



# Convention on the Rights of the Child

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## Committee on the Rights of the Child

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Consideration of reports of States parties

### List of issues in relation to the combined third and fourth periodic reports of the Marshall Islands

Addendum

### Replies of the Marshall Islands to the list of issues\*

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

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## Acronyms

ADB	Asian Development Bank
APF	Asian Pacific Forum of National Human Rights Institutions
BFHI	Baby Friendly Hospital Initiative
CADRE	Climate Adaptation, Disaster Risk Reduction, and Education Program
CEDAW	Convention on the Elimination of Discrimination Against Women
CPiE	Child Protection In Emergencies
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DRM	Disaster Risk Management
DRR	Disaster Risk Reduction
DVPP	Domestic Violence Prevention and Protection
ECD	Early Childhood Development
EHDI	Early Hearing Detection and Intervention Program
ENT	Ear Nose Throat
FAPE	Free Appropriate Public Education
FY	Fiscal Year
GRMI	Government of the Republic of the Marshall Islands
HRC	Human Rights Committee
IOM	International Organization for Migration
JNAP	Joint National Action Plan
MIPD	Marshall Islands Police Department
MOCIA	Ministry of Culture and Internal Affairs
MOE	Ministry of Education
MOHHS	Ministry of Health and Human Services
MWSC	Majuro Water Supply Company
NDMO	National Disaster Management Office
NGO	Non-Governmental Organization
NHRI	National Human Rights Institution
NSP	National Strategic Plan
OCS	Office of the Chief Secretary
OHCHR	Office of the High Commissioner for Human Rights
PAP	Prevention of Adolescent Pregnancy
PAT	Parents As Teachers
PL	Public Law
PREPARE	Disaster Preparedness for Effective Response Program
PSS	Public School System
RMI	Republic of the Marshall Islands

RRRT	Regional Rights Resource Team
SPC	Pacific Community
SPED	Special Education
SY	School Year
TPO	Temporary Protection Order
USD	United States (of America) Dollar
WB	World Bank
WIM	Weto In Mour
WUTMI	Women United Together Marshall Islands
YTYIH	Youth to Youth In Health

## Foreword

The Republic of the Marshall Islands would like to acknowledge the commitments and hard work of the following: Child Rights Office, stakeholders, Government ministries, agencies, partners and communities, for their continued support in completing the CRC reporting process. We must also give special recognition and appreciation to the following who have provided technical support, training, and financial support to assist the RMI 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.

As a small island state, we, the Republic of the Marshall Islands face many challenges including climate change and the lack of technical, human, and financial resources, which hinders our abilities to properly and thoroughly provide for and report on issues that greatly affect our nation. Our children's livelihoods are of the most vulnerable, which threatens not only their future but the future of our nation as well. The Government therefore, takes very seriously its constitutional as well as legislative obligations to protect child rights and our commitments to the Convention on the Rights of the Child.

Our children are cherished 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 Government. Every child has the inherent right to life, and the RMI will continue to ensure the survival and development of our children.

Kommol tata

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## Part I

### Issue 1

**Please update the Committee on the measures taken to implement child-related legislation, in particular the Child Rights Protection Act 2015, policies and programs and to harmonize domestic law, including customary law, with the Convention. Please also inform the Committee whether the State party intends to develop and adopt a comprehensive strategy and national action plan for children's rights.**

1. Measures taken to implement child-related legislation (Child Protection Act 2015) include:

- Public Law (PL) 2016-0013 — to raise the legal age of marriage for girls from 16 to 18. It is an Act to amend Marshall Islands Revised Code (24 Marshall Islands Revised Code Chapter 4 section 428 of the Births, Deaths and Marriage Registration Act of 1988);
- PL 2016-0016 — Youth Service Corps Act 2016 establishes a Youth Service Corps, within the Ministry of Cultural and Internal Affairs (MOCIA) with objectives such as:
  - To promote and integrate discipline in youth development;
  - To provide youth with the skills, work ethic and opportunity to succeed;
- PL 2016-0021 — Adoptions Act 2016 (Amendment) defines a child as persons under the age of 18. The Amendment also establishes a Fund for the operations of the Central Adoption Agency and updates provisions in the Act to comply with international standards.

2. The goal for the Government of the Republic of the Marshall Islands (GRMI) in 2018 is to focus on improving programs, services, and legislation for children in the Republic of the Marshall Islands (RMI). The GRMI anticipates meeting with national stakeholders, UN agencies, and other development partners to develop and adopt a national action plan in order to guide the State in improving its capacity and capabilities for the social protection of children and other marginalized groups. A National Consultation on the Social Protection of Children is slated for March/April 2018. The Consultation will be reviewing and revising legislation, child-focused programs, and interagency support for Children's issues. GRMI is reviewing recommendations from the Child Protection Baseline Research (2012) and plans to use this information as a basis for structuring the consultation.

### Issue 2

**Please provide information on the human, technical and financial resources available for the functioning of the national Human Rights Committee. Please also provide information on mobilizing the resources required for the establishment and functioning of an independent monitoring body for children's rights that can receive complaints. Please also inform the Committee of the resources available for the position of a children's project coordinator appointed to coordinate all activities related to the Convention.**

3. The national Human Rights Committee (HRC) is comprised of representatives from various Ministries such as Education, Health, Finance, Internal Affairs, Resources and Development, the Attorney General's Office, Public Safety, Parliament, the National Training Council, Chamber of Commerce, private sector, and youth and women NGOs. It is chaired by the Chief Secretary who is the chief adviser to the Cabinet as he/she oversees all the government Ministries and heads of these Ministries in terms of coordinating policy implementation. The HRC has a Working Group comprised of the same offices in the Committee with representatives at a more technical level. The secretariat for both the HRC and HRC Working Group is the MOCIA. While there is no specific or standalone budget

for the Committee, the activities of the Committee are mainly supported through the respective budgets of the Office of the Chief Secretary (OCS) and the individual Ministries.

4. A Treaty Reporting Workshop for the members of the HRC was held in Majuro, from 23-24 February 2017. The workshop was led by the Pacific Community (SPC) Regional Rights Resource Team (RRRT) in partnership with the UN Human Rights Pacific Office (OHCHR). The objectives of this training were to impart knowledge of treaty reporting (especially CEDAW, CRC and CRPD) to members of the RMI Human Rights Committee, and to build capacity for timely and effective reporting as well as looking toward implementation of UN Committee recommendations. Key outcomes of this training were:

- Increased participant understanding of the functions and mandate of the Human Rights Committee and their responsibilities as members;
- Increased understanding of the value of human rights reporting and UN Committee recommendations as a tool for developing and progressing national policy agendas;
- Increased knowledge of the main treaties of relevance to RMI (CEDAW, CRC and CRPD);
- Commitment to improve operation of the Committee including more regular meetings;
- Commitment to complete CRPD report and prepare adequately for UN Committee dialogues scheduled for early 2018.

5. In November 2016, GRMI requested technical assistance from the SPC-RRRT and the Asia Pacific Forum of National Human Rights Institutions (APF) to undertake a scoping study to on the feasibility of establishing a National Human Rights Institution (NHRI).

6. In March 2017, the SPC-RRT and APF Scoping Team conducted their Scoping study. The study results were published in August 2017. The following recommendations were made for the GRMI to consider:

- The Scoping Team recommended that the RMI establish a NHRI as a Constitutional Office with a status equivalent to that of the Office of the Auditor-General. The Scoping Team recommended that the currently convened Constitutional Convention be asked to consider the establishment of an Ombudsman's Office with both good governance and human rights mandates;
- If an Ombudsman's Office is established, it should comprise a Chief Ombudsman and an Ombudsman or Deputy Ombudsman with specific responsibility for human rights — both full-time;
- Enabling legislation should provide a broad mandate:
  - To promote and protect the human rights of every person in the Marshall Islands;
  - To foster the dignity, equality and security of everyone in the Marshall Islands, including women, children and people with disabilities. As well as all citizens and residents whether permanent or temporary;
- The primary objectives of the NHRI should be:
  - To advocate and promote respect for, and an understanding and appreciation of, human rights throughout the Marshall Islands;
  - To ensure compliance with the Paris Principles and to build community trust in the institution, the legislation must incorporate explicit guarantees of its independence and provide for an open, transparent, inclusive nomination and appointment process.

7. To date, Proposal No. (18) to establish an Office of Ombudsman has passed the Constitutional Convention and is now awaiting referendum. This is the final stage and once it is confirmed and approved by the people, this Office will be established.

8. In addition the RMI has recently approved four new positions, two social workers, a Human Rights officer, and a Children Project Coordinator. All of these positions were created to strengthen the GRMI's abilities to coordinate programs and align RMI legislation with the terms of the CRC and other human rights treaties. This team works directly with the secretariat and the HRC/HRC Working Group for the continued improvement of Rights for Children in the RMI.

