work closely with stakeholders in coordinating the initiatives and objective specified under the Convention.

42. The GAD Office within the MOIA is tasked with the responsibility to oversee implementation of CEDAW, Gender Policy and other women and girls activities and to provide administrative and coordinating support.

43. The Disability Coordination Office provides administrative and logistical support for the Marshall Islands Disabled Persons’ Organization (MIDPO), which was founded in 2013. This support includes assistance in accessing funding to provide the first ever-public handicapped accessible vehicle in the country. MOIA coordinated the drafting of the bill on the Rights of Persons with Disability, which was subsequently enacted by the Nitijela in September of 2015, and the Cabinet approval of the Disability Policy and Action Plan. Additionally, the PSS has made strides on ensuring inclusive education throughout the country.

44. The HRC is currently the body responsible for monitoring implementation of the CEDAW and CRC and also for reporting obligations. The HRC membership is comprised of the Chief Secretary and Heads of Government Agencies and relevant NGOs.

45. The National Task Force on Human Trafficking was established to provide a forum for the discussion of and consultation on issues pertaining to Human Trafficking and the effects it has on the population of the RMI and its international partners. It is the advisory body duly authorized to make recommendations to Government and other jurisdictions, as required, on the issue of human trafficking.

D. Information on Whether There is a Budget for Implementation of the Convention

46. The Government is yet to set up a systematic way of tracking expenditure for children and yet to set aside funding specific for the implementation of the Convention. However, it is possible to see the total amount spent on children under specific line ministries and programs. For example, for the PSS, the total expenditure for the 2013-2014 school year was 10,826,484 USD, which came out to \$895 USD per pupil expenditure. For FY 2012, MOH had a total budget of \$22,264,340. The MOIA also appropriates separate funding for the Child Rights Office in its Fiscal Year Budget. The RMI will continue to work towards strengthening the process regarding child impact assessments that are yet to be done in understanding the impact of budgetary, policy and legal decisions on children.

47. *The Child Rights Protection Act*, provides for establishment of a Child Protection Assistance Fund as a special revenue account within the National Treasury and under the control and supervision of the Ministry of Finance (MOF). The Funds is to be used to contribute to expenses, including capital expenses of Government project for children; accessibility measures, support services, awareness-raising, training, or any other measures required under this Act.

48. Under the *Individuals with Disabilities Education Act (IDEA)*, the PSS receives federal funds under U.S. Public Law 108-446, to provide and to ensure that free, appropriate public education (FAPE) is provided to children with disabilities, ages 3 through 21.

49. For the National Training Center (NTC), the entity in charge with vocational training for out of school youth, budget comes from the supplementary education grant through the PSS as well as the Alien workers fund. Seventy-five percent of total NTC budget goes directly to training.

E. International Assistance and Development Aid

50. The RMI has received financial and technical assistance from a number of development partners to support implementation of the Convention. UNICEF provided support for the CPBR and follow up activities. Furthermore, UNICEF, UN Women, United Nations OHCHR and UNFPA supported a UN Volunteer acting as a human rights coordinator overseeing the reporting and implementation requirements of the RMI for one year. UNFPA also supported the Family Health and Safety Study (FHSS), which provides valuable prevalence data on violence against women. UNFPA also supported the development of a strategy to Prevent Adolescent Pregnancy and address Reproductive Health Issues.

51. In November 2015, MOIA coordinated a training on the implementation and reporting of the CRC, with the assistance of UNICEF and SPC RRRT. Those who participated in the training were, the Community Development Division (CDD) within MOIA, MOH, Ministry of Foreign Affairs (MOFA), Marshall Islands Police Department (MIPD), National Working Committee, HRC, UN Presence, PSS, EPPSO, Attorney General's Office (AG), Women United Together Marshall Islands (WUTMI), Kora Em

Ajra (KEA), Micronesian Legal Services Corporation (MLSC), International Office of Migration (IOM), and SPC Country Focal Officer (CFO) to RMI.

52. Additionally, MOIA has entered into a Memorandum of Agreement with SPC RRRT to provide support, technical assistance and training towards the shared goals of improving human rights and the advancement of gender equality in the RMI through the provisions of a Country Focal Officer (CFO) whose responsibilities and terms of reference reflect shared aims and objectives aligned to the relevant national gender and human rights policies.

F. National Independent Mechanism

53. There is no National Human Rights Institution (NHRI). While there is interest in creating an NHRI or participating in a regional mechanism, there are no plans to create an NHRI at this time due to lack of capacity and financial resources to do so. There is also interest in creating an Ombudsman's Office for children.

G. Professionals Trained in Human Rights and the CRC

54. In previous years RDC had continued to take part in capacity building activities, including the CRPD Legislative Compliance review in February 2014, the workshops on Universal Periodic Report (UPR) and general Human Rights Capacity building held in April and June 2014. Representatives from the RMI participated in the recent trainings in 2015 and 2016 sponsored by SPC on Human Rights and the Media. Training opportunities in Human Rights and the CRC aimed at multiple ministries with off island development partners will continue to be coordinated through the HRC.

55. Regional development partners provide training in human rights periodically for the law society and judicial personnel. Trainers are brought in from off island. Staff may also attend trainings off island. And, law enforcement officers generally attend trainings off island, with some training done on island by consultants brought in or by police officers who have been trained as trainers. The MIPD has undergone extensive capacity building activities in partnership with Pacific Prevention of Domestic Violence Program (PPDVP).

H. Dissemination and awareness on the Convention

56. There has been minimal public education on the provisions of the Convention due to limited human and financial resources. It has not yet been integrated into school curricula. A summary of the Convention has been translated into Marshallese and has been made available to the public and used in awareness raising activities.

57. The Government continues its awareness raising programs through local media outlets including the national radio station V7AB, the Marshall Islands Journal (a privately owned newspaper) and the social media. PSS and MOH have regular information programs on the national radio station that often touch on human rights issues including sanitation, parenting skills, and substance abuse in youth. Additionally, MOH and PSS have a weekly advertisement in the Marshall Islands Journal that had vital health and educational information including how to protect children from infectious diseases and basic nutritional information to prevent malnourishment. And, beginning in 2012, the Government expanded its ability to reach outer islands communities with important messages through Wa Kuk Wa Jimor (WKWJ), which visits three outer islands yearly through the pilot phase of the mobile team project. The WKWJ team delivers information and conducts capacity building activities on issues including reproductive health and family planning, food and water

security, solid waste disposal and ran awareness raising sessions on gender based violence, human rights, child rights and other youth issues.

58. The Government plans to expand its awareness programs to include individual schools, churches and local community events in the urban centers and rural areas.

I. Efforts undertaken to make the reports and concluding observations widely available to the public, civil society, business, unions, religious organizations and media as appropriate

59. Reports and concluding observations had been made available to and reviewed by Government and civil society members of the RDC and its working group. At time of writing of this report, plans are in place to hold meetings with the newly established HRC, formerly RDC, and its working group and copies of reports and concluding observations will be made available to all members of the HRC. Efforts are being undertaken to make the reports and concluding observations available to other Government partners and wider civil society through consultations and public awareness campaigns.

60. During the workshop coordinated jointly by MOIA and UNICEF on the CRC and its reporting process in November 2015, where Government ministries and NGOs participated, copies of the Convention, UN Committee Report and Observations were provided to participants and there were in-depth sessions on the issues as well as progress made by the Government. In February 2016, MOIA with the assistance of UN Women Office coordinated another workshop on CEDAW Implementation and Reporting process. Participants from the Government ministries, agencies and NGOs were also invited to participate and copies of the Convention, UN Committee Report and Observations were also made available to participants.

J. Cooperation with civil society, children and youth groups and how they are involved in planning and monitoring the implementation of the Convention

61. The Government has partnered with NGOs such as WUTMI on the implementation of the RMI National Work plan under the Pacific Women Shaping Pacific Development Initiative, which commits \$320 million over 10 years to improve the political, economic and social opportunities of Pacific Women and girls. Marshall Islands is one of these participating countries. MOIA is also the recipient of a three-year grant from the United Nations Trust Fund (UNTF) to end violence against women and girls for implementation of the Costing Analysis for the period of 2015-2017. MOIA and its partners, such as WUTMI, continue to work in cooperation, to ensure harmonized implementation of these projects.

62. The RMI and IOM collaborate on the implementation of a grant entitled “Combating Trafficking in Persons in Micronesia through Establishment of Protection Frameworks for Victims of Trafficking.” The RMI is supporting IOM’s work on this project through the Trafficking in Persons taskforce, which was approved by Cabinet in 2014. The task force’s membership includes the AG’s Office, MIDP, MOFA, WUTMI, MLSC and IOM. The IOM also has in place an awareness and information program that gears towards people planning to migrate overseas, particularly, to the U.S.A.

63. The RMI Single State Agency, established the State Epidemiological Outcomes Workgroup (SEOW) also known as the RMI Epidemiological (Epi) Workgroup to examine alcohol, tobacco and other drug-related archival data to determine the scope and magnitude of substance abuse and associated problems of youths in RMI. This interagency workgroup

collaborates at the state and grassroots level to address the significant gap Marshall Islands has experienced in the lack of sufficient data collection and coordination. The RMI Epi Workgroup has been the driving force behind the important mission of monitoring data-driven priorities, outcome measures and enhancing behavioral health data systems.

64. In 2009, an assessment of the magnitude of substance abuse and abuse-related problems was needed and thus, epidemiology profiles were conducted from 2009-2013. This profile furthers earlier efforts in that it examined the scope of other behavioral health concerns outside of substance use/abuse, and examined the co-occurrence of substance use/abuse and mental illness. To implement this project, the RMI Bobrae Project, stakeholders from five (5) of the most populated atolls (Majuro, Kwajalein, Ailinglaplap, Jaluit, Wotje) have been convened to use the five-step SPF process to accomplish three (3) primary goals:

- Reduce the onset and/or progression of substance abuse including childhood and underage drinking.
- Reduce substance abuse-related problems.
- Build capacity and infrastructure for data-driven substance abuse prevention at the State and community levels.

