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COMMITTEE ON THE RIGHTS OF THE CHILD

CONSIDERATION OF REPORTS SUBMITTED BY STATES PARTIES UNDER ARTICLE 44 OF THE CONVENTION

Second periodic reports of States parties due in 2000

MARSHALL ISLANDS* **

[7 December 2004]

* For the initial report submitted by the Government of Marshall Islands, see CRC/C/28/Add.12; for its consideration by the Committee, see documents CRC/C/SR.559, 660, 669 and CRC/C/15/Add.139.

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Introduction

Background and purpose of report

1. The Republic of the Marshall Islands 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.

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 *Concluding Observations*;
- Factors impeding implementation of the Committee's recommendations and plans to address constraints.

3. This report will also be used as a tool to create greater awareness within government and civil society about CRC implementation requirements and progress to date. For this reason, specific articles are referenced to ensure local readers have adequate understanding of the principles and expectations of the Convention.

4. In conjunction with 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 in early 2004.

Report preparation

5. In 1991, 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 NGO representatives, was responsible for preparation of this report.

6. The report incorporates information obtained from stakeholder workshops and draws on a wide range of published and unpublished documents. UNICEF Pacific provided technical assistance in compilation and analysis of data. While the report primarily deals with the period 1995-2000, some references are made to study results and statistical comparisons that extend beyond this timeframe especially in relation to information provided in the Government's response to the *List of Issues*.

7. The process of completing this report has reinforced the critical role of the NNCC in advocating for vulnerable children and the importance of improved coordination and inter-agency collaboration.

Country update

8. The Committee is asked to refer to the *First Report on Implementation* for a description of the people, culture, economy and political structure of Marshall Islands. A brief update on population and development trends is provided below.

Population profile

9. The total land area of the Marshall Islands is 81 square km, scattered over almost 2 million square kilometres of ocean mid-way between Hawaii and the Philippines. According to the 1999 census the population of Marshall Islands is 50,840, with about 70 percent of people living in the capital, Majuro Atoll or on Kwajalein Atoll (Ebeye Island). Of this number, 23,676 reside in Majuro, mostly crowded in an administrative and commercial centre of 0.51 square miles: the population density is 3,200 people per square mile. In 1999, 10,902 people resided in Ebeye on 0.14 square miles of land with a density factor of 66,750 persons per square mile. The remainder of the population live in outer island communities of 50 to 800 people scattered across a vast expanse of the North Pacific.

10. The urbanization of Ebeye began in the late 1940's with the development of Kwajalein Atoll as a logistical support centre for the United States Department of Defence. Others migrated to Ebeye because contamination, nuclear fall out and mission testing made their islands inhabitable. The population of Majuro and Ebeye continue to grow as people come in search of employment and services; the 1999 Census indicates the migration rate to urban centers is 5.6 percent, up from 45.3 percent at the time of the 1988 Census.

11. From 1980 to 1999, the population of RMI increased by 65 percent. Allowing for the migration factor (Marshallese have free access to the US), the actual growth rate for the period 1989 to 1999 was estimated at 1.5 percent, down from 4.2 percent from the 1988 Census. This represents a significant decrease in the population growth rate from the previous Census. This change is attributed to a decline in the fertility rate and massive emigration involving families with young children. According to the 1999 Census, the age structure of the Marshall Island has also shifted significantly over the last decade. In 1988, approximately 51 percent of the population comprised children less than 15 years of age whereas in 1999, this age group represented only 43 percent of the total population.

Changes in population demographics, 1988-1999

Year	1988	1999
Population	43 380	50 840
Population under 15	51.0 %	42.9 %
Urban population	64.5 %	65.2 %
Populations density (persons per square mile)	619	726
Rate of natural increase	4.08 %	3.69 %
Total number of households	4 924	6 478
Average size of households	8.7	7.8
Dependency ratio	117.1 %	82.2 %
Median age of population	14.0	17.8

12. Despite the decreased growth rate, our youthful population poses immense challenges for the provision of employment, services and infrastructure in the short to medium term.

Economy and employment

13. There has been no real growth in the Marshall Islands economy since independence; limited access to credit and low workforce skills are considered major barriers to private sector activity. The continuing decline in the price of copra—the economic mainstay of the outer islands—has negatively impacted local and national economies. The labour force is expected to grow much faster than wage employment in coming years, posing immense challenges for young people and society as a whole.

14. The domestic economy continues to be heavily dependent on US Compact funds for recurrent budget expenditures and development programs; many families rely on nuclear compensation payments as their only source of income. Recent studies indicate a growing gap between the richest and poorest groups in society caused by the concentration of highly paid public servant positions in urban areas, the continuing decline in the price of copra and the lack of low-skilled jobs nationwide. Rural inequality is also increasing because most benefits derived from the US Compact and Federal Funds favour urban development, while nuclear compensation and lease payments benefit select individuals and communities.

15. Results of the 1999 Census raised concern over escalating unemployment figures. Given the population growth rate, there is a need to create an estimated 600-700 new jobs or self-employment opportunities a year just to maintain the current level of employment. Unless there is a substantial change in the economic situation, the potential for new jobs is estimated to be in the range of 100-300 a year.

Achievements and challenges

16. Due to the concerted efforts by both government and non-government agencies, there has been a significant improvement in the population's overall health and education status during the past decade. This is evident by increased life expectancy at birth and a significant reduction in mortality rates. School enrolment numbers have also increased and initiatives are underway to upgrade teacher qualifications and ensure schools are properly maintained, supported and resourced. Efforts were made to establish local health and education committees in the outer islands to assume ownership for maintenance of schools and dispensaries. To address the shortage of trained Marshallese needed to deal with psychosocial problems, a certificate program in counselling was established at the College of the Marshall Islands. Adoption legislation was passed to ensure the best interests of the child is paramount in all placement decisions, and a Child Rights Office was established within the Ministry of Internal Affairs and Social Welfare to serve as the focal point for children. Plans are underway to draft a National Policy and Action Plan for Children and to review the mandate of the National Nutrition and Children's Council.

17. Despite these initiatives and achievements, children's survival and development needs continue to exceed the country's capacity. Small population centres and geographic isolation are a barrier to equitable distribution of development resources and efficient delivery of public services. Access to education and health services, food and household supplies, electricity, water and sanitation, waste management and transportation remain key concerns for outer island

communities. The Marshall Islands continues to face enormous challenges caused by rapid population growth, accelerated sea-level rise, the legacy of nuclear testing, localized pollution of over-crowded islands, limited economic potential and environmental devastation.

18. As the pressures of the cash economy mount, stress and conflict within families is rising, with more households unable to meet their requirements. Rapid urbanization and strong identification with American culture have contributed to young people's confused sense of identity and a growing sense of social unrest. As the Marshall Islands continues to move from a subsistence economy to a cash economy, adherence to traditional social values and structures is diminishing.

19. Suicide, juvenile crime, substance abuse, teen pregnancy and the emergence of youth gangs are indicators of underlying problems and unmet needs. As times get tougher in the Marshall Islands, migration to the US is being seen by many parents as the best way to secure a promising future for their children. While the Government has developed a range of services in response to these issues, more can be done to meet the needs of young people and families.

20. The Government acknowledges the immense contribution of Churches and NGOs in providing education and social services for young people and believes that cross-sector partnerships are essential to promoting and protecting the rights of children.

21. It is clear the National Nutrition Children's Council (NNCC) has a critical role to play in advocacy and coordination for children. An updated National Policy and Plan of Action for Children is considered essential to improved planning and monitoring of outcomes for children.

II. GENERAL MEASURES OF IMPLEMENTATION

A. Measures taken to harmonize national law with the Convention

22. The Government remains committed to further harmonization of our national laws with the CRC. Toward this end, the following legislative actions have been taken or are currently under review.