### Issue 3

**Please inform the Committee about the measures taken to ensure the practical application of the constitutional and legal provisions guaranteeing the principle of non-discrimination, in full compliance with article 2 of the Convention, in particular for girls, children living in disadvantaged urban communities, in rural areas and on the outer islands and children with disabilities.**

9. Article II, Section 12 of the RMI Constitution provides for the following under Sub-Section (1) and (2):

- (1) All persons are equal under the law and are entitled to the equal protection of the laws;
- (2) No law and no executive or judicial action shall, either expressly, or in its practical application, discriminate against any person on the basis of gender, race, colour, language, religion, political or other opinion, national or social origin, and place of birth, family status or descent.

10. This Article provides for equal protection from all forms of discrimination against all class of person/people including children. However, the Constitution does not specifically provide for, in particular, a protection for girls, or children living in disadvantaged urban communities, in rural areas and on the outer islands and children with disabilities. Sub-section (1) above generally gives this protection and equal treatment to everyone despite person's status. Child Rights Protection Act, 2015 does however cover and protect those children as indicated in the Recommendation 3. Below are the provided sections under Child Rights Protection Act, 2015.

- Section 1015 Children belonging to Minority Groups;
- Section 1016 Right to safe Accommodation and Alternative Care;
- Section 1017 Children with Disabilities.

11. PL 2015-51 Rights of Persons with Disabilities Act outlines various measures which ensure equality and protections are considered with respect to cases concerning persons with disabilities.

12. Under the Rights of Persons with Disabilities Act 2015 Section 1116, persons of disabilities have rights to education. They are protected from discrimination based on disabilities, and the Public School System (PSS) is obligated to offer education that accommodates and enhances each student's development.

13. PSS currently has a project funded by Asian Development Bank (ADB) to improve the Quality of Basic Education (IQBE) from 2017 to 2023. The project will support implementation of the Child Rights Protection Act 2015. PSS also has a gender equality plan that will amplify gender equality education. One of its goals, Goal 3 is: zero tolerance of bullying and sexual harassment. It has been recommended that PSS create gender and inclusive education training for all new and current teachers, including gender sensitive education strategies. In addition, PSS is in the process of reviewing its school curriculum to include human rights as a cross-cutting approach throughout the curriculum.

14. Women United Together Marshall Islands (WUTMI)'s Weto in Mour (WIM) is a program funded by UN Women, the Australian Government, and the RMI. Weto in Mour is the RMI's national support service for women and girls (aged 14years+) who are experiencing violence. WIM helps with information on women's rights and options,



emotional support, support to go to the police or to get medical help. WIM also goes to outer islands to provide this service to women and girls in the outer islands.

#### Issue 4

**Please clarify how the State party ensures that the best interests of the child are taken into account as a primary consideration in legislation, as well as in all judicial and administrative decisions, policies and procedures.**

15. The GRMI notes the need to strengthen weaknesses with in the State's judicial and legal systems. GRMI anticipates that the Action Plan to come from the National Consultation on the Social Protections for Children and other marginalized groups will guide reform for the country, in the meantime, these are things that are already in place:

- RMI Judiciary Office has its own Rules of Procedure for Juvenile Delinquency Proceedings;
- Youth Service Corps Act 2016, establishes a Youth Service Corps, with objectives such as to promote and integrate discipline in youth development and to provide youth with the skills, work ethic and opportunity to succeed;
- Adoptions (Amendment) Act 2016 — establishes a Fund for the operations of the Central Adoption Agency and updated provisions in the Act to comply with international standards.

16. Under the Child Rights Protection Act, the child is provided comprehensive rights which enable the child to absolute protection. Sections 1007-1018 of the Child Rights Protection Act of 2015 provide the following protections:

- Section 1007 Legal Assistance and Access to Justice;
- Section 1008 Right to Parental Care;
- Section 1009 Right to Education;
- Section 1010 Protection of the Right to Privacy;
- Section 1011 Leisure and play;
- Section 1012 Protection from Harmful Customary Practices;
- Section 1013 Right to Health;
- Section 1014 Protection from Narcotic Drugs, Alcohol and Tobacco Products;
- Section 1015 Children belonging to Minority Groups;
- Section 1016 Right to safe Accommodation and Alternative Care;
- Section 1017 Children with Disabilities;
- Section 1018 Prohibition of the Abduction, Sale of and Trafficking in Children.

17. District and Community Court Judges in the Marshall Islands participated in a two-day consultation on 21 and 22 August 2017 aimed at strengthening their role in the implementation of the Domestic Violence Prevention and Protection (DVPP) Act 2011. The consultation, led by the SPC-RRRT and supported by the Government of Australia, examined strategies to strengthen existing systems that support the prevention and protection measures against domestic violence set out in the Act. The Community Court Judges all reside and work in the outer islands and their understanding of the DVPP Act provides for protection mechanisms to assist those that are affected by domestic violence, particularly women and girls. The court has significant power to issue Temporary Protection Orders (TPOs), which includes various conditions to protect victims of violence within domestic relationships. Through this program SPC-RRRT worked with the judges and developed tailor-made training programs to support them in implementing family

violence legislation. Guidelines to support the courts in interpreting the Act were examined and refined during the two days, and shall be made available to the Judges.

## Issue 5

**Please provide information on the steps taken to ensure that the corporal punishment of children is prohibited by law in all settings. Please also update the Committee on the measures taken to implement the Domestic Violence Prevention and Protection Act 2011. Please also clarify what measures have been taken to prevent violence, abuse, including sexual abuse, and neglect of children, to investigate reports of such violations and to prosecute and punish perpetrators.**

18. Corporal Punishment is a difficult topic in Marshallese culture. Most in the community view corporal punishment as a necessary tactic to discipline children or others under their care. The Marshall Islands Police Department (MIPD) in all cases, investigates instances where corporal punishment is observed and uses its discretion to either pursue charges against those issuing the punishment and/or to educate them on this issue. Currently the Child Rights Protection Act (2015) prohibits corporal punishment in the school setting. MIPD does its part to investigate these incidences as they are reported. The Domestic Violence Unit within the MIPD actively engages with the MOCIA and WUTMI in investigations and prevention initiatives.

19. The Judiciary Office has developed a form: “Motion & Affidavit for a Temporary Protection Order” (TPO) for protection orders. The form is in English and Marshallese. The form has been made available to the public and is accessible online on the Judiciary’s website [rmicourts.org](http://rmicourts.org). The Judiciary Office has waived the filing fee for TPOs so it is free of charge to all. Judges hear motions for protection orders immediately after filing the matter. Training was provided for RMI judges on Majuro and more recently DVPP training was provided for our Community Court judges who are based on outer islands.

20. The Marshall Islands Domestic Violence Protocol for Health Care Providers Standard of Care (DRAFT 2014) protocol provides a standard of care for health care systems and providers to address the needs of individuals receiving care for domestic violence within their systems. The protocol describes in detail how to respond, support, and document when caring for individuals who are experiencing domestic violence. The specific steps discussed include responses to patients who screen negative for abuse as well as those who acknowledge violence.

## Issue 6

**Please update the Committee on the measures taken to develop an alternative care policy and minimum standards of care and to establish a network of services and a functioning social welfare workforce. Please also provide an update on the measures taken to reduce informal adoption between families and to regulate and monitor domestic and intercountry adoption.**

21. The State anticipates that the National Consultation on the Social Protection of Children and other marginalized groups planned for March/April 2018 will help to identify the needs and establish services for children, women and girls in the RMI.

22. MOCIA recently created two positions for social workers in the Community Development Division in order to assist in supporting the needs of women and children.

23. RMI would like to note some of the complications surrounding informal (customary) adoptions in country. In customary adoptions, traditionally, family members adopt children as a response to the adoptive parents needs 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. Thus, the cultural informality causes tracking such adoptions to be very difficult.

24. GRMI recognizes the need to better monitor adoptions in country. The Adoption Act 2002 was amended in 2016 to allow for funding and compliance with international standards. Pending the Consultation on the Social Protection of Children, RMI plans to take the Hague Convention into consideration.

## Issue 7

**Please indicate what specific steps have been taken to eliminate discrimination against and the social stigma attached to children with disabilities and to facilitate their full inclusion in society. Please provide information on the measures taken to ensure effective access by children with disabilities, throughout the country, to quality health-care services, including early detection and diagnosis, inclusive education, social services and public transport.**

25. GRMI notes that while improvements have been made, there is still much to be done in the RMI to combat the discrimination and social stigmas attached to persons, especially children with disabilities. The GMRI anticipates that the National Children's Action Plan slated to come from the National Consultation on the Social Protection of Children and other marginalized groups will offer insights and tangible steps to be taken in protecting and providing for children with disabilities in the RMI.

26. Ministry of Health and Human Services (MOHHS) has made great efforts to improve the RMI's health screening and protection of infants and children in the RMI. The Early Hearing Detection and Intervention (EHDI) Program has three major components: Newborn Hearing Screening, Audiological Diagnostic Evaluations and Early Intervention. Due to the geographical composition of the RMI the program is only providing services at the two main hospitals on Majuro and Ebeye. However, plans are underway to expand services to the outer islands. The program implements a two-stage screening protocol where initial screenings are done 12-24 hours after birth, preferably before discharge. Newborns who fail the hearing test are scheduled to have an outpatient re-screen by two weeks old. A newborn failing the hearing screening for the second time or at two weeks old will then be put on a list to be seen by the audiologist who visits on a quarterly basis. Both inpatient and outpatient screenings are done by local nurses.