Data gaps that hinder the ability to understand the scope of substance abuse and mental health prevalence in the RMI are being addressed through these efforts to ensure data are made available to communities, agencies and policymakers.

K. Business/private sector activities

65. There are no known policies or procedures in place to evaluate private sector activities that may affect the ability of children to enjoy their rights, nor are there procedures that allow for investigation, adjudication, or regulation.

IV. Definition of the child

66. In the RMI, a child is generally defined as a person under the age of 18. The notable exception is the Adoptions Act, 2002:

<i>Title</i>	<i>Number</i>	<i>Provisions</i>
Domestic Relations Act	26 MIRC Ch. 1	“All persons, whether male or female, residing in the Republic, who shall have attained the age of eighteen (18) years shall be regarded as of legal age and their period of minority to have ceased.” §107
Juvenile Procedures Act	26 MIRC Ch. 3	“‘Child’ means any natural person under the age of eighteen (18) years.” § 303
Adoptions Act, 2002	26 MIRC Ch. 8	“‘child’ means, for the purposes of this Chapter, a person younger than 16 years of age.” § 803 “In all cases, the petitioners may petition to adopt any child, provided that such a child has not attained the age of 16 years.” § 818
Betelnut Prohibition Act, 2010	7 MIRC Ch. 20	“‘minor’ means person under the age of 18 years” § 2002

<i>Title</i>	<i>Number</i>	<i>Provisions</i>
Domestic Violence Prevention and Protection Act, 2011	26 MIRC Ch. 9	“child means an individual or person under the age of 18.” § 903
Child Rights Act 2015	P.L. 2015-50	“child” shall mean any person who is below 18 years

67. *The Births, Deaths and Marriages Registration Act 1988* states that the male at the time of contracting the marriage must be not less than eighteen (18) years of age and the female be not less than sixteen (16) years of age. The 2011 census did not disaggregate the marriage data by age for ages 15-59. According to the census, no children aged 14 and under are married. In February 2016, MOIA submitted to the Cabinet, an amendment bill to raise the marital age of girls from 16 to 18 years old. Previous RMI national report erroneously stated the law had already been amended. The RMI apologizes for the misrepresentation.

68. A challenge for the Government is that although child marriages officiated by the courts do not exist, this does not take into account the much more common practice of customary marriages or cohabitation. There have been no studies conducted on customary marriages and cohabitation in children, though there is considerable anecdotal evidence of children below the legal marriageable age cohabitating. The MOH, YTYIH and the WKWJ have been actively doing community outreach awareness programs on issues of teen pregnancies, school drop outs, teen suicides and malnutrition touching on cohabitation in children.

V. General principles

A. Non-discrimination

69. Legal protection against discrimination is provided by the Constitution. Although not explicit, this includes protection for all children as well. *The Child Rights Protection Act, the Human Rights Committee Act, the Rights of Persons with Disabilities Act* and the Disability policy adopted by the Nitijela also ensure that children and persons with disabilities are not being discriminated against. In September 2015, the *Constitutional Convention Act* was enacted, in which it contains a proposed amendment to include disability as prohibited ground for discrimination and for the establishment of the Office of Ombudsman.

70. The Government acknowledged that in practice, people with disabilities still have difficulty in accessing public services and are also challenged with the limited employment opportunities available. The Government is committed to addressing these issues and is, therefore, open to assistance, both financial and technical, from partners in the areas of legal and policy review, as well as infrastructural changes.

71. In recent years, PSS’s partnership with WorldTeach provides volunteer teachers with hearing impairment to work with students with similar hearing disabilities on Majuro. Additionally, the Disability Coordination Office provides support to MIDPO and coordination for activities that support children with disabilities.

72. It is compulsory for a child who attains the age of 5 years to attend school. Beginning in 2013, collection of all registration fees was suspended and all public school students were able to attend school free of charge. Another initiative that has done much to improve outer island students’ ability to access education is the solar panel installation project that enables school children to study after dark.

73. The enrolment data from 2015 shows nearly equal enrolment of males and females at both public and private elementary and secondary schools. In all elementary schools, 49.4% of students were female. In all secondary schools, 50.6% of students were female.

74. The PSS Child Protection Policy promotes a right-based approach to child protection. The **Code of Conduct for Working with Children** provides that all regular and volunteer teachers are required to make a signed declaration of compliance with the Code of Conduct for Working with Children as a condition of their engagement. This includes an agreement to report to the designated child protection officer at PSS whenever they have a reasonable belief that a child has been harmed or is at potential risk of harm. PSS teachers and volunteer teachers and staff working with children with disabilities are required to participate in induction training that raises their awareness of particular risk factors and provides examples of good practice.

75. The Government is continuing its efforts to address challenges affecting access to quality education in the outer islands. The main factors that affect Government's efforts include logistical challenges given the geographic dispersion of the islands, and transportation and shipping delays which affects the delivery of school materials in a timely manner. Other factors include school disruptions due to deteriorating weather conditions; and the difficulty of attracting qualified teachers from urban schools to teach in outer islands.

76. The Government has put in place the following initiatives to address this issue: (1) intensive teacher trainings, including on outer islands, minimizing the distance that outer island teachers must travel; (2) requirement that all teachers must have, at least, an Associates of Arts (AA) or Associates of Science (AS) degrees, including those in outer island schools. In the last decade, the Government carried out several improvements to existing school structures. Many outer island schools have been renovated, providing safer more appropriate school environments. Active mentor relationships between PSS School District Supervisors and outer island schools/teachers also provide the monitoring and support necessary to improve conditions. New positions were created in order to better service the outer island schools. There are 5 supervisors servicing the 5 districts.

77. In the area of health, a number of initiatives have addressed existing obstacles in accessing healthcare. In 2014, Majuro Hospital opened a new Maternal and Child Health clinic. This increased ability to provide quality care to mothers and children is further supported by the early childhood hearing screening program. Another important development to ensure access to quality specialty care has been MOH's partnership with medical missions from abroad who have been able to deliver care in fields like OBGYN, orthopaedics, and ophthalmology to patients on Majuro and Ebeye. MOH has continued to address the challenges of delivering health services to the outer islands through the Health Mobile Team, which maintains a rigorous schedule of outer island visits, delivering immunizations as well as basic medical and preventative care. This Health Mobile Team's activities are enforced by the WKWJ mobile team, which includes partners from the Reproductive Health Division. Finally, MOH has also undertaken capacity building programs for nurses.

B. Children Belonging to Minorities

78. *The Child Rights Protection Act* provides that children belonging to national, ethnic, religious, and linguistic minorities shall be protected from neglect, abuse, maltreatment, and exploitation. It prohibits to restrict or exclude the child from full active, and effective participation and inclusion in society. The child shall not be denied opportunities for education, development, health, and self-realization equal to those of children not belonging to a minority group.

C. Best interests of the child

79. One of the Principles of the *Child Rights Protection Act* is that in lawful relations that affect a child, the rights and best interests of the child shall take priority. Although, the Act does not specifically define what is ‘best interests of the child’, it is aligned with the principles of the Convention.

80. The best interests of the child is applied judicially in domestic and international adoption cases. The Courts look at the *Adoptions Act, 2002* for guidance. Factors that the Court may consider in determining the best interests of the child are detailed in Section 825 and include the child’s safety, health and welfare as well as resources available to meet these needs; the level of development and physical and emotional needs; the relationship of the child with his or her current family and the importance of continuity; the child’s cultural, racial, linguistic and religious heritage and fostering of a strong personal identity; and the child’s views toward being adopted.

81. The best interests of the child is also used in making orders for custody or support in cases of annulment or divorce under the *Domestic Relations Act*. Best interests of the child is further addressed in the *Juvenile Procedure Act*.

D. The Right to life, survival and development

82. The Bill of Rights in the Constitution makes provision for the right to life and protection from torture, cruel or degrading treatment. The *Child Protection Act* provides for promoting the protection, development and welfare of the child. The law requires that every births be registered with the Registrar’s Office at MOIA. There is no capital punishment in the RMI. There are no known instances of extrajudicial killings of any person, including children, in the RMI.

83. Suicide prevention activities fall largely under the Human Services Division at the MOH. The Human Services program is the Ministry’s mental health program most often sees patients referred from the hospital, the national police, the community at large, and other Government agencies. Human services will treat patients who have been referred to them, and will do outreach activities to strengthen community awareness. For example, they have supported the Rita Sports Club. Rita Sports Club is an initiative that runs sports leagues aimed mostly at young men in one neighborhood, providing structured and constructive diversionary activities. Diversionary activities are an important part of suicide prevention because Human Services staff estimates that excessive alcohol consumption is associated with at least 90% of suicide attempts.

E. The Right to express their views

84. In a legal setting, children’s views are respected. There are provisions for them to be heard in matters that affect them, and there are also provisions to ensure that they are not negatively affected by taking part in the legal process. *The Child Protection Act* provides for the encouragement of a child’s participation in proceedings and for judges to be obliged to take the child’s views and wishes into account.

85. Outside of the legal setting, the degree to which respect is provided for the views of the child is governed by culture and tradition and takes into account the age of a child and the setting. For example, in a school setting, teachers have an obligation to treat all the children fairly and be respectful of their views. However, in the home setting, discretion is exercised when it comes to family issues, depending on the age and level of maturity of the

child. There will also be cases where it is appropriate for children to take part in family discussions, and their parents and grandparents will provide them the opportunity to do so.