- The Birth, Registration and Marriage Registration Act has been amended. This Act requires naming of the child's father, regardless of marital status. The Act also raises the legal age of marriage for girls from 16 years to 18 years to be consistent with the age requirements for boys;

- The Sale of Tobacco to Minors Act, passed by Parliament in 2003 (Public Law 2003-101), prohibits the selling, distribution and use of cigarettes and tobacco products to persons below the age of eighteen;

- Child Abuse and Neglect Legislation (Public Law 1991-207) provides for the mandatory reporting and investigation of actual and suspected cases of child abuse and neglect, including physical abuse, sexual abuse, verbal/psychological abuse, medical neglect, nutritional neglect and abandonment;

- The Education Act, when amended will make education compulsory for all children between the ages of four and fourteen. The law will also make parents, custodians and guardians responsible for ensuring that children are enrolled in and attending school;

- The amended Criminal Code prescribes sexual relations with a person below the age of eighteen as a sex crime and sexual abuse and subject to full punishment under the law. The amended law also prohibits the use of corporal punishment against children as a disciplinary measure;

- The Minimum Conditions Inquiry Act, also known as the Child Labour Law has been amended to prohibit employment of a person under the age of eighteen;

- The Adoption Act, passed by Parliament in 2002 ensures the protection of children and indigenous families through institutionalization of legal safeguards, counselling processes and creation of a supervisory agency.

23. Research has been conducted on current laws on domestic violence. This report highlights protections for women and children found in the Bill of Rights and Criminal Code and outlines the legal processes followed when police receive reports of domestic violence. The report concludes there is sufficient protection for women in the Marshall Islands under both legal and customary systems, providing these systems operate as intended.

24. While protections provided by custom to women and children are unwritten, in the past they were well understood and enforced. As a result of urbanisation and modernization however, traditional systems have weakened such that enforcement of customary protection is no longer consistent or dependable. The research states that a central issue in addressing domestic violence is the lack of clarity between customary and legal resolution processes. While a dual system of protection should offer ample safeguards, there is concern that victims get caught in the space between systems, with the result that neither process is consistently effective.

25. With respect to dealing with juvenile offenders, the RMI Police that all possible care not to allow juveniles to associate with incarcerated adults. However, the lack of a detention facility, as required by legislation, poses problems when incarceration is warranted. In minor offences, the police attempt to facilitate out-of-court settlement and counselling for the offender and his/her family whenever possible.

26. When completing social history reports on juveniles for Court purposes, police generally recommend young persons be discharged and placed under the care of a parent or close relative, or under the supervision of the Probation Officer for a specified period. By law, children cannot be sent to prison; juvenile offenders are legally entitled to be treated with as much leniency as possible. However, where circumstances warrant immediate custodial sentence they end up mingling with adults and hardened criminals. Imprisoning juveniles in the same place as adult prisoners has been a serious concern for several years.

B. Mechanisms for coordination of policies related to children

27. A public sector reform program (PSRP) was initiated in the 1990s to downsize the service and streamline costs, resulting in about a one third reduction in staff from 1996 to 2000. The PSRP also resulted in the elimination of the Ministry of Social Services with remaining services transferred to the Ministry of Internal Affairs, the current focal point for children, youth and women.

28. In late 1999, the position of "CRC Focal Point" was established in the Ministry of Internal Affairs and an Officer was reassigned from the Women in Development Division. The "Child Rights Office" came into effect as a result of the placement of an international volunteer by UNICEF with the Ministry. The CRC Focal Point and the international volunteer worked closely with the NNCC to implement the Convention and promote coordination of policies for children. A number of Task Forces were established to review priority child welfare issues like child abuse/neglect and international adoption. Implementation of recommendations from the Adoptions Task Force was assigned to the CRC Focal Point.

29. When the Adoption Legislation was passed and the Central Adoption Authority (CAA) established at the Ministry of Internal Affairs, two positions were created for the CAA and housed at the Child Rights Office. To date, Cabinet has not officially endorsed the Child Rights Office, nor does it have an independent budget. Operating expenses are currently provided through the Ministry of Internal Affairs' budget. The Child Rights Coordinator is now also responsible for CAA work.

30. When Parliament established the National Nutrition Children's Council in August 1991, it appointed six permanent members including the Chief Secretary (Chairman), the Secretary of Health, the Secretary of Education, the Secretary of Resources and Development, the Secretary of the Interior and the Medical Director of Public Health.

31. For administrative and political reasons, there has been considerable change at the Secretary level over the past 10 years. At the time of appointment, new NNCC members generally do not have an adequate understanding of the role of the committee or the requirements of the CRC; orientation for new members has not been provided. Heavy workloads, time constraints and completing demands on Secretaries have also hindered the operational capacity of the NNCC. As a result, the coordination and monitoring role of the NNCC was largely left to the Child's Rights Program Coordinator, working in collaboration with the NNCC Chair.

32. Through the process of preparing this report and updating the Situation Analysis of Children and Women, government and NGO workers identified the following constraints to effective coordination, advocacy and monitoring of children's policies and programs.

- Limited inter-ministerial coordination and frequent redeployment of key personnel;
- Lack of a holistic policy framework governing all aspects of children's well-being;
- Lack of full legislative compliance with the CRC on laws affecting children;
- Limited financial and human resource capacity of the NNCC;

- Limited involvement by NGOs and Churches on the NNCC;
- Cultural sensitivities that dissuade public discussion on issues such as domestic violence, child abuse and reproductive health;
- The tendency to minimize the seriousness of problems facing children;
- A sense of being overwhelmed by the magnitude of issues that need to be addressed;
- Limited involvement by young people in decision-making forums;
- Lack of community-based research on health and social issues; and
- Lack of readily accessible consolidated data on the status of children and youth.

33. The Government recognizes the need to improve the situation of children; NNCC members believe that better coordination, advocacy and monitoring of at-risk children will reduce vulnerability. As such, stakeholders have recommended that the mandate, membership and capacity of the NNCC be reviewed, with a focus on practical strategies to enhance the authority, accountability and transparency of this committee. It has been suggested civil society organizations and youth representatives participate on the NNCC; the involvement of the Office of Planning and Statistics could help to streamline the collection and analysis of data on children and families.

34. This review could also consider existing policy and planning frameworks (i.e., National Women's Policy, National Youth Policy, National Plan of Action on Nutrition, *Vision 2018*, education and health sector plans) and how these strategies can be integrated into an overall National Policy and Plan of Action for Children. The NNCC acknowledges the urgent need to develop a holistic policy framework to improve coordination and monitoring of children's status.

35. Further, there is a need to review the role and mandate of the Child Rights Office and its' relationship to the NNCC before seeking endorsement from Cabinet.

C. Measures taken to ensure the economic, social and cultural rights of the child

36. For the Fiscal Year 2000, NNCC represented ministries received the following allocation of the total budget: Ministry of Health and Environment 9.3%, Ministry of Education 14.9%, Ministry of Resources and Development 3.1% and Ministry of Internal Affairs 3.2%. NNCC Committee members also sit on the national budget committee so are well positioned to advocate for appropriate expenditure on children and families.

37. In addition to funds allocated for children through recurrent national budgets, the education and health sectors in particular receive considerable financial and technical assistance through US grants. Other international agencies also support children's health and development. For instance, the Asian Development Bank works with the Ministry of Education to upgrade and expand school facilities and programs, including vocational education and has supported sectoral reviews in health and education. The ADB also supports health and education infrastructure

development in Ebeye. The World Health Organization has provided assistance with suicide prevention, Reproductive Health and natural and child health services. UNICEF had provided technical support to the Ministry of Internal Affairs (capacity building of the Child Rights Program and Community Development Planning Scheme), the Ministry of Health (nutrition, breastfeeding and immunization) and the Ministry of Education (early childhood education and the Teacher-Child-Parent initiative).

38. A new Compact Agreement with the US guaranteeing financial and technical assistance for a twenty-year period ending 2023 is currently being finalized. The priority areas for funding under Compact II are health, education, environmental protection, public infrastructure development, private sector development and public sector capacity building.

39. With respect to data collection and analysis, MOH officials are concerned about the accuracy and reliability of statistics on disease prevalence and causes of morbidity and mortality. Records completed by health care workers are often incomplete or inconsistent; limited case histories are insufficient to enable proper cross-sector analysis. To ensure greater accountability, Compact II funding requires the implementation of a performance-based monitoring system. An improved health information management system will improve capacity for ongoing assessment of children's health status. A similar system will also be established in the Ministry of Education to improve reporting and assessment of enrolment and performance indicators.