27. Audiological diagnostic evaluations are done on a quarterly basis by a visiting/itinerant Audiologist. Over the years the number of infants referred for diagnostics has been declining. This is due to the major improvement in the screening process. Infants and toddlers that have been diagnosed and identified with a permanent hearing loss (as well as other special health needs) are referred and enrolled in the Early Intervention Program. Infants/toddlers with conductive hearing loss are referred to the Ear Nose Throat Specialist (ENT) who visits both Majuro and Ebeye twice a year.

28. Early Intervention is a "family-centered" program which provides services and support for those identified with hearing loss (and other special needs) to reach their full potential. This year (2017) a total of ten infants/toddlers were enrolled. Most of the services provided occur in the home setting where members of the families can learn strategies together to help their child develop in all domains (Cognitive, Communication, Socio-Emotional, and Physical Development) There are also group sessions, infant group (0-18 months) and toddler group (18mo to 4y), which occur once a week for each group. The caseload consists of many special needs including hearing loss, Down syndrome, cerebral palsy, deaf blind, delayed speech, and cleft lip and palette. Early Intervention is provided by the Early Intervention teacher who is also the program Coordinator. See Appendix, Issue 7.

29. MOHHS faces several challenges in providing comprehensive care to children. Planning and scheduling of specialists visits has been a challenge. Once a visit coincided with another mission which made it difficult to share resources such as operating rooms, Outpatient Department rooms, and local staff. There are often cases of delayed follow-up for babies who need hearing screening and diagnostics due to wrong contact info and/or the child being moved back to outer islands after delivery. A continuing struggle for the RMI is the lack of resources, (especially human and technical). The Early Interventions

Coordinator is also the only full time employee for Early Intervention in Majuro. There is no Early Intervention teacher on Ebeye. There is also no screening capabilities for babies born in the outer islands and subsequently, no Early Intervention services for infants and toddler in the outer islands. The MOHHS does not offer organized family support groups for family members of children with disabilities or special health care needs. There is also a concern for children with hearing disabilities, experiencing delayed language acquisition most often due to families not signing enough with the child.

30. After almost three years without a champion, this year the Secretary of MOHHS appointed Dr. Mary Jane Gancio as the EHDI Champion for the Marshall Islands. Consistent specialist visits added value for the entire community not just babies. Onsite re-training has been offered for screeners and paediatricians on the use of screening equipment. Generous donations of equipment have been given to the Hospital on Ebeye. The donation of 15 large boxes of medical and surgical supplies were arranged/secured by Dr. Wagner and received by Ebeye Hospital Administration and Minister. The completion of an operational Audiology suite in Ebeye and an Early Intervention room/class room have recently been completed in Majuro. MOHHS has also recently acquired Video Otoscopy capability and has adopted Centers for Disease Control's Zika Audiological Protocol for those exposed in utero. Finally MOHHS had success in offering Tele-Early Intervention via skype with a deaf three year old in Ebeye.

31. RMI Ministry of Education (MOE) 14-26-3 declares: The Ministry shall ensure that Free Appropriate Public Education (FAPE) shall be provided to all handicapped children with disabilities in accordance with the established special education procedures found in the Special Education Procedures Handbook.

32. "A child with disabilities" as defined by U.S. Public Law 108-446 includes children with disabilities age three (3) to graduation from high school with a regular diploma or through age twenty-one (21) as determined by the Ministry as being disabled and needing special education to receive a free appropriate public education.

33. The MOE provides a 6 step process in order to offer FAPE for each student with disabilities. The steps are as follows:

(a) Identification: Parents, teachers, nurses, community leaders, or anyone knowledgeable about a child's presenting physical, intellectual, emotional, or significant learning problem may refer the child for an evaluation;

(b) Evaluation: Appropriate assessments are to be conducted by a child study team after parents' consent to testing;

(c) Programming: If found eligible for special education, an individualized education program plan which includes goals, objectives, and services is to be developed with parent involvement;

(d) Placement: Students are placed in the least restrictive environment in a continuum of educational arrangements in which the individualized education program plan can be appropriately implemented, including Department-operated special education programs;

(e) Re-evaluation: The student's progress, program, and placement are to be reviewed at least annually; and continued special education eligibility is to be evaluated at least every three years;

(f) Procedural Safeguards: The rights of students and parents shall be protected by the Ministry's special education due process procedures.

## Issue 8

**Please inform the Committee of the steps taken to address child mortality, child stunting and malnutrition, low immunization coverage and poor access to drinking water and sanitation, particularly on the outer islands, and to ensure exclusive breastfeeding up to six months of age.**

34. The issue of child stunting and malnutrition is a very important concern for the GRMI. H.E. President Hilda Heine met with the World Bank Vice President in early September 2016 and raised RMI's strong interest and concern on the issue of early childhood nutrition with respect to the results of a UNICEF survey on malnutrition in the RMI. President Heine followed through with a visit to the WB headquarters to continue discussions on possible financial and technical assistance. The Government continues to be in discussion on this matter with World Bank. Possible plans include direct intervention to families, in particular mothers and children, via provision of social programs.

35. MOHHS and UNICEF took action on checking the baseline Child stunting and malnutrition, access to drinking water and sanitation (both on the rural and urban setting) from the recent Integrated Child Health and Nutrition Survey, April-June 2017. No results are available at this time.

36. The MOHHS has been very active in providing services on immunization, children with special health care needs, breastfeeding campaign, nutrition awareness and healthy lifestyle which are attributed to the decreasing of Infant Mortality rate in the country. There was a 54% decrease in Infant Mortality Rate from 2006 to 2015. Community partners, traditional leaders, and stakeholders provided assistance in all community activities. See Appendix, Issue 8.

37. The total immunization coverage for children 19-35 months nationwide is still very low at 47%. Both Majuro and Ebeye have comparatively high coverage. Yet coverage for the outer islands communities is very low. Among these vaccine-preventable childhood diseases, measles is the leading cause of child mortality. Using the Mumps, Measles, and Rubella (MMR) Vaccination will decrease acquiring measles which is practical means of reducing child mortality. Vaccination coverage for measles needs to be above 90% to stop transmission of the virus. Achieving 90% of MMR remains a challenge because of timeliness, scattered geography, transportation, and low compliance of patients.

38. Data shows there is less than 80% coverage for all routinely recommended vaccines. Birth does coverage is significantly higher in urban health centers than in the outer islands. Challenges includes the geographical isolation of the outer islands; difficulty in tracking mobile population; competing priorities (e.g. Zika, Dengue, Chikungunya, Hepatitis A, Mumps outbreaks) put a strain on immunization activities; lack of transportation to outer islands; shortage of staff (nurse and data clerks). However, an improvement plan has been created where the following are to be implemented:

- Provide cross training to public health nurses and data entry clerks on data system (WEBIZ) and provide reports on a monthly basis;
- Use reminders on data system to target children delinquent for vaccination;
- Perform medical record audit for quality assurance of WEBIZ on a monthly basis;
- Create policy for clinic and outreach staff to inform system coordinator when children have permanently moved off island (inactive in WEBIZ);
- Collaborate with PSS and implement school module;
- Create monitoring and evaluation plans for new interventions to improve coverage;
- Revitalize community outreach programs and conduct more awareness programs;
- Work with traditional leaders to support vaccine campaign;
- Perform catchup campaign as a special immunization activity to increase coverage among children and adolescent population.

39. The Majuro Hospital Policy for Joint Baby Friendly Hospital Initiative (BFHI) was endorsed in FY2011 and may need to be revised. Current policy needs to be revitalized. The Ten Steps of Successful Breastfeeding are being implemented at the clinic currently. Furthermore, in May 2017, selected MOHHS Program Managers and Clinical staff were trained and brought up to date on BFHI + Early Childhood Development (ECD) + Infant and Young Child Feeding concepts as part of UNICEF Support to the state of emergency related to the President's recent drought disaster declaration.

40. In 2015, there were two completed suicide from ages 15 to 19 years old. The families of the deceased were referred to Human Services Program for counselling. The Human Services Program has been coordinating health talks on suicide prevention to PSS and community leaders.

41. In 2015, there was 16.67% decrease on teen pregnancy from 2014. In 2014, Ministry of Health was suspended from the Family Planning funding. We were able to receive our new funding with conditions in September 2015. But we continue to provide family planning services through the help of US Maternal Child Health (MCH) Block Grant for staff funding and UNFPA for the contraceptives. The Ministry of Health has a strong partnership with Youth to Youth in Health (YTYIH) where MOH provide health services to the clients coming to YTYIH. YTYIH serves as a haven to youth that don't want to be stigmatized going to the Family Planning and STD/HIV Clinics in the hospital.

42. Hepatitis A infection is known to be associated with a lack of hygiene and sanitation, i.e. lack of access to clean drinking water, household crowding, and overarching socioeconomic conditions. Hepatitis A is endemic in RMI and an outbreak occurred in 2017. 90% of cases occurred in children and young adults.