VI. Civil rights and freedoms

A. Nationality

86. There are laws and procedures in place to protect a child's name, nationality and family relations. The Constitution provides for equal protection and that a person is a citizen at birth (a) if either parent is a citizen or (b) if the child is born in the Marshall Islands and at birth is not entitled to be or become a citizen of any other country.; the *Citizenship Act 1984*, provides that parents can have their children naturalized as citizens when they themselves are naturalized.

B. Birth registration

87. *The Births, Deaths and Marriages Registration Act* of 1988 requires that all births be registered and in fact there is concerted effort to ensure that this takes place. The isolation of outer islands and issues with transportation and communication makes this difficult, but cooperative efforts between the Vital Statistics Office and the Outer Island Health Services Office at MOH and the Registrar's Office at MOIA have gone a long way to ensure timely and accurate recording of births. The father and mother of the child or another qualified informant is required to report the birth within ten days of the birth. There are no costs associated with birth registration, whether late fees or otherwise. On Majuro, all births are logged by nurses into a logbook and then reported to the Vital Statistics Office where they are logged into the VRIS computer system. A physical copy of the birth certificate is then printed and delivered to the Registrar's Office at MOIA. For Ebeye, births are also logged into the VRIS, and then the Vital Statistics staff in Majuro accesses the information and prints and delivers the birth certificate to the Registrar. On the Outer Islands, local health assistants keep track of births and report them during a weekly radio call to the Vital Statistics staff to log and create a birth certificate.

88. This system for registering attended births on Majuro and Ebeye is efficient, though not perfect. Ensuring accurate and timely reporting of births on the Outer Islands is still a challenge. Some of the more remote islands do not have Health Assistants and there may not be one nearby. Furthermore, if the Health Assistant is not present at his duty station during the weekly radio calls, or there are other technical difficulties, it is possible that births may not get reported for some time or at all. There are still some children whose births are only registered once they are attempting to enroll in school or acquire a passport, so it is clear that there remains room for improvement.

89. The Government is committed to further improving this process and has endorsed the Asia Pacific Plan of Action on Civil Registration and Vital Statistics (CVRS). The Government has also established a task force to examine civil and vital registration practices and membership includes MOH, PSS, MOIA, MISSA and EPPSO. The task force will address issues regarding birth and death registration as detailed above.

C. Preservation of identity

90. Generally, there is no registration requirement for a person to have rights to land owned by their family. Every person born by a Marshallese mother is born with a jowi, which he or she inherits from the mother. All jowis have land rights, thus no child is born

without that basis of land rights. The bwij, from which the jowi, the symbolic clan name and identification of a clan is derived, establishes the avenue through which the primary permanent authority on the land rights are determined. Disputes over who holds rights to a specific piece of land will often go to court, and it may be necessary to register rights with the court system and determine who has rights through the legal process.

D. U.S. Nuclear testing program

91. For Marshallese, land is a part of one's person and one's entire identity. It is an integral part of a person's sense of who they are in the world and how their life makes sense as part of a certain culture. One's sense of self, both personal and cultural, is deeply embedded in a particular parcel of land on a particular atoll. When the people were moved from their homelands, to make way for the U.S. Nuclear Testing Program, the sense of communal origin, of land as the visible representation of centuries of human labor, was lost.

92. The Special Rapporteur's report to the U.N. Human Rights Council in 2012, about his trip to the Marshall Islands (March 27-30, 2012) and the United States (April 24-27, 2012) on the implications for human rights of environmentally sound management and disposal of hazardous wastes from the U.S. Nuclear Testing Program conducted in the Marshall Islands from 1946 to 1954, found that: "The nuclear testing resulted in both immediate and continuing effects on the human rights of the Marshallese. Radiation from the testing resulted in fatalities and in acute and long-term health complications. The effects of radiation have been exacerbated by near-irreversible environmental contamination, leading to the loss of livelihoods and lands. Moreover, many people continue to experience indefinite displacement." And that the "full effects of radiation on the right to health of Marshallese women may have been, and continues to be, underestimated" and that "Several years after exposure, a high incidence of thyroid cancer was reported and that "Displacement due to the nuclear testing, especially of inhabitants from Bikini, Enewetak, Rongelap and Utrik Atolls, has created nomads who are disconnected from their lands and their cultural and indigenous way of life...".

93. One of the issues identified in the report was the limited access to information relating to the Program. Many of the historical documents provided to the RMI were incomplete and in "Deleted Version Only" form and labeled as Extracted, Redacted or Sanitized with information of unknown nature and volume removed. Following the report, the RMI has been trying to gain access to the information but to no avail. The repeated failure or refusal of the U.S. to provide full access to these records can only be taken as a blatant indignity toward and lack of respect for the Marshallese people and represents an ongoing violation of basic human rights.

E. Freedom from torture and cruel and unusual punishment

94. There are a number of legal protections from torture or other cruel, inhuman or degrading treatments or punishment, including the Constitution which provides that no crime under the law of the RMI may be punished by death; no sentence of imprisonment at hard labor shall be imposed on any person under the age of 18 and no person shall be subjected to torture or to inhuman and degrading treatment, to cruel and unusual punishment or to excessive fines or deprivation. Additionally, corporal punishment is prohibited under the *MIPSS Act*. The *Child Rights Protection Act*, also prohibits corporal punishment and any acts resulting in physical, mental or emotional harm to a child to protect them from all forms of violence, aggression, cruel, degrading and humiliating treatments.

95. There have never been any children reported as victims of torture. There have been no children reported as victims of other cruel, inhuman or degrading treatment or other forms of punishment, including forced marriage (and FGM) during the reporting period. The PSS has adopted a Child Protection Policy committing to safeguarding and protecting children, maintaining vigilance and acting in their best interests. All regular and volunteer teachers are required to make a signed declaration of compliance with the Code of Conduct for Working with Children as a condition of their engagement. This includes an agreement to report to the designated child protection officer at PSS whenever they have a reasonable belief that a child has been harmed or is at potential risk of harm.

F. Freedom of expression

96. Protections for freedom of expression and the right to seek, receive, and impart information all stem from the Bill of Rights in the Constitution. There is recognition that much more needs to be done on education and awareness to ensure that the general public is aware of these rights and also understand them in the local context.

97. The Child Rights Office in the MOIA is currently active in public awareness programs via the national radio station and during public events such as the recent International Women's Day distributing brochures on the summary of the CRC that has been translated into Marshallese. The office plans to continue its public awareness campaigns and plans to go out to schools and to the public.

G. Freedom of thought, conscience and religion

98. The freedom of thought, conscience and religion is protected under Section 1 of the Bill of Rights in the Constitution. The freedom of religion is also protected under the non-discrimination provision in section 12 of the Bill of Rights. There are no legal restrictions on a child choosing a different religion from his or her parents or family.

H. Protection of privacy

99. Privacy is protected by the Bill of Rights in the Constitution. Protection of the image is not explicitly provided for in the Constitution or elsewhere. The *Child Rights Act* provides for the protection of the child's right to privacy. The child has the right to protection of the law against such interference or attacks.

I. Access to appropriate information

100. There is nothing in the law that prevents children from having access to information from a diversity of sources. Some schools in the urban centers have libraries. There is also a children's library at the National Alele Museum which is located in Uliga, Majuro. Some schools in the urban centers have Internet access. There is increased access to Internet on outer islands as RMI National Telecommunication Authority (NTA) has expanded their services to outer islands, but there are still many islands with no Internet access. The Government continues to progressively work towards providing access to information through initiatives such as the provision of Internet access to all outer islands.

101. The law prohibits showing, selling, giving as gifts, renting or promoting to a child films, newspapers, magazines and other types of publications, in which cruel behavior, violence, erotica and pornography are promoted and which pose a threat to the development

of a child. It also prohibits for a child to be in places where such films, newspapers, magazines, and other types of publications are manufacture or shown.

102. The MIPD is active in developing awareness programs in the Transnational Crime Unit with Pacific partners. In 2013, the MIPD commenced participation in Cyber Safety Pasifika (CSP), a regional initiative developed by the Pacific Islands Chiefs of Police (PICP) Secretariat and the Australian Federal Police's (AFP) High Tech Crime Operations (HTCO) Cyber Crime Prevention Team. The purpose of CSP is to address cyber safety issues through awareness raising sessions aimed at students, youth and the community at large. An MIPD officer was trained as a trainer and continues to deliver information sessions, including at National Youth Week in July 2014. CSP is also pursuing partnership with NTA to promote CSP through PSAs and other means.

VII. Family environment and alternative care

A. Institutional care

103. The *Child Rights Protection Act*, provides for a right to parental care and where the court finds that it is in the best interests of the child to be separated from his/her parent(s), the best alternative care available shall be provided for the child. The child shall be entitled to safe accommodation and alternative care, including temporary and long-term accommodation, regulated by the Government and operated by the Government or non-Government child protection service providers or in cooperation of both. The legislation also provides for the protection of the child from harmful customary practices.

104. Due to human and financial constraints, there is no formal assistance available for children separated from their family environment. There are no social workers in the RMI and no formal child welfare or foster care system. Many children live apart from their biological parents for a number of reasons, and there are no systems in place to provide assistance for the children or monitor their care except through family, friends or relatives. The Marshallese traditional method of the extended family looking out for each other and caring for children and even sharing of food and necessities amongst family members help keep children safe from harm and reduce the situation of neglect and poverty. This traditional method is, sadly, eroding no longer practiced by everyone. The shift from communal self-sufficiency society to monetized economy with many families struggling and barely able to provide for their own families has led to the erosion of the traditional extended family support. The Government is seeking assistance from its regional and international partners for assistance.

105. In cases of a child being adopted, the CAA within MOIA is responsible for all adoption proceedings within the RMI. MOIA plans to request the HRC committee to review and provide input to the Nitijela on the Hague Adoption Convention when the Nitijela returns in August, 2016.