40. During this period, the government successfully applied and received support for data tracking under US Substance Abuse Prevention and Treatment block grants. The government also participated in a US Department of Health and Human Services regional technical assistance project supporting research on substance abuse, family violence and suicide. The results of these studies are outlined later in the report.

41. While civil society is still in a developmental stage in the Marshall Islands, the number and range of programs offered by NGOs is expanding. In addition to Church groups and NGOs with longstanding involvement in children issues (such as the Salvation Army and Youth-to-Youth in Health) several new youth-focused groups have recently been formed.

42. The National Youth Congress provides opportunity for young people to contribute to local and national level development planning. WUTMI, the largest non-governmental and not-for-profit organization is a grassroots organization networking and reaching out to individual women organization throughout the 24 major communities within the Republic. At the last annual meeting, it was suggested that a committee be established to address children's issues. The recently established Marshall Islands Council of Non-Government Organizations seeks to build capacity of local organisations, promote civil society representation in policy dialogue and strengthen coordination between NGOs, government agencies and the international community. These agencies are well positioned to work with the NNCC to ensure the economic, social and cultural rights of the child are addressed.

43. While the NNCC has involved NGOs on various sub-committee's and task forces—the Food and Nutrition Taskforce is generally considered the 'working arm' of the NNCC—there is a need to amend the Cabinet Paper to include NGOs on the NNCC.

D. Measures taken to increase public knowledge about the CRC

44. In January 1996 the Ministry of Education published information on the rights of children to education; this was supplemented in 1997 by a public education campaign to increase parental involvement in schooling.

45. CRC workshops were conducted in Majuro (February 1999) and in Ebeye (May 2000) with support from UNICEF. Since then, the Child Rights Program Coordinator has facilitated follow-up workshops on child rights most outer islands. These workshops, attended by traditional leaders, government, church and NGO personnel, students and parents were well received. In May 2000, the NNCC initiated meetings on the CRC that were open to the public.

46. A colourful poster on CRC principles written in Marshallese has been produced and distributed to schools, hospitals, health centers, government and non-government agencies. The booklet *Facts for Life* has been translated to Marshallese; an NGO is currently preparing local illustrations prior to publication and dissemination to schools and youth groups.

47. The increased involvement of civil society in national and community development efforts provides immense opportunity to engage NGOs in promoting public understanding of the CRC.

II. DEFINITION OF THE CHILD

48. In response to the Committee's concern regarding the minimum age for marriage being different from boys, the Birth, Registration and Marriage Registration Act has been amended. This Act requires naming of the child's father, regardless of marital status and raises the legal age of marriage for girls from 16 years to 18 years, consistent with the age requirements for boys.

III. GENERAL PRINCIPLES

A. Non-discrimination

49. The NNCC acknowledges the need to work more closely with the Economic Policy, Planning and Statistics Office to ensure the collection and analysis of disaggregated data according to gender, location and socio-economic status. Further use could be made of US grants available for data tracking.

50. An initial study on disabilities in the Marshall Islands has been conducted. This is the first in a series of studies on issues related to persons with disabilities to determine the types of intervention required so that these children are not discriminated against.

51. The Government has identified the need to conduct a survey on child abuse and neglect as the basis for further intervention in this area. Shortcomings with existing child abuse data is acknowledged, as only referrals to the social work program are tracked. This system produces limited information since "referral" processes across and into service agencies is still not well developed in the Marshall Islands.

52. With the support of the Asian Development Bank, the government will conduct a participatory poverty assessment in 2002 to identify community perceptions of poverty and hardship in the Marshall Islands. This study will consider the causes of hardship in both urban and rural areas and the adequacy of health and education services, the availability of safe drinking water, transportation and support networks. It is expected that the results of this study will provide useful guidance in prioritizing areas of greatest vulnerability.

B. Best interests of the child

53. The principle of the best interest of the child is paramount in development of Adoption Legislation and establishment of the Central Adoption Authority. This Act ensures all international adoptions are processed in the RMI High Court and that children's views are heard, as appropriate to their age and maturity, before decisions about adoption are made.

54. The Central Adoption Agency will be responsible for conducting comprehensive reviews of the child's circumstances, including careful consideration of kinship placement options prior to processing an international adoption. The Act makes it illegal to solicit birth parents or members of the family to surrender a child for adoption or to encourage, advise or facilitate a person's travel outside of the RMI for purposes of placing that person's child— whether born or unborn—for adoption. Violation of the Adoption Law is punishable by incarceration and payment of a fine.

C. Respect for the views of the child

55. The Government acknowledges the need to provide training to community leaders, teachers, police officers and health care personnel on ways to engage young people in sharing their views. In this regard, national government is trying to set an example by ensuring young people participate in national policy dialogues. In 2001, forty-eight youth leaders representing the 24 atolls/islands attended the Second National Economic and Social Summit to complete the Government's *Strategic Development Plan Framework Vision 2018* and develop plans for implementation.

56. The Marshall Islands Youth Congress (MIYC) was established in October 1998 to facilitate the involvement of young people between the ages of 13 and 35 in local and national affairs. During the 2nd MIYC Conference in 2000, a 5-year Strategic Plan was developed. The objectives of this plan are to:

- To increase participation of youth in national and local development;
- To enrich and enhance the cultural and spiritual lives of young people;
- To empower local youth councils; and
- To ensure the voice of young people is heard by Government and the people.

57. The proposed Youth Congress Work Program is governments principle program to promote youth and development. The aim of this program is to mobilize youth to participate in national development activities by forging linkages between youth groups, local governments,

churches, NGOs, the private sector and government extension services. The aim of the Youth Congress Work Program will be "to productively involve youth in the development of their communities and encourage maximum participation in the economic, social political and cultural and spiritual life of the nation". To achieve this aim, the program will coordinate a small grant scheme, an annual national youth week, provide training in response to the identified needs of youth groups and engage community youth coordinators.

IV. CIVIL RIGHTS AND FREEDOMS

A. Birth registration

58. Over this five-year reporting period, there has been tremendous improvement in birth registration processes; the Ministry of Health estimates that 90 percent of children are now registered at birth. All Marshallese citizens have access to a birth certificate. When children are born in outer islands, Health Assistants provide birth certificates to the Planning and Statistics Department. Birth certificates are processed in the MOH system, with original copies submitted to the Registrar's office at the Ministry of Internal Affairs and for filing.

59. Persons without a birth certificate can apply for "delayed registration". In such cases, people are required to provide a witness to verify the unregistered persons claim and documentation showing birth date and place. A birth certificate is processed by MOH, with the original submitted to the Registrar's Office for filing. In the case of a name change, people are required to get a court order. The MOH Vital Statistics Office processes amended birth certificates; originals are submitted to the Registrar's Office.

60. The Ministry of Education requires that all children provide a birth certificate when registering for school. People making application for a passport and identification card also need to produce a birth certificate. These requirements have created widespread awareness among the population about the importance of birth registration.

61. The Government has considered providing social security numbers to all newborn babies but plans have not progressed in this area.

62. Despite these improvements the Government remains concerned that children are discharged from hospitals or health centre without a proper name. This is due to traditional customary practice requiring families to wait for a specific family member to provide the child's name. Sometimes the child can be without a formal name for months. Consequently, it may be important to mandate that birth certificates be completed before discharge from the hospital or health centre and contain the child's full legal name. A name change could be affected later if required.

B. Access to appropriate information

63. Mobile Teams operating under the Ministry of Internal Affairs and the Ministry of Health have conducted community outreach programs since the early 1990's to promote children and women's health. Following enactment of new legislation related to child's well being (such as the Adoption Act), new outreach materials are designed and integrated into community education programs.

64. Several NGOs are also active in providing information to young people about a range of social and health issues. For instance, *Jõdrikdrik Ñan Jõkrikdrik Ilo Ejmour*, (Youth-to-Youth in Health) targets out-of-school young people between the ages of 14 and 25 and provides training on reproductive health issues, violence, substance abuse, depression and suicide. Youth are also trained in basic counselling skills, health promotion, community development and popular theatre.