43. The RMI Majuro Water Supply Company (MWSC) provides piped water to approximately 45% of households. However, this water supply is on a limited basis: 4 hours per day, 3 days per week. This water has been shown to have faecal contamination in some public sites, per RMI Environmental Protection Agency (EPA) testing. The contamination thus contributes to poor hygiene and increased disease transmission.

44. Most households rely on rainwater collected from their own roofs and funnelled into storage tanks. 88% of catchment systems in households with Hepatitis A cases were found to be contaminated with coliform or E coli bacteria during the Hepatitis A Outbreak of 2017. Additionally, RMI EPA tested the water source of private vendors who provide school lunches to children and found approximately 70% were also contaminated.

45. At present, there is no Environmental Health Unit located within the MOHHS. Any environmental health related activities, usually related to emergencies such as disease outbreaks and the like, are carried out by MoHHS personnel on an ad hoc basis. There are no staff employed who oversee environmental health issues, and no data collection or reporting on environmental health undertaken.

46. The majority of core surveillance and regulatory work related to environmental health is undertaken by an external agency — the Environmental Protection Authority (EPA). The EPA undertakes work on behalf of the MOHHS through memorandums of understanding, and the MOHHS has passed on responsibility — in part or entirely — for environmental health surveillance and enforcement on many core areas including: drinking-water, food safety, vector control, waste management and sanitation.

47. RMI MOHHS acknowledges the need for the establishment of an Environmental Health Unit to better manage emerging public health issues. The MOHHS is working with the Pacific Island Health Officers Association and the World Health Organization to have a full and functional Environmental Health Unit by end of FY2018.

## Issue 9

**Please provide information on the measures taken to increase enrolment rates in pre-primary, primary and secondary education, to reduce dropout rates, to improve the quality of education and the school infrastructure, to increase human, technical and financial resources and to facilitate children's access to vocational training, particularly in rural areas and on the outer islands.**

48. Education is compulsory in the RMI. The public schools are free and there is an alternative high school offering for vocational learning, Life Skills Academy. Outer Island students have the opportunity to attend either of two public boarding high schools after graduating from eighth grade. Transportation is arranged by the government to and from these schools via transport ships at the beginning and end of each school year.

49. Goal and Objective #2 of the PSS Strategic Plan for implementing the Child Rights Protection Act 2015 is to improve student persistence, especially at secondary level by focusing on improving enrollment rates and reducing dropout rates. This will be achieved by:

- Providing reliable school buses and routes;
- Establishing reliable sea and air transportation to get students to islands with high schools;
- Creating a PowerSchool for early detection and attention to at-risk students;
- Improving counseling programs;
- Encouraging strong parental involvement;
- Implementing a National Awareness Campaign to combat the State's dropout problem;
- Improving dormitories for outer island students;
- Strengthening local boards of education/local government and Parent Teacher Associations (PTAs);
- Establishing a social work agency in urban areas to help families of chronically truant students;
- Securing public and parental contributions so students do not go home for lunch or go hungry;
- Commissioning research on the causes of student dropout and possible solutions.

50. The PSS's project funded by the ADB to improve the quality of basic education from 2017 to 2023, will support implementation of a quality pedagogical framework. This framework aims to improve teaching and learning, thereby engaging students in school and reducing absenteeism and drop-out rates.

51. WUTMI started a program called Parents As Teachers (PAT) to increase pre-primary/primary school enrollment rates. This program targets families with children prenatal-5years old. Monthly home visits are conducted by PAT educators who educate parents on early childhood development and encourage practices that will prepare children for school (i.e. exposure to literacy materials).

## Issue 10

**Please provide information on the steps taken to ensure the effective implementation of the Criminal Code and the Child Rights Protection Act 2015 to prevent and combat trafficking in children, forced child labor and the sexual exploitation of children, including child prostitution, child sex tourism and child pornography. Please also inform the Committee about measures taken to strengthen efforts to identify, protect and support child victims of exploitation in the tourism and fisheries sectors.**

52. There are currently no cases that involve children under these offenses within the RMI. However the MIPD will thoroughly investigate any cases that involve children.

53. The RMI has recently developed the National Human Trafficking Taskforce. The Taskforce is comprised of representatives from MOCIA, International Organization for Migration (IOM), WUTMI, Attorney General's office, MOHHS, MOE, MIPD, and the Immigration Division. The Taskforce is focused on effective implementation of legislation to criminalize and prosecute traffickers in order to combat child trafficking. The new Prohibition of Trafficking in Persons Act 2017 criminalizes trafficking in children. Those who commit the offense of child trafficking and are found guilty may serve a sentence not exceeding 20 years and a fine of 15,000.00 USD. Under the Act it's not only the direct trafficker who may be prosecuted, but also any person who is an accomplice, as well as any person who organizes or directs a child to commit a crime of trafficking, any person who attempts, aids and/or abets trafficking. The Act provides a wider target group in order to

prosecute those who commit and take part in child trafficking. Currently there is an ongoing victim identification and referral standard operating procedures that the Taskforce is working on with the Police and other relevant stakeholders that may provide victim assistance. This tool also helps with preventing and combatting child trafficking. In terms of prevention alone, the Taskforce has carried out numerous school visits to educate students on human trafficking including child trafficking. The Taskforce has also carried out various workshops and trainings bringing experts from around the world to train our police force, prosecutors and other service providers.

54. There is also the Child Rights Protection Act 2015 which criminalizes child trafficking. There is no specific legislation on child pornography yet. This new legislation and the proposed standards of procedure the Taskforce is working on will help in the investigation of child trafficking in the tourism and fishery sectors.

55. IOM offered training on the Risks of Human Trafficking to 2,083 girls and 1,357 boys in Majuro, Ebeye, Wotje, and Jaluit. IOM also conducted three law enforcement trainings in Majuro and two law enforcement trainings in Ebeye between 2015 and 2017. The trainings were to build the capacity of the law enforcement to identify, investigate and prosecute human trafficking (including child trafficking). IOM then conducted a training in Majuro and a training in Ebeye for service providers that are part of the national referral mechanism on human trafficking to better support survivors of human trafficking (including children).

## **Issue 11**

**Please provide information on how child protection issues have been taken into consideration and are being addressed under the Joint National Action Plan for Climate Change Adaptation and Disaster Risk Management 2014-2018 and the National Climate Change Policy Framework.**

56. The Joint National Action Plan (JNAP) is the overarching policy framework that guides the overall national activities in priority areas such as Education and Health. Quality education and healthcare services for children is an integral part of building a child's resilience to the adverse impacts of disasters and climate change. Two guiding policy objectives include the following:

- Goal 2: Public Education and Awareness;
- Goal 5: Enhancing local livelihood and community resilience.

JNAP manages this while being mindful of gender and culture.

57. Objectives of these two Goals mentioned include engaging more effectively with non-government counterparts (NGOs, IOM, civil society and the private sector), to build upon their success in community based risk reduction at the local level by ensuring adequate non-government representation on all relevant committees (e.g. National Climate Change Committee, National Disaster Committee) and establishing mechanisms for improved dialogue between GRMI and NGOs. Another key objective is to develop and implement an ongoing climate change and Disaster Risk Management educational and awareness program through formal educational systems, including traditional ways of communication. This requires integrating Climate Change Adaptation/ Disaster Risk Management (DRM) into the school curriculum, increasing the funding, and reviewing curriculum on existing awareness and education programs. Another key objective is addressing the issues of climate and disaster related health impacts. The last key objective is providing institutional strengthening of the health sector including on ECD principles. These ECD principals are captured in the Reproduction, Maternity, Newborn, Childhood, and Adolescence public health programs.

58. The RMI MOHHS Emergency Medical Services (EMS) for Children Program is funded by US Health Resources and Services Administration (HRSA). This program aims to ensure that emergency medical care for injured/ill children and adolescents is well established and integrated into the developing EMS system. The program does so by



ensuring that the entire spectrum of emergency services, including primary prevention of illness and injury, acute care, and rehabilitation is provided to children and adolescents. The EMS for Children Program has been implemented to reduce child and adolescent mortality and morbidity.

59. Children are a special challenge to the hospital care providers. They are not “small adults”; their anatomy and physiology deserve unique and special consideration, since they differ from adults. The reactions and capabilities of children differ depending on their developmental stages and experiences in life. At this time, the Majuro Hospital Emergency Unit is designed to provide fast intervention for adult emergency patients. Specialized paediatric emergency care is limited and often overlooked due to three main problems: lack of a standardized medical care system to care for the children; lack of paediatric emergency care education/training for the medical care providers to care for the children; and lack of medical care facilities appropriate for children.

60. However, during the last 3 years MOHHS has been able to strengthen areas that are lacking by:

- Training and certifying 12 Emergency Medical Technician (EMT)’s on island;
- Improving paediatric infrastructure;
- Continuing paediatric education such as Paediatric Advanced Life Support (PALS), Basic Life Support (BLS) and First Aid Trainings to communities and families.