106. The WUTMI program in partnership with *Pacific Women Shaping Pacific Development (Pacific Women)*, developed the first ever national support service that addresses violence against women and girls and its victims, to access support and the protections of the law, may also include alternative care.

107. The existence of the HRC, the CRC monitoring unit, the Child Rights Office and the designation of the Human Services unit within MOH for tracking abused cases, the Special Education Program within the PSS, the Early Childhood Education program at the USP, the College of the Marshall Islands (CMI) Counselling Certificate Program, and the established Association of Counsellors — are all protective components, but need to be integrated into

a comprehensive national policy on child protection. Furthermore, for a future child protection system to be fully functional and effective, linkages between the 'formal' system and 'informal' response and prevention practices need to be established.

108. The RMI continues to work within its means and seeks assistance from its partners to establish formal mechanism to monitor living environment of children with disabilities or provide systematic care if necessary.

B. Family environment and parental care

109. Marshallese are known for their friendly and peaceful nature. Sharing with family and friends, a warm welcome for the stranger, and caring consideration for others are values inherent to the Marshallese culture. The people have nurtured these values over the centuries. Cooperation and caring are necessary elements of survival on these small islands, surrounded by the sea. The concept of family and community thus remain inextricably intertwined in Marshallese society. People still consider grandparents, aunts, uncles, cousins and far-flung relatives as close family members. The strong family ties contribute to close-knit communities rooted in the values of caring, kindness and respect.

110. Time has also introduced new elements into the culture. Cultural taboos that were in place to discourage sexual abuse are no longer practiced. Due to the substantially monetized economy, communities are departing from self-sufficiency and relying on salaried jobs for support in seeking out opportunities to make money. This leads to the breakup of traditional structures, e.g. parents leaving their children with relatives while they seek work. Young parents leave children with grandparents who are not always economically equipped to care for them. Such cases are referred to the Human Services Division where the counselors and nurses provide support to the families concerned. The division also refers families to programs run by NGOs, including WUTMI's Parents As Teachers (PAT) program and the Salvation Army. Salvation Army provides support through the provision of food while the department provides educational and awareness support for the parents.

111. The pressures of urbanization and migration, especially into Majuro and Ebeye, includes overcrowding and growth of squatter settlements. Rural people moving to urban areas may not be able to afford school/boarding fees, meaning that children are not sent to school or boys are sent to school rather than girls. Increasing migration overseas of young parents, primarily to the U.S., with plans to send for children afterward, which sometimes never happens, and children are left behind with relatives and grandparents to care for, sometimes with limited means. The RMI in collaboration with IOM opened the Migrant Resource Center (MRC) in Majuro to provide humanitarian assistance to migrants and wider community. The MRC Provides a range of services including pre-departure training and human trafficking awareness raising.

112. There is a general lack of knowledge and understanding of child rights and positive discipline with families and communities caught in between traditional and modern ways of raising and disciplining children with neither foot firmly rooted on either one. The Government in collaboration with NGOs, such as WUTMI, YTYIH, WAAM, IOM and MLSC will bolster their existing programs to help educate and increase awareness on these matters.

C. Parental responsibilities and assistance

113. There is general acceptance for the principle that parents have common responsibility for the upbringing and development of the child. It is recognized in the

Juvenile Procedures Act, specifically in making parents guardians and other caretakers liable for a child's actions. However, there is also a strong, traditionally held belief that women are most responsible for the children. This can be seen in attendance at PAT parent education sessions. Though PAT sessions are aimed at both parents, attendance by fathers is generally low, despite encouragement.

114. Since 2003, WUTMI has been facilitating the PAT program. The PAT program services 90 families at a time and works with them from the time the children are still in the womb until they reach 5 years and are ready to enter school. Initially, the PAT program was supported by Pacific Resources for Education and Learning (PREL). Currently, the PAT program is supported by the PSS. In addition to working with families, PAT also conducts public awareness, largely through a radio program on the national radio station.

D. Separation from parents

115. The *Child Rights Protection Act*, the *Domestic Relations Act*, the *Marshall Islands Guardianship Act*, and the *Domestic Violence Prevention and Protection Act*, as well as relevant criminal statutes govern the separation of children from parents. Children may be separated from parents by a court determination based on the best interests of the child. This may happen as the result of abuse or as the result of a custody decision. The judiciary has no records of any children separated from their parents as a result of court decisions. The law provides for children the right to safe accommodation and alternative care. To guarantee this right, various forms of alternative care are to be established by law/regulation. These will operate by Government or non-Governmental child protection service providers or in cooperation of both. These services are yet to be established. Lack of human capacity and financial resources are major constraints preventing full implementation of these services.

E. Family reunification

116. In cases where a child is separated from the family or the parents without order of the High Court, the *Child Rights Protection Act* provides for the Government to provide assistance for reunification of the child with his/her family.

117. All international adoptions conducted through the Central Adoption Authority are open and communication with the biological parents and family is encouraged.

F. Recovery of maintenance for the child

118. The *Domestic Relations Act* governs the recovery of maintenance for the child. In an annulment or a divorce proceedings, the Court is to make orders for custody of minor children and for their support. Any decree as to custody or support of minor children shall be subject to revision by the Court. When granting a judicial separation order under the DVPPA, the court 'may grant other orders regarding custody of and access to children, financial support for children, occupation of and distribution of real and personal property.'

G. Adoption

119. There are two forms of adoption in RMI: formal and informal (customary) adoptions. The formal adoption process is governed by the Adoption Act 2002 and administered by the CAA, a Governmental office in the MOIA that oversees the process. International adoptions have a long and problematic history. In the last report to the Committee, the RMI

detailed the issues that had developed around international adoptions and the passage and implementation of the *Adoptions Act* to combat these problems. The Act has now been in force for over a decade resulting in better monitoring of adoptions and more careful placement of children.

120. In customary adoptions, traditionally, family members adopt children as a response to the adoptive parents need for labor or care, or to solidify family relationships, or to ensure the rights of inheritance. Marshallese view adoption as an “open arrangement” which serves to expand family and clan boundaries. It’s also a monitoring system to ensure proper care of the adopted child. While this has been an accepted practice, there are areas of concern, in particular, child protection issues that the Government is working to address but remains a challenge. Additionally, migration from outer islands to urban centers and to the U.S. means that extended families are much less likely to be living in close proximity to each other and traditional safeguards are less effective.

121. The RMI is not yet a party to the Hague Adoption Convention and it acknowledges the importance of being party to this convention but also wishes to highlight the challenges it faces when it comes to resources and domestication of international treaties.

122. The Government also addresses adoption issues through the CAA. Monitoring traditional adoption is difficult to do, especially when there are protection issues with the children concerned, however, the Government takes this matter seriously and is working towards addressing it through public awareness campaigns and legal restrictions, if required.

H. Illicit transfer and non-return

123. The legislative framework regarding illicit transfer and non-return of children consists of Article 212 in *The Criminal Code, 2011*. Kidnapping is a felony of the first degree “unless the actor voluntarily releases the victim, alive and not suffering from serious or substantial injury, in a safe place prior to trial.” In that case, it becomes a second degree felony. The main definition of kidnapping makes no reference to the age of the victim, but there is a separate provision for interference with custody of either children or committed person.

124. There is no data on the illicit transfer and non-return of children and there is no data provided on the number of children abducted to or from the RMI. There have been no studies conducted in these areas.

I. Abuse and neglect of the child, including physical and psychological recovery and social integration

125. Child abuse and neglect is a third degree felony under the Criminal Code. The *Child Rights Protection Act* defines “child abuse or neglect” to mean, the acts or omissions of any person to which have resulted in the physical or psychological health or welfare of a child to be harmed, or to be subject to any foreseeable, substantial risk of being harmed.

126. Medical and psychological assistance, rehabilitation and reintegration measures are provided for under Section 32 of the *Child Rights Protection Act*. It provides for, inter alia, the Government to provide free medical assistance in order for the child to recover from the physical or mental trauma he/she may have experienced. Continued assistance shall be provided to reintegrate the child into society to include medical and psychological care, educational and vocational consultation and training as well as continued mentoring, guidance, protection and accommodation in a safe place.

127. The Act has updated the protocols for mandatory reporting concerning child abuse. Section 28, Reporting Obligations stipulates that ‘any person who becomes aware of a situation or act which may amount to child neglect, abuse, maltreatment and exploitation in the course of exercising their care for or work with children, shall immediately report the same to the Ministry whom will in turn contact national or local police notwithstanding any other law concerning occupational confidentiality to the contrary’. Failure to report of persons who are under an obligation to do so according to subsection shall be guilty of an offence and upon conviction be liable to a fine not exceeding \$5,000.

128. The *DVPPA* is a wide reaching law that defines domestic abuse broadly. Under the law, a person commits an act of domestic violence if he or she assaults a family member; psychologically abuses or intimidates a family member; sexually assaults a family member; economically abuses a family member; continuously and unlawfully restrains the freedom of movement of a family member; stalks a family member; unlawfully behaves in an indecent manner to a family member; unlawfully damages or causes damage to a family member’s property. In response to the passage of the *DVPPA* and increased national and regional attention focused on domestic violence, MIPD created a Domestic Violence Unit in 2013.

129. There is limited data available for the number and percentage of children reported as victims of abuse and/or neglect. The MOH keeps track of how many children are brought in for treatment of malnutrition, but as reported in the 2013 RMI SIDS Report, there are serious shortcomings in the way health statistics are collected, analyzed and reported. While UNFPA has provided technical assistance in this regard, the problem will persist without proper training of local people. Technical capacity and budgets for appropriate data collection and management must be bolstered, both within MOH and EPPSO.

130. The court records show that the 9 civil cases filed in 2014, under the *DVPPA*, 4 of the cases were issued Permanent Protection Orders. In 2015, there were 10 civil cases filed and 8 of the cases later had Permanent Protection Orders. As of January 2016, no criminal cases was ever been filed under the *DVPPA*.