65. Despite these efforts, there is a continuing concern over lack of access to information by outer island communities due to logistical and financial difficulties faced by service providers in sustaining effective out-reach in remote areas. As a result, communities are often not aware of new policies, laws or processes to follow. It is important that government agencies make better use of weekly radio programs and the national newspaper to convey information.

66. While NGO programs are not expected to cater for the needs of all youth, their success in developing the skills and interest of young people in social and cultural issues and in raising public awareness about the needs and concerns of youth in the Marshall Islands has been significant. Local and national government agencies are now encouraging NGO community programs and creating opportunities for expansion to the outer islands.

C. Corporal punishment

67. The Committee's concern with respect to the use of corporal punishment in families and state institutions is acknowledged. Under the Child Abuse and Neglect Act, it is not permissible to subject children to physical or psychological harm. The Act also provides for training of community and professional groups, counselling for victims and perpetrators, and public education to prevent abuse. The Rules and Regulations of the Ministry of Education also prohibit corporal punishment (defined as "hitting, kicking, slapping or any other means of brutal punishment").

68. While appropriate child abuse legislation is in place, reporting, investigative and monitoring functions have not yet been sufficiently developed. The Government is also aware that more work is needed to educate the public about the harmful consequences of corporal punishment. The CRC Focal Point at the Ministry of Internal Affairs employed at the Ministry of Health are working on community education programs, with support from international agencies and local NGOs.

69. With respect to corporal punishment in schools, there are very few reported instances of this occurring. When these situations are reported to a school Principal, the matter is fully investigated and appropriate disciplinary action is taken. In series cases, the Principal informs the Secretary of Education. Since 1999, the Public Service Commission has been responsible for teacher employment; infractions are now dealt with by the PSC. The MOE believes school administrators and teachers need to develop better understanding of the CRC and child rights principles.

V. FAMILY ENVIRONMENT AND ALTERNATIVE CARE

A. Adoption

70. By the early 1990s, the Marshall Islands faced an escalating adoption crisis; hundreds of children were being taken to the US through unregulated solicitation and facilitation processes. This was occurring without the usual protection afforded children adopted internationally—under the Compact Agreement Marshallese citizens have free access to the US. Adoption practices ranged from competent and ethical processes to those described by a high court judge as "black market adoption"; the Marshall Islands Journal frequently cited reports of door-to-door solicitation for children, monetary exchange, fraud, coercion and misrepresentation. Because no records were kept of adopted children leaving the RMI under the Compact Agreement, it was not possible to tract the identities and numbers of children involved. At that time, it was believed the RMI had lost the highest per capita number of children in the world to international adoption.

71. In response to this situation, the Parliament imposed a moratorium (Adoption Residency Act) from September 1999 to December 2000 on all international adoptions. The moratorium, based on recommendations made by a government-appointed task force, reflected a national effort to regroup and respond to the crisis. Unfortunately, the moratorium may have increased the number of children leaving the country without record since adoptions could not be heard in RMI courts during this period.

72. In October 1999, a Government Task Force supported by international experts was established to study the situation and make legislative recommendations. The Task Force recommended institution of comprehensive adoption legislation and establishment of a central authority to oversee all aspects of adoption practise. Following a number of public hearings, the Government passed legislation (Public Law 2002-64; *Adoption Act 2002*) in October 2002 to regulate international adoptions and authorized establishment of the Central Adoption Authority (CAA) to enforce the Adoption Act.

73. The Central Adoption Authority has responsibility for the following functions:

(a) To receive and investigate all referrals from RMI families seeking adoption as an option for their children;

(b) To provide case management services to natural parents and their children including birthparent counselling, extended family meetings, referral to pre-natal nutrition and medical care;

(c) To monitor the quality of the application for adoptions;

(d) To facilitate the medical, nutritional and emotional needs of the children while the adoption is being processed;

(e) To discuss with children, in a manner appropriate to their age and maturity, their preferences with respect to adoption.

74. The CAA will also work closely with extended families to promote and support kinship placements within the Marshall Islands. The Adoption Act clearly differentiates between customary adoptions and external adoptions as the purpose, process and procedures involved in overseas arrangements are very different to the way adoption is perceived and practised in Marshallese custom (*kajiriri*). Traditionally, clan members adopted children as a response to the adoptive parents need for labour or care, or to solidify family relationships, or to ensure the rights of inheritance. In most instances, Marshallese viewed adoption as an "open arrangement" which served to expand family and clan boundaries.

B. Parental responsibility and child protection

75. In 1991, the Government passed child abuse and neglect legislation (Public Law 1991-207). This law provided for:

- Mandatory reporting and investigation of actual and suspected cases of child abuse and neglect, including physical abuse, sexual abuse, verbal/psychological abuse, medical neglect, malnutrition and abandonment;
- Training for those responsible for dealing with child abuse cases;
- Public education for improved prevention of abuse, neglect and malnutrition; and
- Counselling for perpetrators, victims and family members.

76. Protocols were established between the MOH and the Department of Public Safety to ensure that all child abuse cases reported to the police were also referred to the Human Services Division for follow-up and counselling. In situations involving prosecution, cases were also filed with the Attorney General's Office.

77. In 1992, the NNCC formed the Child Abuse and Neglect Task Force to identify procedural and clinical measures required to improve responsiveness to child abuse. This task force, comprised of representatives from key ministries and NGOs, has not been active for several years.

78. In 1992, Government established a Social Work Office within the MOH Human Services Division to provide counselling services in situations of child abuse and neglect. From 1992-1998, two full-time social workers were employed to work with families whose children presented at the hospital malnourished or abused. Monthly statistics indicate that approximately 200 cases were seen each year, totalling about 1000 in the period 1992-1998. The bulk of these referrals concerned malnutrition, although there were some reports of child sexual abuse and neglect.

79. For political, administrative and financial reasons, social work services were reduced in 1998 and terminated in 2001. The lack of funding available under the Compact Agreement for child abuse prevention from US grants and the Government's inability to source funds from other sources has constrained efforts in this important area.

80. Despite the efforts of government and NGOs to raise awareness of child abuse and neglect, the term 'child abuse' is still not widely used nor understood in the Marshall Islands. Child abuse is often thought to be synonymous with child sexual abuse—incest and rape of minors. In the case of excessive physical beating or heavy workloads inappropriate to a child's age, there is considerable controversy and cultural defensiveness.

81. In the late 1990s, Mobile Teams from the Ministry of Internal Affairs visited outer island communities to hold workshops on child rights; a report from one of these visits states: "One problem we witnessed in these communities was how children are disciplined. Instead of talking to the children, they are hit on the head and have things thrown at them. Verbal abuse is also a major problem". (Field notes, Mobile Team, Community Development Division Ministry of Internal Affairs).

82. There is little understanding that verbal abuse, including use of harsh words; ridicule and humiliation can have a lasting negative psychological impact on children. These methods are generally just regarded as "discipline" and thought to be in the child's best interest. "As parents we need to look at the way we discipline our children. Sometimes the way we talk to our children, the tone of our voice can make a difference. We seem to have the habit of talking harshly to our children to make them feel ashamed in front of everyone. We need to talk softy in order to teach our children so they can learn instead of feeling embarrassed and small" (participant at Child Rights Workshop, 1999).

83. Until recently, rape, sexual abuse and paedophilia were not publicly discussed and rarely prosecuted in the Marshall Islands. In addition to cultural taboos that negate reporting of child abuse cases, the lack of a "child-friendly" legal system for victims further limits disclosure and prosecution.

84. The Family Health Promotion and Human Services Division of the Ministry of Health is currently conducting a public education campaign to raise awareness about child abuse and neglect, including full page notices in the Marshall Islands Journal.

85. To address the shortage of trained counsellors needed to respond to the growing number of social problems a counselling course was developed with CMI in the late 1990s. In 2000, a Certificate of Completion in Counselling course was fully integrated as the CMI program of study. The course involves four, three credit courses designed to train entry-level workers to deal with a range of psychosocial issues such as child abuse, suicide and substance abuse. Participants in the program are working professionals employed as teachers, pastors, community and youth workers. This initiative has received a high degree of support from the Government and is highly valued by community agencies.