61. Child Protection in Emergencies (CPiE) has done 4 awareness activities with various groups (Majuro Local Government Police Officers [Group 1 and Group 2], YTYIH, and National Youth Rally Participants) and conducted 6 trainings on Child Protection in Emergencies for stakeholders. CPiE has also conducted five “roll outs” to villages and outer islands in response to El Niño and Climate Change.

62. For each roll out to the outer islands, CPiE conducted a survey of the local elementary school students to find out what kind of storms they were most affected by. Between the 6 atolls visited, 34 students were affected by big storms, 5 were affected by king tides, and 103 were affected by the drought. See Appendix, Issue 11 for a table.

## Issue 12

**Please provide information on any measures taken to develop comprehensive juvenile justice legislation, to provide special training for judges and all relevant actors on juvenile justice matters, to raise the age of criminal responsibility for serious offences, to ensure that children between 16 and 18 years of age are not treated as adults in judicial proceedings and to make sure that children are not detained together with adults.**

63. GRMI recognizes the need to create a more consistent and rigorous training schedule for employees/participants in our Justice System. RMI also recognizes the need for better communication and uniformity in reaching and providing for outer islands regardless of geographical dispersity.

64. There is a legislative procedure in place called the Juvenile Procedure Act. This Act mainly deals with Court Proceeding when there is a matter concerning Juveniles. The Judiciary Office has recommended to the executive branch a need to update laws and regulations regarding juvenile proceedings. Research and drafted legislation has been given to executive branch for consideration.

65. Due to the lack of facilities at this time. Juveniles detained by the MIPD are separated from adult inmates. These juveniles are monitored at all times. No incidents within the cells have occurred involving juveniles.

## Part II

### Issue 13

The Committee invites the State party to provide a brief update (no more than three pages) on the information presented in its report (CRC/C/MHL/3-4) with regard to:

- (a) **New bills or laws and their respective regulations, including the Child Rights Protection Act 2015, the Rights of Persons with Disabilities Act 2015, the Marshall Islands Public School System Act 2013, the Domestic Violence Prevention and Protection Act 2011 and the Criminal Code (adopted in 2011 and amended in 2013);**
- (b) **New institutions (and their mandates) or institutional reforms, in particular the Human Rights Committee, established in 2015, and its capacity to receive and investigate complaints of children's rights violations;**
- (c) **Recently introduced policies, programs and action plans and their scope and financing, in particular the National Strategic Plan 2015-2017 and the Joint National Action Plan for Climate Change Adaptation and Disaster Risk Management 2014-2018;**
- (d) **Recent ratifications of human rights instruments.**

66. (a) Regarding Nitijelā (Parliament) Bills, there has not been any introduced amendment bills before the Nitijelā for Child Rights Protection Act 2015, Rights of a Person with Disabilities Act 2015, The Marshall Islands Public School System Act 2013, Domestic Violence and Prevention Act 2011 and the Criminal Code (adopted in 2011 and amended in 2013).

67. Since our State Report on the Rights of the Child, July 2016 the Adoption Act (2002) has been amended (September 2016). The amendment allots a modest operations fund to the Central Adoption Agency and updates provisions to align the Adoption Act with international adoption standards.

68. (b) No new institutions have been created at this time, however, the SPC-RRRT conducted a scoping study for the GRMI, on the creation of a NHRI, or Ombudsman Office. Proposal No. 18 to establish an Ombudsman Office has passed the Constitutional Convention and now awaiting referendum.

69. (c) The current National Strategic Plan (NSP) will expire at the end of 2017 and a new NSP (2018-2020) is being developed for consideration.

70. In 2015 the OCS decided to use its European Union Economic Development Fund-10 allocations of \$123,000.00 USD to support the establishment of the JNAP Secretariat to oversee the implementation of the JNAP. For the first two years, the JNAP Secretariat has been a member of the Steering Committee to USAID funded programs and IOM implemented programs such as the PREPARE and CADRE and CADRE+. The objective of these programs was to educate, raise awareness, and conduct emergency drills with selected schools in outer island communities at both elementary and high school levels. Approximately 5,000 children have been reached through CADRE and CADRE+ programming from 2015-2017 in the RMI. It's hard to give an exact number as numbers were tracked by activity, and sometimes the same child participated in more than one activity.

71. With respect to Health and Education, the role of the JNAP is in policy and work plan development ensuring that climate change and Disaster Risk Reduction (DRR) is mainstreamed into Health and Education policies and plans. Regular dialogue with partners is a critical part of the process through collaboration and cooperation. Funding and technical support is required for the JNAP Secretariat to ensure that collaboration on health and education aspects of the JNAP are properly and adequately addressed. Stock take of the activities above is also required but has not commenced at this point.

72. (d) To date, the Nitijelā (RMI Parliament) has resolved to accede to the following UN Treaties:

- Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (CAT);
- International Covenant on Civil and Political Rights (ICCPR);
- International Covenant on Economic, Social and Cultural Rights (ICESCR);
- Optional Protocol to the Convention on the Elimination of all forms of Discrimination Against Women (OP-CEDAW);
- Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict (OP-CRC-AC);
- Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution, and Child Pornography (OP-CRC-SC).

## Part III

### Issue 14

**Please provide consolidated information for the past three years on the budget lines regarding children and social sectors, including education, health, social services and child protection, by indicating the percentage of each budget line in terms of the total national budget and the gross national product. Please also provide information on the geographic allocation of those resources. Please inform the Committee of any plans to reduce dependence on external financing and to enhance domestic resource mobilization capacity.**

73. Out of the 28,648,210 USD that was allocated to MOHHS in 2016, 1,845,183 USD (6%) directly or indirectly supported the CRC. This included Compact & General Funds as well as Federal funds such as MCH, CMHS, & Immunization Grants. The MOHHS annual budget is 14.7% of the gross national product.

74. MOCIA houses the Community Development Division which includes the Child Rights Coordination Office, Disabilities Coordination Office, Gender and Development Office as well as the Youth Services Corps. The Central Adoption agency is also under MOCIA. Combined, these offices spent 195,238 USD on personnel and operations in FY2017. That is 4.2% of the MOCIA's annual budget. The MOCIA together held 2.36% of the gross national product.

75. The MOE's total budget was 31,410,002 USD for FY2017. 20% of MOE financing goes to agencies under the MOE's portfolio. The MOE budget uses 16.14% of the gross national product.

76. Nitijela (Parliament) and the Economic Policy, Planning and Statistics Office have no specific budgeting targeted at children/Child rights.

77. The OCS does not have a dedicated budget line for children and social sectors. However, the activities that the National Disaster Management Office (NDMO) carries out with respect to DRR and DRM (e.g. working with local governments to develop community/local level disaster preparedness and response plans) often involve families and children. These plans are inclusive of everyone in the community (men, women, elderly, disabled and children). The DRM National Action Plan 2014-2018 is heading into its last year and the review will also entail that the updated DRM NAP has a human rights based approach to it. NDMO works with a number of partners for both technical and financial assistance as it has a modest operations budget.

78. MIPD's Domestic Violence Unit is almost entirely funded by MOCIA's Aenemon Project. The Aenemon Project was an external grant that had 145,100 USD to disperse among government agencies and NGOs that were programming to end violence against women and girls.

## Issue 15

**Please provide, if available, updated statistical data disaggregated by age, sex, disability, ethnic origin, national origin, geographic location and socioeconomic status, for the past three years, on the number of:**

- (a) **Child victims of neglect, ill-treatment, violence and abuse, and the number of complaints, investigations, prosecutions and convictions in that regard;**
- (b) **Investigations into cases of sexual violence and rape and the outcomes of trials, including with regard to the penalties imposed on perpetrators and to the redress and compensation provided to victims;**
- (c) **Child victims of trafficking and sexual or labor exploitation, and of reported cases, investigations, prosecutions and convictions in that regard;**
- (d) **Children in detention facilities and penitentiary institutions;**
- (e) **Child marriages;**
- (f) **Cases of corporal punishment, especially in schools and penal institutions, and of investigations, prosecutions and convictions in that regard;**
- (g) **Children living in poverty and extreme poverty;**
- (h) **Children living with HIV/AIDS;**
- (i) **Births registered and birth certificates issued.**

79. (a) MIPD has not received any complaints or reports on child neglect or ill treatment.

80. (b) A couple years back an adult male was prosecuted for sexually assaulting a child. He was just released earlier this year. There has been a sexual assault case against a minor filed this year. This case is up for sentencing recommendation and hearing.

81. (c) MIPD has not receive any report on trafficking, sexual or labor exploitation of children.

82. (d) There are no facilities for the detainment of women or children.

83. (e) MIPD has not receive any complaint or report of child marriage.

84. (f) MIPD has not receive a report or complaint of corporal punishment, especially in school or penal institutions.

85. (g) The RMI does not have an established poverty line by which to measure this phenomenon.

86. (h) None of the current HIV active cases in the RMI were identified as children. When children are born to women diagnosed with HIV the guidelines on Prevention of Maternal to Child Transmission will be implemented. HIV Rapid tests will be taken and confirmatory tests will follow. Prophylaxis medicines are available at the Majuro & Ebeye hospital. A paediatrician is a member of the HIV Core Care team at the Majuro hospital.