131. WUTMI’s project to improve women and girls’ economic, social and political outcomes in the RMI, developed the first ever national support service for survivors of violence against women and girls. The service targets victims of violence against women and girls to access support and the protections of the law.

132. During the Nitijela Induction Seminar in February 2016, Nitijela pledged to assist WUTMI in its endeavor to combat domestic violence and provide assistance to victims. As of Friday, March 11, 2016, the Nitijela made a special appropriations of \$40,000 to WUTMI for this cause. This goes to show the Government’s willingness to support and address domestic violence.

VIII. Disability, basic health and welfare

A. Survival and development

133. The Maternal and Child Health and Children with Special Health Care Needs (MCH/CSHCN) program provides a range of services for mothers and children, including antenatal and high-risk antenatal care clinics and postpartum care. The child care clinic includes immunization, high-risk pediatric clinics, school health programs, coordination of family planning services, newborn hearing screenings, child and adolescent health interventions.

134. The RMI has made commendable progress in fulfilling its obligations under the CRC. Significant progress was made in reducing under five and infant mortality showing a fundamental commitment to child health. Both the infant mortality rate (IMR) and the under-five mortality rate (U5MR) have declined since 1990, and the MDG target of two-third reduction was achieved in 2015. The infant mortality rate for FY2013 was 18 and the under 5-mortality rate for FY2013 was 24. The tables in the Annex includes data covering the years 2009 to 2013. However, there are still challenges, which include expanding immunization coverage, reducing the high rates of teenage pregnancies and sexually transmitted infections (STIs), addressing malnutrition in children, and the high costs of lifestyle diseases such as non-communicable diseases and associated high-cost referrals overseas.

135. MOH data for the last 5 years show infant deaths were the result of premature birth, sepsis, malnutrition, pneumonia, asphyxia and congenital heart disease. Most deaths occur in the urban centers, as that is where most of the population is located. In 2012, there were 243 deaths on Majuro and 40 deaths on Ebeye, the two major population centers. There were 46 deaths on outer islands and three deaths on ships or in the ocean. This is a total of 332 deaths with 85% taking place in the urban centers. This is also clearly outlined in the table in the Annex.

136. Immunizations prevent and reduce child mortality and morbidity. Measles, a leading cause of preventable child death, is an important MDG indicator. There is much room for improvement in bringing this cost-effective public health intervention to Marshallese children. MOH 2013 Annual Report indicates that 66% of age-appropriate children were immunized against measles, higher than previous years, but still very low. Vaccination coverage for measles needs to be above 90% to stop transmission of the virus. Achieving 90% remains a challenge because of timeliness, scattered geography of the RMI, both air and sea transportation, under staff and low compliance of patients. The outer islands have always been low due to unavailability of cold chain system in the outer islands and mobilization of children with their families from one island/atoll to another. Children are registered where they are born, and when they move to another island/atoll, it is a challenge to keep track of their vaccination schedule. The Immunization Program is a part of the Outer Islands Mobile Teams that travel to provide vaccination services to children in the outer islands. Despite the challenges, the Immunization Program's accomplishments include being polio free since the official declaration by World Health Organization (WHO) in 2000 and no reports of vaccine preventable diseases since 2003. The tables in the Annex show immunization coverage rates throughout the RMI.

137. The Government also recognized malnutrition as an issue amongst children. Malnutrition and under-nutrition are directly correlated with poor performance in schools. In accordance with the United States reporting guidelines, a new state performance indicator was introduced in 2010 that will track BMI of school children. In FY2012, there were 38 children under the age of 5 admitted to Majuro Hospital for malnourishment, 34 of these children were under the age of one.

138. To deal with the increase in malnutrition cases, the Government has initiated administering vitamin drops and a system of referrals for children who are diagnosed with malnutrition. This system includes referrals of children to the Human Services Division, WUTMI's PAT program and the Salvation Army's support through the provision of food.

139. The MOH had recommended solid interaction and collaboration between MOH and PSS to establish strong school health policies and share in the dissemination of health education materials to elementary and high school students. During the past years, MOH had sponsored a number of relevant health promotion and health fair activities in an attempt to reach the general public in order to alter their lifestyles and change of behaviors.

B. Breastfeeding

140. In the RMI, the mean duration of exclusive breastfeeding is just 2.3 months, as shown in the MOH 2012 Annual Report, well below the six months recommended by WHO. A breastfeeding committee was established in 2011 to work on breastfeeding advocacy and the goal of making Majuro and Ebeye hospitals baby friendly. The MOH now has a breastfeeding policy that encourages mothers to breastfeed their babies from birth, and no children born in the hospitals are bottled fed. The Baby Friendly Hospital Initiative has contributed to the high percentage of babies that are exclusively breastfed from birth to the time of discharge. The Table in the Annex shows that in 2012, 95% of babies were breastfed upon discharge from hospital.

141. The MOH reported that implementing the policy has been a great challenge due to limited resources and staff as well as low interest and cooperation of the mothers. Furthermore, it is very difficult to follow up with mother and baby once they have been discharged. There is also no lactation consultant or capacity to carry out follow up visits or support to encourage breastfeeding when mothers and babies are at home. Evidently, there is a great need for education and awareness as well as stronger laws and policies are needed to complement the health promotion efforts.

142. MOH 2012 report showed 20% of children aged 12 to 23 months have experienced an episode of diarrhea compared to 2% of infants aged less than 6 months, who are most likely better protected through breastfeeding. The high incidence of diarrhea in children under 2 years of age underscores the importance of imparting messages to increase the duration of breastfeeding as well as providing adequate nutritional knowledge to mothers to ensure healthy feeding practices. Better access to potable water, improved hygiene and sanitation are also crucial.

143. There is currently no specific law on the marketing of breast milk substitutes and the International Code of Marketing of Breast milk substitutes has not been incorporated into any national or local laws and there is no watchdog for the sale and marketing of infant formulas. However, the Food Safety Act, 2010 provides “for the health, safety and welfare of the people by prohibiting the importation, production, processing, handling, distribution, and domestic trade of unsafe, unwholesome and poor quality food”.

C. Adolescent health

144. The Government is still battling with the high teenage pregnancy rate. According to Demographic Health Survey results, the proportion of adolescents aged 15 to 19 years who had given birth was twice as high in rural areas (43%) compared to urban areas (20%). The recorded adolescent fertility rate is 85 births per year per 1000 women aged 15-19. In FY 2013, 14% of all babies were born to mothers under age 20.

145. The risk of premature labor, anemia, high blood pressure and low birth weight are increased for teenage mothers. According to MOH very low birth weight babies (under 1.5kg) are born to adolescents mothers, where 28% have low birth weight (LBW) and 2% have very low birth weight (VLBW). Identified contributors to low birth weight in adolescent pregnancies are lack of knowledge of proper prenatal nutrition, high risk of premature labor, anemia and high blood pressure. Socio-economic factors such as unemployment and dropping out of school play a role.

146. Although, the report showed the adolescent pregnancy rates in the RMI continues to be the highest in the Pacific, there is an incomplete understanding of the issues that adolescent girls who become pregnant face. UNFPA assisted with the development of a three-year national strategy to prevent teen pregnancy. This national strategy included an

assessment of the current situation based on focus groups with adolescent mothers and others affected by adolescent pregnancy. The five strategic areas of the policy were commitment, prioritization and policies, youth-friendly services and environment, education and early intervention, and support. The Teen Pregnancy Prevention Project proposed by YTYIH commenced in 2016 for the next 5 years, addressing pressing needs of the youth community to include: sexual health issues, school truancy, suicide and substance abuse. The greatest current need to be addressed by the project is the very high rate of teen pregnancy. YTYIH will be collaborating with MOH, PSS and MOIA as the implementing partners in the development of this national project. MOH is also working to hold more outreach clinics to increase accessibility to reproductive and family planning services as well as more awareness raisings and counseling, in schools and communities both in the urban and rural areas.

147. Substance abuse is another problem and has received increased attention from both the Government and civil society. There is legal protection for children under the *Tobacco Control Act, 2006* and the *Betelnut Prohibition Act, 2010*. The Betelnut Prohibition Act prohibits the importation of betelnut for sale, distribution or for use by minor. The *Tobacco Control Act* regulates the manufacture, labeling, promotion, distribution and use of tobacco products.

148. While there is legal protection in place, the 2014 Single State Agency's State Epidemiological Outcomes Workgroup (SEOW) also known as RMI Epidemiological (Epi) Workgroup Report highlighted the prevalence of behavioral health related problems amongst children and adults, such as addiction, depression, suicide, violence, and STDs, that can be linked directly or indirectly with substance use/abuse. The RMI Epi examined alcohol, tobacco and other drug-related archival data to determine the scope and magnitude of substance abuse and associated problems. The report was used as an assessment of the magnitude of substance abuse in RMI to direct funding to address substance-related problems. The RMI Bobrae Project have been convened to accomplish 3 primary goals: 1. *Reduce the onset and/or progression of substance abuse including childhood and underage drinking.* 2. *Reduce substance abuse-related problems,* and 3. *Build capacity and infrastructure for data-driven substance abuse prevention at the State and community levels.*

149. The incidence of suicide and attempted suicide among youth is also an issue in the RMI, in which alcohol and drug addiction are frequently cited as a reason for suicide, as well as family and relationship problems. Just between December 2015 and January 2016, there were 3 reported suicide cases. In 2012, eight reported teen suicide cases, in 2011, eleven were reported, whereas in 2003, Twenty-eight cases were reported. Although the 1994 *Alcoholic Restriction Act* forbids anyone under the age of 21 to purchase, consume, or possess alcoholic beverages, use of alcohol among youth is still widespread. The 2011 Youth Risk Behavior Survey conducted among 1,739 high school pupils showed that 8.2% of pupils had their first drink before 13 years and 40.8% had had one or more drinks in the 30 days prior to the survey.