86. There has been some discussion about the need to streamline child abuse/neglect investigative and follow-up functions in a central location, possibly the Ministry of Internal Affairs. The establishment of the Child Rights Office has strengthened the government's capacity to address child abuse and neglect is a more systematic and coordinated way. There is a need to clarify ministerial responsibilities for investigation and to review inter-agency protocols. Greater collaboration between key ministries and NGOs is needed to improve proactive and reactive responses to child abuse and neglect.

VI. BASIC HEALTH AND WELFARE

A. Health status and services

Health care delivery

87. As outlined in the Government's *First Report on Implementation*, the Ministry of Health (MOH) is responsible for the provision of health services; planning and management functions are centralized at Ministry headquarters in Majuro.

88. In 1995, the MOH initiated Community Health Councils to promote prevention and increase public participation. The Bureau of Primary Health Care (formerly Preventive Services) was renamed in 1997 to reflect the broad scope of the bureau's mandate for community based health promotion and services. There are four divisions within the Bureau of PHC: Division of Public Health, Health Promotion and Human Services, Outer Island Health Care and Dental Services. The Division of Public Health, the largest division in the Bureau, administers five programs: Reproductive Health, Immunization, Sexually Transmitted Diseases (STD/HIV), Chronic Disease Control and the Tuberculosis and Leprosy Program. All of these programs conduct regular clinics and outreach services.

89. The Comprehensive Perinatal Care Program is the core priority of the Bureau of PHC; it includes aggressive health education and promotion campaigns on the importance of perinatal care. A significant achievement of this program is the increased number of pregnant women attending antenatal clinics during the first trimester of pregnancy. While growth monitoring for children is carried out during well baby clinics and community outreach visits, this activity is not regularly conducted in all outer islands due to lack of necessary supplies.

90. Despite the policy shift to primary health care, a large percentage of resources allocated for health are still consumed by curative care programs. The inadequacy of domestic health care services still make it necessary to refer patients to Honolulu or Manila for treatment. This practise uses up a substantial proportion of resources allocated to health, causing heavy strain on the annual budget and preventing the shift to primary health. Curative health services on Majuro and Ebeye also absorb a major part of health finances, reducing resources available for the outer islands and primary health care. The Bureau of PHC operates primarily on US federal funds and other international assistance. Proper and prudent use of these funds will ensure more efficient primary health care services for outer island communities.

91. The new Ebeye hospital has 25 beds and provides a range of primary and secondary services on an inpatient and outpatient basis. While many Health Centres were recently renovated, over half are still badly in need of repair. The Office of Planning and Statistics will conduct an infrastructure development and maintenance assessment of all health and education facilities throughout the country. The results of this survey will be used to develop repair and replacement plans as required.

92. Lack of access to safe drinking water and water for washing hands is still a major problem for children in school. It is assumed that parents will provide drinking water for children to take to school but this does not always happen. Improving sanitation and access to drinking water is a priority.

93. In recent years, diagnostic laboratories have been expanded and funds have been secured to upgrade and expand the hospital on Majuro Atoll. Plans are in place to resume mammography services at the Majuro hospital making possible the early detection of breast cancer. The MOH Strategic Plan for 2001-2015 does not include strategies on cancer prevention and treatment, despite the fact that this disease is the 2nd leading cause of death in the Marshall Islands.

94. In 1999, 19 female Health Assistants were trained to overcome cultural barriers preventing women from receiving needed care from male health providers. Health Assistants have received training on growth monitoring and early detection of disease. Although specialized medical teams from Majuro make more regular visits to the outer islands, transportation problems mean outer island clinics still run out of pharmacy medicines.

95. There are a lack of dental facilities in the outer islands and many outer island Health Assistants have not required adequate training in dental care.

96. The MOH actively engages other ministries in promoting healthy lifestyles through campaigns and seminars on primary health care issues. NGOs also play an increasing role in the delivery of health services. For example, Youth-to-Youth in Health operates a youth health clinic in Majuro and carries out promotion programs that target at-risk young people. The MOH provides support to Youth-to-Youth through a Memorandum of Understanding (MOU), currently being renegotiated. The Ministry recognizes the critical importance of increasing people's participation in their own health care through community education.

Health indicators and patterns of illness

97. As a result of concerted efforts over the past decade, there has been a marked improvement in the health status of the population as indicated in the following Table. Infant and child deaths have been considerably reduced in the last 10 years; infant death has been reduced by 35 percent from 63 to 37 per 1,000 live births.

98. Among children under 5 years of age there has been a reduction of mortality rate by nearly 50 percent since 1988, from 93 to 48 per 1,000 live births. The infant mortality rate among baby girls is lower than for boys, 32 for girls compared with 41 for boys in 1999. There has also been a faster reduction in infant girl deaths; the infant mortality rate was reduced by 46 percent for baby girls and by 37 percent for baby boys.

Health status indicators, 1988-1999

Indicators	1988	1999
Life expectancy at birth		
Both sexes	61.04	67.49
Females	62.57	69.35
Males	59.61	65.72
Crude death rate (per '000)	8.9	4.9
Crude birth rate (per '000)	49.2	41.8
Total fertility rate	7.23	5.71
Infant mortality rate (per '000)	63	37
Mortality under 5 years (per '000)	93	48

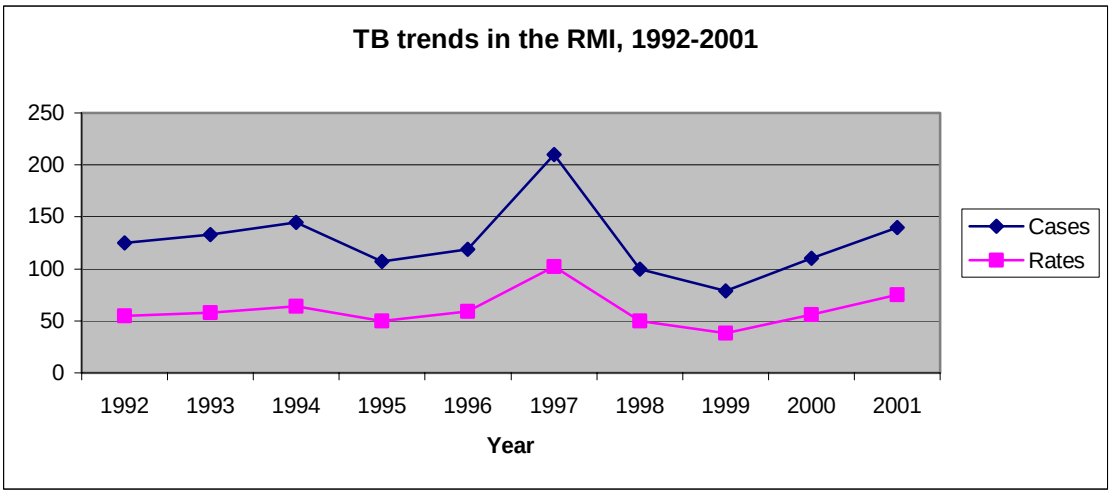
Patterns of illness

99. Health status in Marshall Islands is characterized by a triple disease pattern that includes communicable, non-communicable and nuclear-related illnesses. Today, most major health problems are lifestyle related. Common non-communicable diseases include diabetes, hypertension, heart disease, cancer and fish poisoning. There is an increased prevalence of obesity and diabetes in children and young people especially young women aged 20-35 years. Poor nutrition, lack of exercise and genetic predisposition are the primary contributors to these diseases. A Diabetic Task Force Committee will be established to identify prevention strategies.

100. The growing prevalence of non-communicable diseases has a significant impact on morbidity and mortality rates. In collaboration with the World Health Organization and the Fiji School of Medicine, the MOH will conduct a non-communicable disease survey. The results of this survey will provide vital information about risk factors related to NCDs and will suggest how the MOH can use the *STEPwise Approach to Surveillance of Risk Factors* to reduce NCDs.