87. (i) A table for the number of births disaggregated by sex and geographical location in 2016 can be seen in the Appendix, Issue 15.

## Issue 16

**Please provide data disaggregated by age, sex, disability, socioeconomic status, ethnic origin, national origin and geographic location regarding the situation of children**

**deprived of a family environment. Please indicate, for the past three years, the number of children:**

- (a) **Separated from their parents;**
- (b) **Placed in institutions;**
- (c) **Placed with foster families;**
- (d) **Adopted domestically or through intercountry adoptions.**

88. The GRMI does not have any data on children deprived of a family environment.

89. (a) The GRMI does not have any data on children separated from their parents by law.

90. (b) There is no institutional set up for children removed from their families by law.

91. (c) The RMI does not currently have a foster care system in place.

92. (d) Adoption statistics are listed in the Appendix, Issue 16.

### **Issue 17**

**Please provide data, disaggregated by age, sex, type of disability, ethnic origin, national origin, geographic location and socioeconomic status, for the past three years, on the number of children with disabilities:**

- (a) **Living with their families;**
- (b) **Living in institutions;**
- (c) **Attending regular primary schools;**
- (d) **Attending regular secondary schools;**
- (e) **Attending special schools;**
- (f) **Out of school;**
- (g) **Abandoned by their families.**

93. The GRMI recognizes the need to improve data collection and retention on children with disabilities in the RMI.

94. (a) There is no record of how many people with disabilities are living with their families.

95. (b) There are no institutions in the RMI to house or aide persons with disabilities.

96. (c-e) Tables in the Appendix, Issue 17 show the enrollment rates for Special Education (SPED) students throughout the RMI, special schools included.

97. (f-g) There is currently no statistical data for persons with disabilities who are out of school or have been abandoned by their families.

### **Issue 18**

**Please provide data, disaggregated by age, sex, ethnic origin, national origin, geographic location and socioeconomic status, for the past three years, on:**

- (a) **The enrolment and completion rates, in percentages, of pupils in the relevant age groups in pre-primary schools, primary schools and secondary schools;**
- (b) **The number and percentage of pupils who drop out of school or repeat a school year;**
- (c) **The teacher-pupil ratio.**

98. (a) Tables of enrolment and completion rates are in the Appendix, Issue 18.

99. (b) Tables showing dropout rates are in the Appendix, Issue 18.

100. From FY2006 to FY2015, there was a 40% decrease in teen pregnancy. The MOHHS, Youth to Youth in Health, WUTMI, KIJLE and other stakeholders are very active in providing services and information on teen pregnancy. The MOHHS recognizes the urgency of taking big actions to reduce the teen pregnancy. In order to scale-up efforts to prevent adolescent pregnancy in the RMI MOHHS, Youth to Youth in Health and United Nations Populations Fund (UNFPA) have identified the need for a rights based, action oriented strategic plan for the prevention of adolescent pregnancy. Imperative in its development is an assessment of existing adolescent pregnancy programs was indicated. Focus group discussions with youth and young parents, and interviews with key stakeholders were conducted by Marshall Islands Epidemiology and Prevention Initiatives, Inc. in conjunction with the YTYIH on the atolls of Majuro, Kwajalein, Wotje and Jaluit. Findings from the assessment were incorporated into Prevention of Adolescent Pregnancy (PAP) Strategy. The development of the PAP Strategy followed a global and regional evidence base, as well as national and local experience and lessons learned. The PAP Strategy also took into consideration cultural and societal context as appropriate. This document was developed and approved in FY2016. See Appendix, Issue 18.

101. (c) Tables showing teacher-pupil ratios can be found in the Appendix, Issue 18.

## **Issue 19**

**Please provide the Committee with an update of any data in the report that may have become outdated by more recent data collected or other new developments.**

102. GRMI recognizes that data collection and reporting is a major struggle for the country. The State is working on new systems and trainings to be able to better collect data that can be analyzed and presented.

## **Issue 20**

**In addition, the State party may list areas affecting children that it considers to be of priority with regard to the implementation of the Convention.**

103. The State would like to reiterate the importance of global child protection in the face of climate change and nuclear testing impacts.

## Appendix

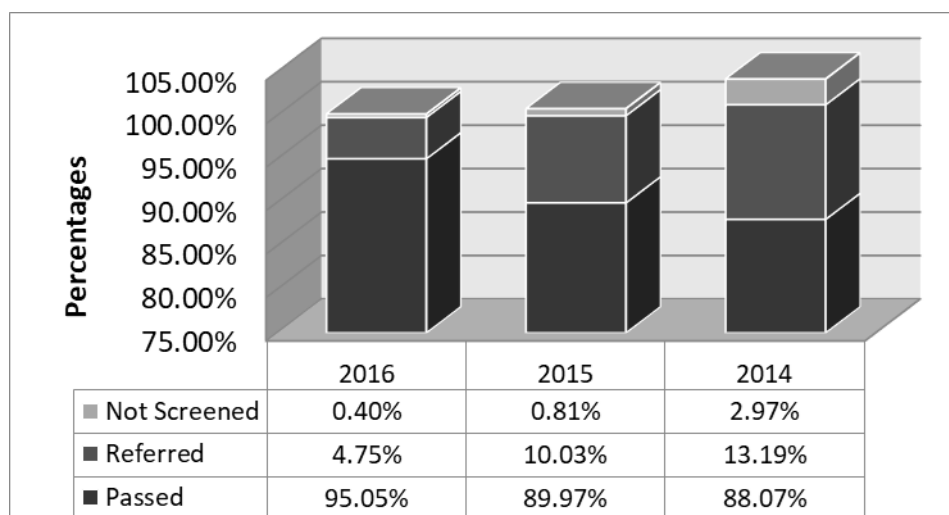
### Issue 7

The following tables and graphs are from MOHHS, to illustrate the work accomplished in providing screening and intervention of infant disabilities.

Table 1  
EDHI Program

Screening data	2014	2015	2016
Births	1 045	983	1 007
Screened	1 031	967	988
Passed	908	870	940
Referred	136	97	47
Not screened	31	8	4

Graph 1  
Infants screened in the EHDI Program 2014-2016

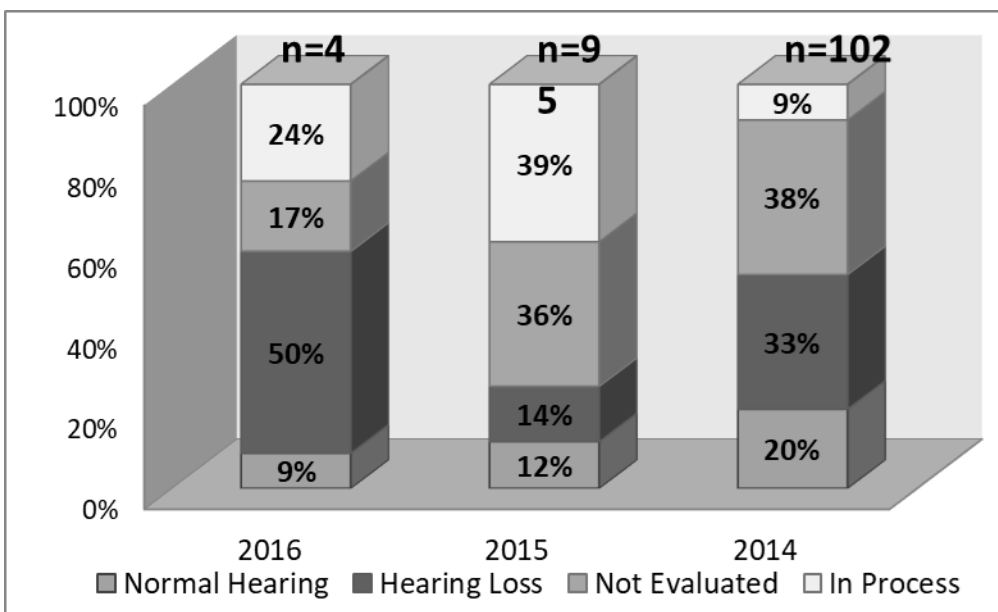


Source: National EHDI Program.

Table 2  
Children with hearing disabilities

Age group (yrs.)	Seen by Audiologist	Seen by an ENT specialist	Surgeries	Total by age
0 to 3	163	46	30	239
3 to 6	38	20	15	73
6 to 18	105	86	21	212
18+	43	76	33	152
<b>Total by type</b>	<b>349</b>	<b>228</b>	<b>99</b>	

Graph 2  
**Percentage of children with hearing loss**



Source: National EHDI Program.