150. There is yet to be an overarching suicide prevention program. The Human Services Department conducts suicide awareness programs at schools. The department also provides counseling for attempted suicide cases. They have supported the Rita Sports Club. Rita Sports Club is an initiative that runs sports leagues aimed mostly at young men, providing structured and constructive diversionary activities.

D. Health and health services

151. MOH's three Bureaus are tasked with providing direct health care services. These include the Bureau of Majuro Atoll Health Care Services (MAHCS), the Bureau of Kwajalein Atoll Health Care Services (KAHCS), and the Bureau of Outer Islands Health

care (OIHCS). Each Bureau has a Division of Primary Care, which oversees the program for Children with Special Health Care Needs. The Bureau of Primary Health Care Services (BPHC) is responsible for strengthening preventive programs/services at community level.

152. Pharmaceutical services are provided by the main pharmacy located within Majuro and Ebeye Hospitals as well as one privately owned pharmacies located on Majuro atoll. Additionally, all health centers have a stock of basic over the counter and prescription medications, including contraceptives.

153. Oral healthcare is provided mainly through the two main hospitals on Majuro and Ebeye. There is a high demand for services and the division is under-resourced. Staff from the dental division also conducts awareness at health outreach events and travel with MOH mobile teams to outer islands to provide dental health services. However, despite the outreach activities, oral health remains a serious issue. Preventative oral care is not widely practiced. Nutrition is addressed by several different program areas in the MOH, including Health Promotion, Human Services and Public Health.

154. Prenatal care is provided through the prenatal clinics at the hospital for women living on Majuro and Ebeye. There are regular clinics where prenatal care services including pregnancy management, STI screening, pap smears, oral health education and care and immunizations are provided. Some pregnant women on the outer islands have the option to travel to Majuro and Ebeye for prenatal care and to give birth. Otherwise, outer island health centers provide pregnancy management, working in cooperation with staff from the Maternal and Child Health Department on Majuro. Mobile health teams also provide more extensive prenatal care and screenings when they visit outer islands. Outer island health assistants receive training in prenatal health care from the Maternal and Child Health Department.

155. Family planning services fall under the Reproductive Health Clinic. The main Reproductive Health Clinic is located both in Majuro and Ebeye Hospitals. Additionally, the Reproductive Health program runs additional clinics at YTYIH and Laura Clinic in Majuro. A variety of contraceptive methods are available, the most popular being the 3 months hormonal injection and oral contraceptives. Male and female condoms are also available free of charge in the Family Planning Clinics, the STD/HIV clinics, Health Centers, Youth to Youth in Health, and hotels and bars. See Table in the Annex showing the unduplicated number of family planning users as recorded by the Reproductive Health Program on Majuro, Ebeye and the Outer Islands.

156. The Reproductive Health Program also conduct outreach in schools upon request. Comprehensive sexual education is not yet a part of the school curriculum although the Division of Policy and Planning within the PSS is working on the Family Life Education (FLE) Policy that will be delivered to Junior High School (Grades 7 & 8) and High School Students. This draft FLE will be aligned with the National School Curriculum.

157. Section 177 Health Care Program provide healthcare services to the citizens of the RMI impacted by nuclear testing in the four atolls of Bikini, Enewetak, Rongelap, and Utrök. Currently the 177 program is being funded by the U.S. Department of Interior, Office of Insular Affairs under an annual grant. Since 1988 Trinity Health International (THI) has been managing the 177 Health Care Program (HCP) in the RMI. The Annual Report for 2014 shows that THI has continued to streamline operations and sustain the level of service and outcome despite a significant reduction in funding and a 100% increase inpatient visit volume from 14,000 in 2007 to 28,000 in 2013. In 2014, the Department of Interior approved a budget of \$1,212,004. This level of funding, the program was able to continue with the primary care services, continued Dental Mission, and the Outreach Medical Missions including Immunization, and Reproductive Health and Women's Health.

158. RMI continues to face challenges including the extremely dispersed population that involve expensive transport by air or boat. And, the lack of specialized services and human resources has led to a costly off-island referral system for tertiary care in Hawaii and the Philippines.

E. Children with Disabilities

159. The RMI ratified the CRPD in March of 2015 and the *Rights of Persons with Disabilities Act* was enacted in September 2015. The RMI also signed in 1997 the Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region.

160. In 2013, MOIA established a Disability Coordination Office. The Office coordinated the drafting and approval of the Disability Policy and Action Plan, which was approved by Cabinet in 2014. The Office provides support for the Marshall Islands Disabled Persons Organization (MIDPO) and coordinates Government activities.

161. The MOH is responsible for treating mental and physical disabilities, while the PSS is responsible for supporting special education for children with disabilities. The Special Education Program, financed by the US Government, is the only specially funded program that provides additional services to children with disabilities, particularly children with learning disabilities. The MOH in collaboration with the PSS carries out “child find” surveys to identify children with special needs and refer those who need to attend special education programs. The MOH provides visits to sick children in their home, and a range of other services for children and young people aged 0 to 21 years.

F. Maternal health

162. Maternal mortality appears to be a rare event in the RMI, but some under-reporting might be occurring. According to survey data, 95 per cent of pregnant women have access to a skilled provider at delivery, including on the outer Islands, where high risk pregnancies are identified by the health assistants for referral to Majuro and Ebeye hospitals.

163. Despite the progress, challenges still exist. There is some delay in the initiation of antenatal care. Rural and disadvantaged women are less likely to receive a full package of antenatal care compared to urban women and those who are financially capable of acquiring such services. Furthermore, an estimated 70 per cent of births take place at the Majuro hospital where, for a few years, only one obstetrician practices. The MOH just recently recruited a new obstetrician.

G. HIV and AIDS

164. The number of people reported to be living with HIV in the RMI remains low, with a cumulative incidence of 26 HIV cases at the end of 2013. Most common mode of transmission was due to heterosexual transmission. Mother-to-child transmission is the next most common mode of transmission. Ten people have died since being diagnosed HIV positive, and another seven HIV-positive people have left the island, leaving 8 currently living in Majuro receiving medical care. Low levels of knowledge and unprotected sexual activity, particularly among young people, are the most significant risk factors according to the 2007 Demographic Health Survey and the 2009 Youth Risk Behavior Survey. Alcohol use is frequently associated with unprotected sex. Girls and women have much less knowledge of HIV than boys and men; they are often poorly equipped to protect themselves from HIV transmission and lack the necessary life skills.

165. The National Aids Committee (NAC) identified that one of the key barriers to effectively addressing HIV in the Marshall Islands is the stigma and discrimination surrounding HIV. The development of vigorous and transparent partnerships across Government and civil society is intended to be the foundation for a strong response. The membership of the new NAC, drawn from Government, community NGOs and the private sector and learning institutions, is the first step in developing strong and effective collaborative partnerships. With a new National Strategy updated in 2012, the NAC on STDs, HIV & TB and MOH are currently implementing the newly developed and endorsed National Strategic Plan 2013-2017. In Ebeye, the Mayor and traditional leaders endorsed the HIV and STI prevention efforts during World AIDS Day, and the initiation of the chlamydia presumptive treatment campaign.

166. A review of HIV, Human Rights and the Law was conducted by the SPC RRRT in 2009, the review suggested that Government and the private sector should develop a code of practice on HIV in the workplace which protects people from stigma and encourages information, education, access to services and confidentiality.

167. There is policy within the MOH to respect the confidentiality of clients. However, there is not yet any law to protect people who are positive. There is no legal framework for ethical human research — which means that there are no laws to protect and ensure that ethical research occurs.

IX. Education, leisure and cultural activities

A. Legislative framework

168. The Constitution provides for the right to education in the Bill of Rights as well as the Government obligation to take every step reasonable and necessary to provide these services. The *MIPSSA* creates an autonomous PSS and a governing National Board of Education. The *MIPSSA* provides that a child over the age of 5 before the beginning of a school year is eligible to enroll in and attend any school in the RMI and that enrolment and attendance for these children is the responsibility of the parents or guardians. A child who has successfully completed primary level education shall be eligible to enrol in secondary level education in any school.

169. Enrolment data from PSS Annual Report 2015 shows nearly equal enrolment of males and females at both public and private primary and secondary schools. In all primary schools, 49.3% of students were female. In all secondary schools, 51.1% of students were female. Attendance is considerably more difficult to monitor and attendance rates disaggregated by sex are not available.

170. The Local Boards are responsible for the operation of local public schools. This includes increased community involvement of the school community in the education process, including administrators, teachers, staff parents, students and interested citizens who will form local advisory committees. The Local Boards are to develop annual education plans to be approved by the National Boards which will help monitor and evaluate progress by each student towards national educational goals. At time of writing of this report, the RMI has yet to establish any of the Boards.

B. Access to school (include girls access to school)

171. The PSS oversees 80 public primary schools and 6 public secondary schools (K-12) on Majuro and on the Outer Islands. Placement of these schools was made to ensure that the

largest number of children would have access to schools. This is a challenge in the rural outer islands. Some children live too far from their schools making the daily commute very difficult and impossible in some cases. There are two boarding schools that serve outer island students. Attending these boarding schools means moving away from family and attending schools with limited facilities. A more recent challenge is the overcrowding of schools on the urban centers because of increased internal migration away from rural areas.