101. Common infectious diseases include amoebiasis, conjunctivitis, gastroenteritis, gonorrhoea, influenza, leprosy, scabies, syphilis and tuberculosis (TB). In 2001, the three leading causes of illness reported in outer island health centres were Acute Respiratory Infections, Influenza and Diarrhoea. Incidents of conjunctivitis decreased from 942 in 1999 to 108 in 2001.

102. Despite increased health promotion and active screening and treatment for tuberculosis, patient compliance with medication remains a problem. TB continues to be a significant public health problem in the RMI and was one of the leading causes of death in 2001. The MOH uses the Directly Observed Therapy (DOTS) Short Course protocol for TB patients. Since the national leprosy screening in 1997, the prevalence rate of leprosy has declined from 27.2 per 10,000 (1997) to 5.5 per 10,000 in 2002. The target rate is 1 per 10,000 people by the end of 2003.



Immunization

103. The expanded program on immunization (EPI) was initiated in 1995 under the MOHEE, with support from UNICEF. Ministry records indicate that immunization coverage has increased in most areas (i.e., BCG from 71% in 1995 to 81% in 1998 and DPT3 from 70% in 1995 to 86% in 1998). The "30 cluster sample survey" to determine EPI coverage was conducted in 1998. The Hepatitis B Vaccine has been incorporated in the EPI schedule since 1998.

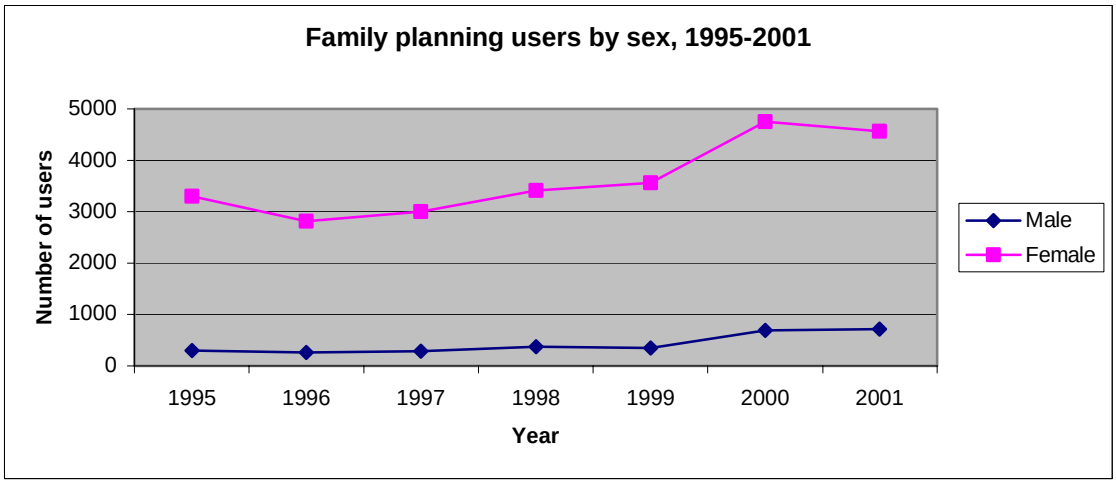
104. Lower immunization coverage rates in the outer islands is attributed to logistical obstacles faced by health workers; distances between outer islands, high migration rates, limited storage facilities for vaccines, sensitivity of vaccines to temperature fluctuations and weak information and communications systems.

Sexual and reproductive health

105. MOH statistics indicate that the number of family planning users has increased since 1995, with female users significantly outnumbering males. In 2001, female contraceptive users constituted 86.6 percent of people attending family planning clinics.

106. While the Family Planning Program has made significant strides in recent years, several factors continue to limit its effectiveness. Visits to family planning clinics are constrained by lack of transportation, childcare and support by husbands/boyfriends to use of contraceptives. There is a need to provide family planning counselling in communities and schools rather than relying on clients to attend clinics. There is also a shortage of school nurses to assist in family planning services to high school students.

107. According to research conducted by Youth-to-Youth in Health, males 20 years and under are becoming sexually active at a younger age; this group has not been actively targeted in reproductive health campaigns to date. Strengthening male clinics is a priority area for the MOH, along with increasing health education and promotion activities.



108. As young people become more sexually active they also become more vulnerable to numerous public health concerns. Despite efforts to expand the reach of reproductive health services, there is still a need to make relevant, high quality information and contraceptives more

accessible in order to decrease unwanted pregnancy and deter the spread of STDs and HIV/AIDS. This is especially true on the outer islands where neither contraceptives nor STD testing services are readily available.

109. The increased rate of STDs seen over the past decade has continued: STDs and HIV/AIDS now pose a serious threat to the health of the RMI population. Despite increased health education and promotion efforts, syphilis, gonorrhoea and chlamydia rates continue to rise. All STDs are especially high among young adults aged 15-24. The most common STD is syphilis, most prevalent in the 20-24 year age group. The MOH attributes the rise in STDs to real increase and enhanced surveillance. However, given that cultural taboos and limited access to screening continue to constrain reporting, recorded cases of STDs likely under-represent the real prevalence rate.

110. The number of people who attend clinics for blood screening is increasing each year; from 2,260 in 1999 to 3,220 in 2001. Young people aged 20-24 years are most often screened, with a higher percentage of females than males.

111. The first reported case of HIV/AIDS was in 1986; no other cases were recorded during this reporting period. Some medical authorities speculate that HIV/AIDS may be significantly under-reported due to lack of awareness and insufficient diagnostic facilities.

112. At the request of the MOH, a study of sexual networking and the spread of HIV/AIDS in the Marshall Islands was conducted by researchers from the University of the South Pacific in Fiji. The purpose of the study was to assess the vulnerability of certain groups to HIV/AIDS transmission and the extent to which HIV/AIDS could spread amongst the general population through sexual relations. The research was conducted using a participatory methodology that included focus group discussions with young people and women engaged in the formal and informal sex trade.

113. Primary data collected during this Majuro-based study revealed a high-risk environment for the spread of HIV/AIDS, particularly amongst young people. This research revealed that current HIV/AIDS policy and practice is inadequate in address existing vulnerabilities. The study raises concern about coordination between service providers and notes that HIV/AIDS screening is often misdirected or ineffectual due to the lack of follow-up testing. While NGOs such as Youth-to-Youth in Health have been successful in conveying prevention messages, lack of funding and leadership constrains the organization's ability to implement IEC campaigns.

114. The study urges review of the HIV/AIDS policy, with particular attention to high-risk groups and provision of adequate resources to raise public awareness about HIV/AIDS prevention. High-risk target groups include youth (through schools, churches, sports clubs and NGOs), seafarers (through the Marine Training School) and the tourism/entertainment industries (through night clubs and hotels).

B. Malnutrition

115. The increasing prevalence of non-communicable diseases in Marshall Islands is related to "over-nutrition" and high consumption of fatty foods. In urban centres where overcrowding prevents agricultural development, the availability of fresh produce is limited. Even when

traditional Marshallese foods are available, they are expensive and seen as too time consuming to prepare. For many years, Marshall Islanders have been encouraged to grow and eat varieties of green leafy vegetables to prevent VAD deficiency. However, since these are not traditional or especially likeable foods, they have not been readily accepted into people's diets. High unemployment, low wages and the high cost of imported foods makes healthy eating increasingly unaffordable to many Marshallese.

116. A 1994 study estimated that 62 percent of children under five had severe Vitamin A deficiency and that malnourishment accounted for approximately 17 percent of all deaths in that age group. As a result of this study, the Vitamin A Distribution program was initiated in 1995 and has continued on a twice-yearly basis. Vitamin A supplements are distributed to all children from 6 months to 12 years of age and all postpartum women immediately after birth. The Ministry of Health recognises the need for a follow-up study to assess the impact of the distribution program and current status of VAD deficiency in children nationwide.

117. To address growing malnutrition concerns, Government established a Nutrition Unit in 1995 at the Ministry of Health, staffed by a full-time Coordinator trained in community nutrition. In 1996, Cabinet approved the National Policy for Agriculture, Food and Nutrition, including national dietary guidelines. A National Plan of Action on Nutrition (NPAN) was drafted in 1995 and is currently being revised by the NNCC Task Force on Food and Nutrition. It is important the NPAN is finalised and endorsed as soon as possible as a strategic basis for addressing the nutritional concerns of children and women.