Table 3  
**Early intervention participation**

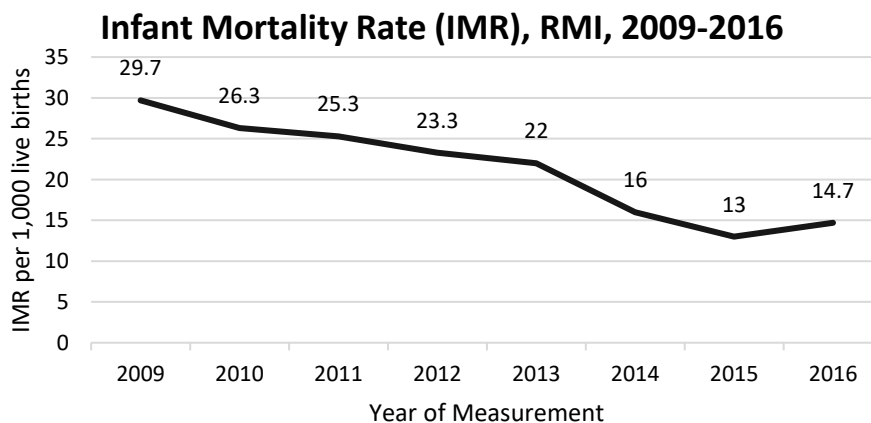
New cases	10
Old cases	8
<b>Total</b>	<b>18</b>

Source: National EHDI Program.

### Issue 8

MOHHS graphs and tables demonstrate the decline of infant mortality for a 10 year span. Included is also a table of immunization coverage 2010-2016.

Graph 3  
**Infant mortality rate**



Source: Vital Statistics Department.



Table 4  
**Immunization coverage rate, 19-35 months, FY2010-2016 by location**

<i>Islands</i>	<i>FY2010</i>	<i>FY2011</i>	<i>FY2012</i>	<i>FY2013</i>	<i>FY2014</i>	<i>FY2015</i>	<i>FY2016</i>
Majuro	93%	68%	55%	60%	53%	55%	41%
Kwajalein	99%	99.7%	99%	99%	99%	99%	95%
Outer Islands	56%	55%	32%	57%	34%	46%	2%
RMI	84%	72%	53%	65%	55%	59%	47%

*Source:* National Immunization Program.

Table 5  
**Immunization coverage rate, 19-35 months, FY2016 by vaccine**

<i>Vaccine</i>	<i>Majuro</i>	<i>Ebeye</i>	<i>Outer Islands</i>	<i>RMI</i>	<i>Percent</i>
DTAP4	486	308	84	878	49%
HepB3	769	316	213	1 298	73%
HIB1	1 011	319	387	1 717	96%
IPV3	737	315	164	1 216	68%
MMR1	684	314	297	1 295	73%
No of fully immunized	458	306	80	844	
No. of 19-35 months old	1 110	321	354	1 785	
Percentage	41%	95%	23%	47%	

*Source:* National Immunization Program.

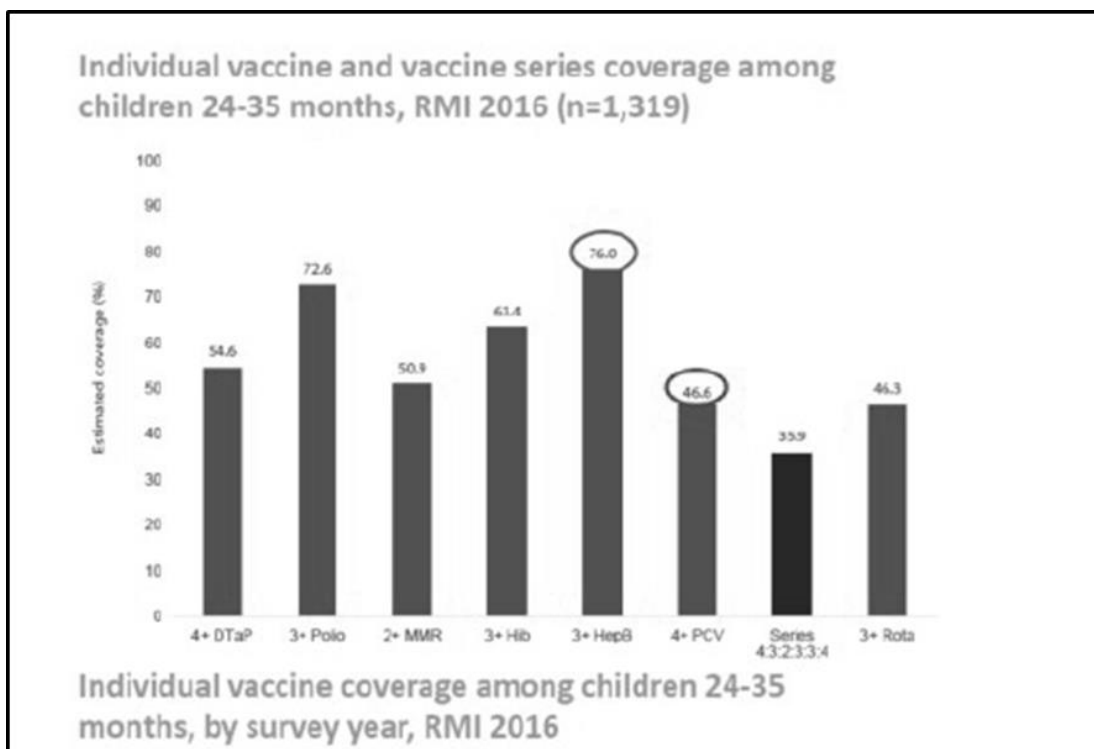
Table 6  
**Immunization dosage report per age and vaccines**

<i>Vaccines</i>	<i>Age in years</i>												<i>Total</i>
	<i>&lt;1</i>	<i>1</i>	<i>2</i>	<i>3-5</i>	<i>6</i>	<i>7-10</i>	<i>11-12</i>	<i>13-18</i>	<i>19-24</i>	<i>25-44</i>	<i>45-64</i>	<i>65+</i>	
BCG	931	21	3	4	0	0		0	0	0	0	0	959
HepB1	1 796	168	38	19	3	0	2	7	0	0	0	0	2 033
HepB2	678	94	39	27	3	1	1	4	1	0	0	0	848
HepB3	28	23	13	12	1	2	3	23	1	0	0	0	106
DTaP1	1 778	722	126	399	23	5	1	2	0	0	0	0	3 056
DTaP2	580	163	112	404	12	0	0	0	0	0	0	0	1 271
DTaP3	6	34	27	126	13	1	0	0	0	0	0	0	207
DTaP4	0	6	5	34	7	1	0	0	0	0	0	0	53
DTaP5	0	0	0	12	14	0	0	0	0	0	0	0	26
IPV1	1 766	237	66	726	44	45	15	12	44	7	0	0	2 962
IPV2	580	99	41	86	12	5	0	0	4	0	0	0	827
IPV3	6	16	9	26	0	2	0	3	0	0	0	0	62
Rota1	843	2	0	1	1	0	0	0	0	0	0	0	847
Rota2	628	2	1	1	0	0	0	0	0	0	0	0	632
Rota3	488	0	0	1	0	0	0	0	0	0	0	0	489
Prevnar1	947	84	12	11	2	6	6	2	0	0	0	0	1 070
Prevnar2	758	132	46	39	4	3	0	0	0	0	0	0	982
Prevnar3	615	174	79	70	3	1	0	0	0	0	0	0	942
Prevnar4	2	468	82	147	4	0	0	0	0	0	0	0	703
Hib1	1 222	586	56	24	2	0	0	0	0	0	0	0	1 890

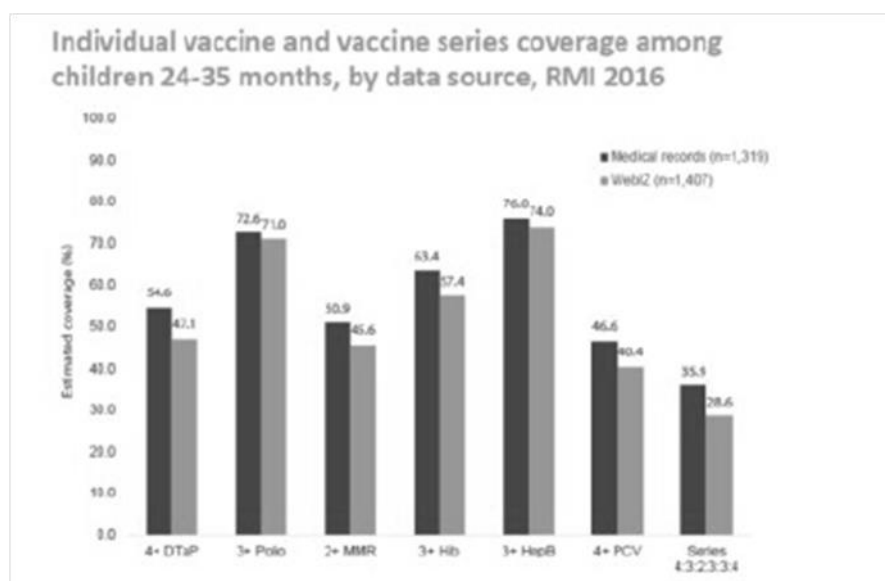
Vaccines	Age in years												Total
	<1	1	2	3-5	6	7-10	11-12	13-18	19-24	25-44	45-64	65+	
Hib2	479	219	60	24	0	0	0	0	0	0	0	0	782
Hib3	4	52	42	30	2	0	0	0	0	0	0	0	130
MMR1	0	805	103	46	2	5	1	13	6	32	10	2	1 025
MMR2	0	460	168	144	11	16	4	47	27	49	15	2	943
Td1	0	0	0	0	0	70	35	272	41	17	6	1	442
Td2	0	0	0	0	0	3	0	9	4	1	0	0	17
Td3	0	0	0	0	0	0	0	1	1	0	0	0	2
Tdap	0	0	0	0	1	7	6	281	261	311	41	4	912
HPV1	0	0	0	0	0	24	297	214	27	14	0	0	576
HPV2	0	0	0	0	0	3	135	157	22	9	0	0	326
HPV3	0	0	0	0	0	0	49	78	9	3	0	0	139
Flu	663	426	247	988	373	1 473	689	1432	906	2 477	1 367	261	11 302
PPV23	0	0	0	0	0	0	0	6	5	70	202	36	319
MCV4	0	0	0	0	0	3	11	326	205	87	13	1	646

Source: National Immunization Program.