172. Increased emphasis on early childhood education has led to 1,537 students enrolled in pre-school or kindergarten levels out of 10,102 total students enrolled in primary education during the 2014-2015 school year (2014 PSS Ann. Report). The drop off in enrolment from primary to secondary level of education reflects the challenges facing students in enrolling and succeeding in secondary level education. Adolescent pregnancy is a major issue. High rates of pregnancy among school age girls interfere with their ability to access and complete education. There are no national laws governing the treatment of girls who become pregnant while in school however, in the absence of the law, the non-discrimination provision in the Constitution would apply. In public schools, the treatment of girls who become pregnant is determined by PSS policy and they are neither forced nor encouraged to leave school. The PSS Public High School Handbook for Rules and Regulations allows for a student who becomes pregnant to remain in school as long as her pregnancy does not affect her grades or attendance. Any absence incurred because of pre-natal checkups will be excused absences with a doctor's note. If a student has to enter the hospital to deliver her baby during the school year, she will be allowed ten days of excused absences from the school. These ten absences will be excused as long as her total absence for the semester is not more than ten. Any absences after ten days will be unexcused. In the event of dismissal, the student will be eligible for readmission the following year." Private schools do not fall under this policy.

C. Inclusive education

173. Over 97% of children in the RMI are indigenous Marshallese. All public schools provide instruction in both English and Marshallese at both the primary and secondary levels.

174. The RMI's Special Education Program conforms with the U.S. Individuals With Disabilities Education Act (IDEA). This includes monitoring and reporting on the performance of all students who have an Individualized Education Plan (IEP). Monitoring data collected by PSS from FY 2012 shows that the RMI Special Education program oversees 727 students with Individualized Education Programs (IEP), ranging in ages from 3 through 21. Six hundred seventy of these students (95.4%) were provided free appropriate public education in regular class 80% or more each day. Ninety-eight percent of students aged 16 and older had Transition plans and received transition services to prepare them for post high school education and employment. During that corresponding school year, no high school student with an IEP was suspended, expelled or dropped out of school.

D. Free and compulsory education

175. *MIPSSA* addresses compulsory enrolment and attendance and provides for a child who attains age five before the beginning of a school year is eligible to enroll in and attend any school in the RMI. Enrolment and attendance for these children is the responsibility of the parents or guardians. For secondary school, a child must have completed primary level education to be eligible to enroll in secondary level education. Furthermore, a public high school entrance examination shall be administered to all eighth-grade students to determine

their placement in public high school. Until the 2013-2014 school year, a registration fee was charged for all levels of public education. Collection of that fee was suspended in 2013.

E. Quality of school

176. Education quality is documented, monitored and evaluated through assessment of student performance at the primary, secondary and college levels. Data is also collected on student enrolment, dropout and graduation rates. PSS wide policies are applied uniformly at schools in the centers and on the outer islands. The Division of Schools at PSS implements and enforces policies through the deployment of school mentors to all outer island schools. These mentors make yearly visits to their schools. The RMI's Curriculum Instruction and Assessment Unit (CIA) oversees curriculum development and assessment work and ensure activities are updated periodically. It works collaboratively with the other divisions and programs within the PSS to provide teachers with quality support and resources to be effective, well-informed educators. During FY 2015, the CIA began developing curriculum frameworks for K-8, English Language Arts, Marshallese Language Arts, Math and Science including guidance for teachers on assessment strategies, classroom activities and resources. The development of the curriculum frameworks for all the subject are completed and distribution of resources completed.

177. PSS Annual Report for 2015, shows student teacher ratio is 14.1 for primary school and 19.1 for secondary school. Student-teacher ratio for primary urban schools is larger by an average of 5 to 10 students more than outer islands schools. Secondary schools are more crowded than primary schools.

178. Girls and boys follow the same curriculum. Due to lack of resources, there has not been any revision of textbooks to ensure that gender stereotyping is removed. Furthermore, outer island schools in particular will often have limited access to materials and will use what they have, regardless of whether the materials are out of date or contain gender stereotyping. Although all primary schools are mandated to follow the Government curriculum, not all schools have equal access to resources to be able to do this. The Government is in the process of updating the curriculum to ensure that gender stereotyping is removed and school materials are distributed to all schools in the beginning of each school year.

179. WASC Accreditation for 2 private schools, Majuro Cooperative School and Assumption School, and 2 public schools, Marshall Islands High School and Delap Elementary School have been accredited. One public school candidacy, Laura High School and Delap and Laura up for re-evaluation in April 2016.

F. Corporal punishment

180. Corporal punishment is prohibited in the public school system under the *MIPSSA*. Child abuse is further prohibited under the *Child Rights Protection Act*.

181. In 2014, PSS introduced the Child Protection Policy in line with its guiding principle of promoting "a rights-based approach to child protection." The policy enforces PSS's commitment to "safeguarding and protecting children, maintaining vigilance and acting in their best interests." The policy outlines the "framework that the PSS uses to assess and manage the risk to children participating in all of its programs, including any donor-funded programs, and the measures and systems put in place to respond to concerns about their wellbeing." The policy includes guidelines for recruitment and induction of teachers and volunteer teachers and includes a code of conduct as well as procedures for reporting violations. The policy also details signs of abuse and neglect and changes in behavior that

can indicate abuse and neglect. Teachers are also required to sign a page detailing the code of conduct and their responsibilities towards enforcing the Child Protection Policy.

182. While corporal punishment is prohibited by law, its practice has not been eliminated completely in schools and homes. The CPBR, collaboration between the Government and UNICEF, found that 48% of Education Key Informants and 46% of all Key Informants admitted that “teachers in the school in the community hit, smack, pinch, kick, pull or twist children’s ears.”. However, only 24% of adult respondents believed that corporal punishment was prevalent in schools. There is a disconnection between the law, parent’s knowledge and the reality of what is occurring in schools.

183. As recommended in the CPBR, the Government is working towards ensuring that alternatives to corporal punishment as a form of discipline do not include verbal and emotional abuse. Further, siblings and other members of the household, not just primary caregivers are involved in awareness raising. Currently, the MOIA, MOH, PSS, WUTMI and YYIH conducts awareness raising thru the national radio station, the local newspaper, brochures, flyers and the social network, on national matters, including human rights issues.

G. Education regarding human and child rights

184. *Child Rights Protection Act* expresses the child’s right to education. Every child has the right to education to develop his/her cultural knowledge, intellect, abilities, views, moral and social responsibility.

185. The RMI has in its curriculum human rights and civic education explicitly in the Social Studies Standards, which state:

- “Culture — Students will know and understand their family structure and practices within the cultural context and will preserve its values. Students will also gain knowledge of other cultures and demonstrate respect and appreciation for cultural diversity.”
- “Citizenship and Government — Students will understand the development, functions and structure of power, authority and governance in their society and other parts of the world. They will use their knowledge and understanding to compare and evaluate different forms of Government.”

186. The PSS’s Media and Instructional Service Center also provides monthly educational bulletins and weekly radio program that would include child rights and protection.

H. Vocational training

187. Vocational training is a vital tool to address the pervasive issue of youth unemployment. The largest and most successful post-secondary education public sector vocational skills training programs have been developed by CMI and the USP, Majuro Campus in collaboration with the National Training Council (NTC) the Community Training Center, and others. CMI focus has been on skills needed in the formal economy, both life and vocational. USP’s focus has been on traditional and life skills needed in the informal economy.

188. NTC works at giving confidence and skills necessary to youth and Marshallese citizens to find work and be able to fill positions that often go to expatriates. The legal framework for NTC provides that both men and women, including youths, benefit from training. The data in the Tables in the Annex show sex disaggregated participation in NTC

programs by program type and sex disaggregated participation in NTC programs on the outer islands.

189. Women and girls are equal participants in training programs organized by a number of NGOs, some of which are: Waan Aelōñ in Majel (WAM) is a very successful grassroots non-profit, NGO working with young Marshallese. WAM provides a six-month program of vocational and life skills training to youth-at-risk using the medium of traditional outrigger canoes, boat building, carpentry and woodworking. Program capacity is twenty-five students. Other NGOs providing Basic Education and Life Skills and Sustainable Livelihoods are: YTYIH for Majuro & Ebeye; WUTMI; Juren Ae for Majuro, and Rukjenleen (WUTMI Chapter) for Ebeye. Furthermore, Australian-Pacific Technical College, (APTC) provides training for Marshallese in the following areas: tourism & hospitality, automotive, manufacturing, construction, electrical trades, health, and community services.

I. School facilities

190. The PSS established the division of property and maintenance (PM) with the goal of better monitoring and prolonging the life of the Education's assets. The division carried out various projects including major classroom and building renovation and repairs, new construction, vehicle maintenance and classroom furniture repairs as well as installation of solar in the outer islands. These projects were done on outer island schools and also Majuro and Ebeye schools. The projects are ongoing and some school awaits funding and availability of the PM.

J. Drop-out and push-outs

191. The PSS Annual Report 2015 identified certain educational issues facing RMI, one of which is student persistence — too many students drop out of school. Anecdotal evidence shows that the primary reason for girls dropping out of secondary school is pregnancy. MOH 2013 Annual Report shows that RMI continues to have the highest rates of adolescent pregnancy in the Pacific Region. There have not yet been sufficient studies to determine all the reasons for students dropping out of secondary school. The PSS strategic plan set out actions to be undertaken by the schools to improve student persistence that include, enforcing the truancy policy, enhance communication between teachers, students and parents and enhance community involvement in education.

K. Leisure Activities

192. The MOIA has an office for sports. The sports office provides organized sports activities for youth in the urban areas. Recreational activities for children in the outer islands are provided by the local schools. The local Governments also provide recreational activities to school aged children and adults, as well.

193. The School Enrichment Program (SEP) offers after school programs for students at seven primary schools and two secondary schools on Majuro and two private primary schools. These programs include physical education and intramural sports, tutoring in various areas including Reading and Math among participating schools.

X. Special protection measures

A. Economic exploitation and child labor

194. The *Child Rights Protection Act* provides for the protection of a child in the RMI from economic exploitation and forced or compulsory labor, including the worst forms of child labor, children's work not in accordance with the regulations of this Law, child begging, child domestic work, and exploitative participation in sporting events.