118. The NPAN will aggressively promote nutritious diets with emphasis on local foods. Consumption and production of local foods will be encouraged through development of appropriate tax measures, agricultural policies and the re-introduction of the school lunch program using local food and by promoting health education in schools. Assistance will be provided in establishing facilities that encourage the habit of regular exercise among our people, especially in the urban areas. Given's women's responsibility for food production and preparation, it is recognised they will play a pivotal role in changing the nation's eating habits. A survey will be conducted to assess sanitation needs and to formulate a plan to meet those needs.

119. In collaboration with John Hopkins University, the MOH also initiated a study on the causes and affects of under-nutrition as the basis for improving diabetes prevention programmes. During this reporting period, UNICEF provided support for the Community Nutrition Improvement Programme (CNIP). The major achievements of the CNIP include (1) data collection and analysis regarding the nutrition status of school children in selected schools, (2) promotion of inter-agency collaboration, and (3) increased awareness at the community level about malnutrition and healthy eating practises.

120. UNICEF also provided support to the MOH for the Household Food Security Project aimed at promoting home and community gardening. Over 150 households had initiated gardens on 11 sites when the project was reviewed in 1998.

121. MOH records indicate that 97 percent of infants in the Marshall Islands are now breast-fed. The traditional belief that colostrums is dangerous for newborns has changed through awareness initiatives. Most urban mothers use store-bought baby foods when their infants are

being weaned, while women on the outer islands use local fruits to supplement their baby's diet. The Bureau of PHC promotes exclusive breastfeeding using a variety of information, education and communication techniques.

122. In 1996, the MOH drafted a National Breast Feeding Policy. The objective of this policy framework is to promote—through education, legislation and enforcement—the right of all children to be fed only breast milk for the first six months of life, and to ensure employers provide adequate leave for mothers to establish lactation and continue nursing after returning to work. Endorsement of the National Breastfeeding Policy is necessary to achieve objectives concerning mandatory maternity leave and institution of baby-friendly workplaces that enable mothers to bring their children to work.

C. Children with disabilities

123. For the first time, the 1999 census included questions related to people with disabilities; the census revealed that 853 people or 1.7 percent of the population is disabled; approximately 30 percent are under the age of 18. The primary disabilities are deafness, blindness, mental illness and cancer related disability. Disabled children under 18 years represent about 0.93 percent of the population. Cancer related disability constitutes 11.5 percent of total disability cases.

124. In 1997, a MOH working committee carried out a study of persons with disabilities. This study considered barriers to education and employment and identified gaps in diagnostic information and data management systems. Considerable under-reporting of disability cases is likely due to confusion about definitions, the belief that individuals with disabilities are not "sick" and because reporting does not necessarily result in additional support.

125. In 1998, the Marshall Islands qualified for a US Federal Grant called the Special Education Program for Pacific Island Entities (SEPPIE). The goal of this program was to increase the country's capacity to address the special educational needs of students aged 3-22 years who have learning and physical disabilities.

126. This program has enabled students who would not normally participate in schooling the opportunity to do so. Training was provided to all RMI special education teachers as well as about 65 percent of general education teachers. Physical facilities were established in numerous elementary schools throughout the country and evaluation guidelines have been developed. Unfortunately, access to special education programs in the outer islands is limited and there are no specialized programs available outside of the school environment. Therefore, children with disabilities who do not attend school do not receive these services.

127. For the past several years, the MOE has concentrated on establishing a disabilities assessment framework, constructing specialized facilities and building capacity within schools to address the needs of children with disabilities. The Ministry will now focus on enhancing skills of teachers and administrators and ensuring performance standards are achieved. Creating partnerships between home, school and community is considered especially important in addressing the long-term needs of these children.

128. The Ministry of Health plays an important role in addressing the special medical needs of children with disabilities, in particular Human Services and the Maternal Child Health Unit. Since the relocation of Majuro hospital, there is no physical therapy program for children with disabilities or follow-up care available after constructive surgery. Early intervention to strengthen the child does not exist. A select number of children with limited physical deformities are eligible for referral off island for corrective surgery. While MOH attempts to notify all families with disabled children of oncoming services by visiting specialty mission teams, work is generally done in urban centers. Unless children have been accepted into the referral program and are brought to Majuro or Ebeye, outer island populations lack access to these services.

129. During the mid to late 1990s, the Government participated with other Pacific Island countries in the Rehabilitation Research and Training Centre Project to identify priorities for improving services to persons with disabilities.

130. In 1998, the Ministry of Education organized a Conference on Disability and the Law. At this conference the Inter Agency Council for Disabled Persons was formed to coordinate federally funded government programs that deal with persons with disabilities and promote inter-ministerial collaboration in provision of services for people with special needs. A parent representative of the Marshall Islands Special Education Parents Association (MISEPA) also sits on the Inter-Agency Council. For some years the Inter-Agency Committee took an active role in organizing the annual National Disabilities Week held the first week of December to increase public awareness of disabilities and to recognize the efforts of children with special needs.

D. Adolescent health and development

131. The Government continues to be concerned about the health and welfare of our young people, especially with respect to increasing rates of unemployment, teenage pregnancy, depression and suicide, substance abuse, sexually transmitted diseases and social violence. The Marshall Islands is not alone in facing these problems; similar concerns have been raised in many other Pacific countries. The 1999 *Human Development Report for Pacific Island Countries* states that, “the most urgent concern across the region is to better meet the needs and aspirations of the upcoming generation”.

132. As a result of the shift to modern economy and rapid urbanisation, social values and structures are in flux and young people are required to cope with competing worldviews. Traditional safety nets are breaking down leaving young people increasingly vulnerable to unhealthy life style choices.

133. The economic situation poses particular problems for young people since most do not have specialized skills or experience needed for employment in the formal sector. Unemployment rates are increasing and many young people feel frustrated and resentful with the lack of opportunities available to them. Undereducated young people have difficulty expressing their concerns and ideas in an effective way; social and political structures have generally not provided youth with meaningful opportunities to participate in development and nation-building activities.

134. For these reasons, government agencies, NGOs, churches and donors have increasingly focused their efforts on young people and are actively engaged in addressing youth issues. There are currently 160 youth organisations registered in the Marshall Islands with a membership of over 16,000 young people. These organisations cover a wide spectrum of community-based groups, religious and cultural associations, sports teams and social clubs. They are coordinated at national level by the Youth Services Bureau (YSB), Community Development Division Ministry of Internal Affairs and Social Welfare. The Bureau was established to assist young people better meet their needs and aspirations, to improve the quality of their lives and to promote the involvement of youth in the challenging task of nation-building.

135. To achieve this goal, the YSB assists with implementation of: the World Program of Action for Youth to the Year 2000 and Beyond, the Regional Pacific Youth Strategy 2005, the National Strategic Plan Vision 2018, the Convention on the Rights of the Child, the National Nutrition and the National Population Policy. The YSB also provides technical assistance to the Marshall Islands Youth Congress and assists with the establishment of Local Youth Councils on each atoll. Currently 23 outer islands have set up their own Youth Council. Further, the YSB conducts training on leadership skills and assists youth groups access the RMI Youth Empowerment Fund, administered by the Bureau.

136. Established in 1999, the Youth Empowerment Fund provides small grants for skills development projects to young people aged 16-25. To be eligible, youth groups must have at least 10 members and be registered by a local youth council. The 3rd NYC Conference will be held in 2003 during which youth leaders will review progress on implementation of the Strategic Plan and finalize the proposed National Youth Policy. The Draft Youth Policy focuses on Culture/Environment, Health/Population, Education and Employment Opportunities, Legal Rights, Religions and National Development and identifies specific objectives in these areas.

137. International agencies have provided support in establishing vocational programs for out-of-school youth and have funded numerous health education campaigns. Multiple donors were involved in financing a new facility and capacity building for Youth-to-Youth. Despite these initiatives and the considerable efforts of government, NGOs, churches and donors, youth issues in Marshall Islands are becoming more prevalent and serious.