Graph 4  
**Vaccine coverage among children 24-35 months old 2016, by data source**



Graph 5  
Vaccine coverage among children 24-35 months old 2016



## Issue 11

Child protection in emergencies made a table summarizing the date they collected from elementary students on 5 outer islands.

Table 7  
CPiE roll out results, children affected by different storm types

<i>Atoll</i>	<i>Big storm</i>	<i>King tide</i>	<i>Drought</i>	<i>Other</i>
Wotje		Did not survey		
Mejit	3	0	10	0
Aur	7	0	21	0
Likiep	0	0	9	0
Ailuk	8	1	18	0
Utrik	6	4	25	0

## Issue 15

Below is a table listing the number of births for FY2016 disaggregated by sex and geographical location.

Table 8  
Number of births by sex and place of birth, FY2016

<i>Atolls</i>	<i>No. of births</i>	<i>Male</i>	<i>Female</i>
Majuro	723	347	376
Kwajalein	276	140	136
Outer Islands	79	38	41
<b>Total</b>	<b>1 078</b>	<b>525</b>	<b>553</b>

Source: Vital Statistics, MOHHS.

**Issue 16**

The following tables were supplied by the Central Adoption Agency in response to Issue 16.d.

Table 9  
**Children in customary adoptions\***

<i>Year</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
2013	29	42	67
2014	37	32	67
2015	39	28	67
2016	45	41	77
2017	43	29	76

Source: High Court Indexes.

Table 10  
**Children in legal adoptions\***

<i>Year</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
2013	16	15	30
2014	15	19	34
2015	15	7	20
2016	9	9	18
2017	3	5	8

Source: High Court Indexes.

Table 11  
**Juveniles in adoptions\***

<i>Year</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
2013	2	0	2
2014	None	None	None
2015	None	None	None
2016	None	None	None
2017	1	0	1

Source: High Court Indexes.

\* Some numbers for a certain year may not match up, this is because two children were filed under one case, in some cases, and the children could either be two females filed in one case, two males, or a female and male filed in one case.

Table 12  
**International adoptions completed 2014-2016**

<i>Year</i>	<i>Number of adoptions completed</i>
2014	30
2015	13
2016	13

Source: Central Adoption Agency.

**Issue 17**

The following tables are in reference to Issue 17 and the sub-issues therein.

Table 13  
SPED students throughout the RMI (ages 6-21)

<i>Age</i>	<i>SY12-13</i>	<i>SY13-14</i>	<i>SY14-15</i>	<i>SY15-16</i>	<i>SY16-17</i>
6	13	18	17	20	25
7	39	17	31	38	35
8	60	42	39	52	49
9	56	67	56	63	46
10	65	60	75	83	47
11	75	63	61	72	72
12	90	72	78	90	82
13	90	92	84	87	65
14	76	80	88	93	67
15	40	53	71	75	48
16	35	36	38	43	45
17	35	29	24	26	25
18	13	23	20	13	13
19	6	14	13	10	7
20	7	4	7	3	6
21	2	3	1	0	7
<b>Total</b>	<b>702</b>	<b>673</b>	<b>703</b>	<b>768</b>	<b>639</b>

Table 14  
SPED students throughout the RMI (ages 3-5)

<i>Age</i>	<i>SY12-13</i>	<i>SY13-14</i>	<i>SY14-15</i>	<i>SY15-16</i>	<i>SY16-17</i>
3	1	1	1	2	0
4	0	0	9	13	8
5	23	23	20	29	31
<b>Total</b>	<b>24</b>	<b>24</b>	<b>30</b>	<b>44</b>	<b>39</b>

Table 15  
SPED students throughout the RMI by Sex (6-21yrs)

<i>Gender</i>	<i>SY12-13</i>	<i>SY13-14</i>	<i>SY14-15</i>	<i>SY15-16</i>	<i>SY16-17</i>
Male	443	433	453	459	415
Female	259	240	250	273	224
<b>Total</b>	<b>702</b>	<b>673</b>	<b>703</b>	<b>732</b>	<b>639</b>

Table 16  
SPED students throughout the RMI by Sex (3-5yrs)

<i>Gender</i>	<i>SY12-13</i>	<i>SY13-14</i>	<i>SY14-15</i>	<i>SY15-16</i>	<i>SY16-17</i>
Male	14	14	20	29	27
Female	10	10	10	15	12
<b>Total</b>	<b>24</b>	<b>24</b>	<b>30</b>	<b>44</b>	<b>39</b>

## Issue 18

The following tables show data relating to Issue 18 and the sub-issues therein.

Table 17  
**Enrollment trends by school level 2015-2017**

Year	Elementary	Secondary	Total
2015	12 343	3 141	15 484
2016	12 050	3 186	15 236
2017	12 079	3 097	15 176

Table 18  
**Enrollment trends by gender 2015-2017**

Year	Male	Female	Total
2015	8 068	7 416	15 484
2016	7 706	7 530	15 236
2017	7 733	7 443	15 176

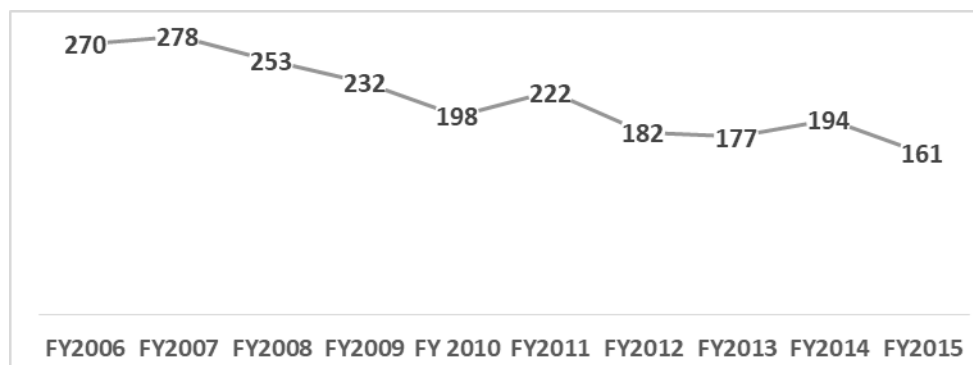
Table 19  
**Completion/graduation rate for 8th and 12th Grades**

	8th Grade				12th Grade			
	Male	Female	Total	% Total	Male	Female	Total	% Total
2013-14	505	548	1 053	66%	291	273	564	67%
2014-15	487	458	945	81%	218	247	465	63%
2015-16	588	568	1 155	78%	282	264	546	58%

Table 20  
**Dropout rate by grade level and gender**

Grades	2014-15			2015-16			2016-17		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
1-8	19%	17%	18%	25%	13%	19%	29%	17%	23%
9-12	47%	40%	44%	49%	51%	50%	41%	42%	42%

Graph 6  
**RMI teen pregnancy trend, 2006-2015**



Source: National Family Planning Program.

Table 21  
**Student/teacher ratio by geographic area/all schools**

<i>Area</i>	<i>Level</i>	<i>2014-15</i>	<i>2015-16</i>	<i>2016-17</i>
	Primary	17:1	17:1	18:1
	Secondary	19:1	14:1	13:1
	Primary	20:1	20:1	18:1
	Secondary	22:1	15:1	10:1
	Primary	11:1	10:1	10:1
	Secondary	15:1	14:1	15:1

Table 22  
**Base population of school age groups**

<i>Year</i>	<i>Age 4</i>	<i>Age 5</i>	<i>Age 6-13</i>	<i>Age 14-18</i>
2009	1 487	1 375	11 297	6 560
2010	1 534	1 491	11 758	6 214
2011	1 564	1 524	10 820	5 021
2012	1 459	1 564	11 119	5 425
2013	1 603	1 582	11 092	5 121
2014	1 609	1 588	11 136	5 141
2015	1 541	1 520	10 669	4 920
2016	1 555	1 458	11 602	6 438
2017	1 503	1 546	11 671	6 532