195. Legal provisions is also provided under the *Seamen's Protection Act*, which provides that "children under the age of sixteen (16) years shall not be employed on Marshall Islands vessels engaged in foreign trade, except on vessels on which only members of the same family are employed, school-ships or training ships." There is limited data on child labor and economic exploitation.

196. At present, there are no known instances of children below the minimum legal age of employment involved in child labor. However, there is increased anecdotal evidence of children out of school selling food products and handmade jewelry in front of supermarkets. This is an area that the CDD within MOIA is including in its awareness programs. The MOIA and the HRC will continue to collaborate with other Government agencies and NGOs to find ways to discourage this practice.

B. Sexual exploitation

197. The *Child Rights Protection Act*, prohibits sexual exploitation, child prostitution, child sex tourism, child pornography, and participation in sexually oriented performances. Sexual exploitation and abuse is also contained in the Criminal Code providing for punishment of sexual assault, incest and prostitution in the First Degree and Third Degree. Trafficking in Children is prohibited under the *Criminal Code* as well as the *Child Rights Protection Act*.

198. Currently, there are no documented cases of children involved in prostitution, pornography or sex trafficking. There are documented cases of child sexual abuse, but cultural constraints make it very difficult to talk about and unlikely that families will report it. Recent studies show that it is happening at high rates, but there are not yet programs in place to address it. The CPBR documented cases of sexual and other child abuse cases that healthcare and education workers dealt with and witnessed over a calendar year. The report shows that healthcare workers dealt with seven cases of sexual abuse and witnessed three more cases. Education workers dealt with nine cases of sexual abuse and witnessed one more. There is an obvious need for increased coordination between first responders and mandatory reporters to ensure a uniform response and accurate data kept.

199. The MIPD has endorsed the First Response Protocol developed in cooperation with WUTMI to ensure appropriate institutional response to victims of violence and abuse. The MIPD continues to work to strengthen their ability to respond appropriately to cases of violence and abuse.

200. RMI and IOM are collaborating to the efforts to combat all forms of Trafficking in Person (TIP) by facilitating the implementation of a comprehensive protection framework featuring: awareness raising; boosting capacity of law enforcement on victim identification and the need for victim-centered protection; establishment of national referral mechanisms. IOM have facilitated a series of workshop and roundtable meetings with the RMI National Taskforce on Human Trafficking members. Law enforcement agencies, the Judiciary, and the MOFA were provided with tailored training and detailed information on TIP.

201. In February 2016, IOM contracted an outside expert, who has done similar work in bigger countries, to engage with church leaders, community and youth to devise ways to get the message to the public. They plan to do radio broadcast, perform skits, compose music, write articles in the newspaper and do interviews on human trafficking. An awareness mural by the Uliga dock will be made for the fishermen to look at.

202. The CDD within MOIA has begun its public awareness campaigns on human rights, including child protection and domestic violence. The MOIA, MOH, PSS, and NGOs like WUTMI, MLSC and YTYIH continues awareness programs in the national radio, newspaper, social media and have been going out to communities, including schools and churches. The WKWJ have been actively going to the outer islands on public awareness campaigns.

C. Children in street situations

203. There are no reported cases of children in street situations in the RMI.

D. Children deprived of their liberty, including any form of detention, imprisonment or placement in custodial settings

204. Children who are detained by the MIPD are kept separate from the general prison population. While there are no separate detention facilities just for children, they are most often detained in the MIPD administration building in individual offices. There are no laws that provide for children to be detained separate from adults but it is the standard police procedure.

205. According to MIPD, a child is there for questioning only with his/her parent for less than 24 hours, then released from police custody. The local police have their own police station in every outer islands and if they need assistance in respect to a child committing a serious offend then the MIPD is called in to assist. The Majuro prison condition does not meet the international standard and there is no specialized prison facility for adult female prisoners and or juvenile prisoners. Female are held under house arrest. As of the writing of this report in 2016, there has been no serious offenses against juvenile since 2013. The Government is in the process of securing property in Laura village, Majuro, for a new facility for women, girls, boys, and juvenile convicted of serious crimes.

206. There is no legal framework for protections for children with incarcerated fathers or mothers on house arrest, but this can be taken into consideration during the judicial process. No data on the number of children with incarcerated fathers or mothers on house arrest is currently kept.

E. Children in conflict with the law and sentencing of children

207. The *Child Rights Protection Act*, provides that the minimum age of criminal responsibility shall be governed by the *Criminal Code*. The *Criminal Code* provides that children up to age ten are presumed incapable of committing a serious crime and there is a rebuttable presumption that children between the ages of 10 and 14 are incapable of committing homicide. The *Child Rights Act* also provides that the sentences for children convicted shall prioritize their rehabilitation, education, and reintegration in society rather than punishment or retaliation. And that criminal punishment, particularly imprisonment should be used as a measure of last resort and to be avoided whenever possible. Murder in the first degree is the only crime for which life imprisonment is the sentence. As children up to the age of ten are presumed incapable of committing such crime and there is a

rebuttable presumption that children between the ages of ten and fourteen are incapable of committing homicide, it is highly unlikely that a child up to the age of fourteen would receive a sentence of life imprisonment. Furthermore, sentences of life imprisonment for adults are very rare, so it is also highly unlikely that a child over the age of 14 but under the age of 18 would receive of sentence of life imprisonment. Capital punishment is not permitted regardless of age.

208. The *Juvenile Procedures Act* also provides important features such as to the adoption of flexible procedures by courts. However, an offender sixteen and over may be treated as adult if the court is of the opinion that this is justified by the offender's physical and mental maturity.

209. In 2014, only 3 juvenile cases were filed in the High Court: none in Majuro and 3 in Ebeye. Since 2006, the RMI filed seven juvenile cases in Majuro, and no more than 4 High Court juvenile cases in a year. The three 2014 juvenile cases filed in Ebeye were for burglary. The High Court cleared 11 juvenile cases, 3 cases from 2014, 3 cases from 2013, and 5 older cases that the Republic had abandoned. Because the High Court has so few juvenile cases (and in some years no juvenile cases), the annual clearance rate figures do not result in meaningful data for a five-year trend report. See the annual clearance rates for juvenile cases through the High Court in the Annex.

210. In 2014, the National Police and Majuro Atoll Local Government Police prosecutors filed in the District Court a total of 243 juvenile cases in Majuro. A total of 165 cases involved curfew violations, 54 involved underage drinking and alcohol related charges, 17 cases involved traffic related charges, 2 involved littering, and 5 other cases. Of the 243 juvenile cases filed in Majuro in 2014, 224 were cleared in 2014, leaving 19 pending at the end of the year. In 2015, 18 cases were cleared leaving 1 pending case. See annex for complete data.

F. Physical and psychological recovery and social reintegration of the child

211. The *Child Rights Act* provides for the protection of the children deprived of their liberty by ensuring that children's rights to health, safety, and development be respected in detention settings. The child is to have access to educational and vocational programs to help him/her overcome difficulties that contributed to his/her commission of the criminal offense and prepare for the return to community. Relevant after care is to be provided, including reintegration measures, such as continued mentoring and guidance tailored to the specific needs of the child.

212. There are no measures in place to promote the physical and psychological recovery and social reintegration of child victims. The MOIA, the MOH, the MIPD and the PSS all play a role in providing services and care for child victims. There are counselors and mental health support available through the MOH and the PSS, but no social workers at either of these ministries or the MOIA to provide support to child victims and monitor their treatment. In the past, there was a designated police officer at MIPD who would take on cases with a child welfare component, but she has recently retired. MIPD will often consult with the Child Rights Officer who may complete home visits and report her findings to MIPD or the courts. There is, however, no clear procedure for this. Accessing any of these services is much more difficult from the outer islands.

213. WUTMI's project with *Pacific Women*, 10-year initiative to improve women and girls' economic, social and political outcomes in the Pacific region, developed the first ever national support service for survivors of violence against women and girls in the RMI to access support and the protections of the law.

G. Training activities developed for all professionals involved in the juvenile justice system

214. The RMI Judiciary organized and facilitated professional development opportunities for both judges and court staff. All permanent justices and judges of the Supreme Court, the High Court, and the District Court attended such workshops and conferences. For instance, in mid-March 2014, High Court Chief Justice Carl Ingram attended the 21th Pacific Judicial Conference (PJC), held in Auckland, New Zealand. The 2014 PJC included sessions on: youth justice and domestic violence; judging in times of constitutional crisis; written constitutions, human rights, and customary law.

215. Regional development partners also provide training in human rights periodically for the law society and judicial personnel. Trainers are brought in from off island. Staff may also attend trainings off island.

216. Law enforcement officers, generally, attend trainings off island, with some training done on island by consultants brought in or by police officers who have been trained as trainers. The MIPD has undergone extensive capacity building activities in partnership with Pacific Prevention of Domestic Violence Program (PPDVP).

217. In 2013 WUTMI hosted the US National District Attorney's Association (NDAA), which conducted a workshop on human trafficking. The workshop was attended by law enforcement personnel, attorneys, Government agencies including MOIA, NGOs, community groups, churches and health care providers. More than 50 people took part. The topics covered included an overview of human trafficking, including trafficking in the Pacific region, NDAA human trafficking programs, dynamics of victimization, labor trafficking investigating basics, intimate partner violence and human trafficking, including power and control dynamics, building a case and trial strategies.

XI. Conclusion

218. The RMI appreciates the opportunity to evaluate and report on its progress in implementing the Child Rights Convention, the Committee's recommendations and observations resulting from the initial CRC Report and the Second Periodic Report. The Government has identified lack of capacity and inadequate resources as a major impediment to fully addressing human rights issues and commitments. The RMI will continue to work at a national, regional and global level to achieve effective implementation of its CRC obligations. In this regard, the RMI requests the continued support, technical and financial assistance from its donors and partners to better implement the Committee recommendations and Convention obligations.