Suicide

138. Suicide has been a concern in the Marshall Islands for many years. In 1995 a grant was received from the World Health Organisation to support the development of a National Suicide Task Force, production of IEC materials, and national conferences on suicide prevention. These conferences involved government, NGOs, churches, community leaders, survivors and the families of victims. The initiative involved a comprehensive evaluation, including analysis of lessons learned. As a result of these interventions, suicide rates in the Marshall Islands declined for most of the 1990s, with the exception of 1997.

139. A Mental Health block grant from the US supported the following compilation of data on completed suicides during the decade 1990-2000. Data is not available on attempted suicides due to low levels of reporting.

	Majuro	Ebeye	Outer Islands	Total
FY 1990	8	8	1	17
FY 1991	8	2	0	10
FY 1992	4	4	0	8
FY 1993	12	0	1	13
FY 1994	8	4	2	14
FY 1995	7	3	2	12
FY 1996	5	2	0	7
FY 1997	11	2	1	14
FY 1998	4	2	0	6
FY 1999	4	0	0	4
FY 2000	4	3	0	7

140. Research over many years indicates a significant proportion of suicides are committed when victims are intoxicated. Almost all suicides are carried out by males; the vast majority of victims are in their 20's; the youngest recorded person to attempt suicide is 15 years of age. Suicide rates increase after the Christmas and New Years holiday, and again during the graduation period. This information is important in guiding suicide prevention initiatives.

Teen pregnancy

141. National statistics indicate that teen pregnancy, as a percentage of total live births is 20.6 percent. Research conducted by the NGO Youth-to-Youth in Health, based on clinical records over the period 1999-2002 found a similar pregnancy rate. However, it is believed these statistics likely under represent the prevalence of teenage pregnancy because births assisted by traditional midwives are often not recorded, especially in the outer islands.

142. According to the study by Youth-to-Youth, the common view is that teen pregnancy is the result of immaturity, lack of information about reproductive health issues and lack of appropriate parental guidance and monitoring. Programs dealing with teenage pregnancy have focused mostly on females, placing the onus of them to prevent unwanted pregnancy. The study also states that in Marshall Islands custom, the cultural view of teenage pregnancy may be more one of ambivalence than of true concern.

143. Hospital records indicate the growing number of young women giving birth to babies whose fathers are listed as "unknown". It has also become common practise to expel pregnant students from high school.

144. The Government recognises the need to enhance reproductive health and counselling support for young mothers since children of teenage mothers are more likely to face economic, health and developmental challenges compared to children of older mothers. Birth complications such as low birth weight and premature delivery are also more common in teen pregnancies.

Substance abuse

145. Alcohol continues to be a significant contributor to crime, accidents, domestic and social violence, child abuse, unplanned pregnancy, depression and suicide and the spread of sexually transmitted illnesses. In 2000, alcohol related hospitalization constituted 71 percent of cases referred to the MOH Counselling Program.

146. Churches and NGOs have expressed strong concern about the misuse of alcohol and affects on family and community life. In the late 1990's the National Council of Churches collected 10,000 signatures on a petition to prohibit alcohol in the Marshall Islands; this petition was not successful. WUTMI and other organizations continue to work on alcohol and drug abuse programs.

147. In 1998, the Micronesian Seminar undertook a study on drug and alcohol use and treatment approaches used by organizations in the RMI. This research was sponsored by the US based Centre for Substance Abuse Treatment to determine the need for additional intervention. The study emphasises the need to consider alcohol use in a cultural context, highlights the strong correlation between alcohol use, crime and suicide rates and details the prevalence of alcohol, marijuana, cocaine and use of inhalants. This research concludes that alcohol is the greatest drug problem in the Marshall Islands; particularly among the male population. The use of inhalants (gas and glue sniffing) is also a serious problem, particularly in Ebeye. The study makes numerous recommendations regarding prevention and treatment strategies including involvement of grassroots community institutions and a re-examination of the role of government agencies in substance abuse prevention, treatment and record keeping.

148. Smoking is a major public health concern in the Marshall Islands. While legislation on selling of tobacco products to minors was passed by parliament in September 1993, a 1999 study revealed that many urban stores do not adhere to this legislation. The Bureau of Primary Health Care has developed a range of anti-smoking promotional materials in an attempt to combat the increasing prevalence of tobacco use among young people. The effectiveness of these campaigns is constrained however by the lack of a non-smoking culture and reinforcement by parents.

149. A National Substance Abuse Prevention Committee was formed in the 1995 with representation from key ministries and community organizations, but disbanded in 1998. Government recognises the need for a comprehensive and consolidated approach to substance abuse prevention and treatment.

Crime

150. The overall crime rate has steadily increased over the past decade, particularly among urban young people. In 1997, the number of crimes committed in Majuro was 308 but by 2002 this number had tripled, to 1,187. In 2001, 18 and 19 year olds comprised 41.3 percent of those arrested in Majuro; females of this same age group made up 83 percent of all crimes

committed by women. The vast majority of these crimes were related to alcohol with people commonly charged with drunken and disorderly, burglary, assault and battery, disturbing the peace and malicious mischief.

151. The emergence of violent youth gangs is creating serious concern in both Majuro and Ebeye, precipitating discussion about the need to impose a curfew. The possible implications of escalating juvenile crime on social stability and economic development are a significant concern.

VII. EDUCATION, LEISURE AND CULTURAL ACTIVITIES

A. Education

Policy and service delivery

152. As outlined in the Government's *First Report on Implementation*, the Ministry of Education (MOE) is responsible for the administration of education services. The Constitution of the Marshall Islands recognizes people's right to education and the Government's obligation to take "every step reasonable and necessary" to provide education services for all citizens. Government's existing education policy is formalised under the *Education Act 1991* and *Rules and Regulations of the Ministry of Education 1992.* A committee was recently established to review and recommend changes to the *Education Act*.

153. In addition to schools managed by the MOE, private schools, mostly operated by religious organizations, play an increasing role in provision of education services. In 1999, a total of 4,366 students were enrolled in private schools - 2,976 in elementary schools and 1,390 in secondary. In 1999 this represents about 30 percent of the nation's total elementary and secondary enrolment, up from 25 percent in 1988.

154. While both public and private schools use the same curricula, some believe the private system is further advanced in the use of curriculum materials and overall quality of instruction. Disparity in achievement rates between public and private school students have been attributed to smaller class size, better facilities and greater parental involvement in private schools. However, recent test score results suggest that the quality of education provided in public and private schools may be equalizing. The MOE believes efforts must be taken to ensure any remaining disparity in the quality of education between public and private schools is eliminated.

155. In 1989, the MOE launched a *Ten-Year Masterplan* aimed at revitalizing the primary school system and redressing identified deficiencies including over-crowded classrooms, inadequate supplies, lack of parental involvement and poorly trained teachers and administrative staff. Subsequently, the Ministry developed the *Strategic Plan for Education 2001* which complements the Government's *Vision 2018* strategy and identifies key priorities and directions in education. Since 2000, the MOE has been working with UNESCO to develop an Education

Strategy Action Plan to address the six priority goals identified at the Dakar World Education Conference. A working draft of this Plan has now been completed and is closely linked with the *Strategic Plan for Education* 2001 and *Vision 2018* policy frameworks.

Achievements and challenges

156. Over the last five years, the MOE has made significant advances in addressing identified deficiencies in education. This includes increased school enrolment numbers, elimination of multi-grade classrooms in most urban schools, establishment of a teacher certification program, development of distance education and mentoring support for teachers, establishment of a National Vocational Training Institute, review of the Language Policy, extension of classrooms in existing facilities, and establishment of the new Laura High School.

157. As a result of Language Policy review, the MOE is in the process of amending the Rules and Regulations to enable instruction in both English and Marshallese for a specified period of time each day. The teacher certification program, conducted in collaboration with the College of the Marshall Islands, requires teachers that do not possess either a two or four year college degree to attend summer courses at CMI; workshops on teaching methodologies are also offered. Certified teachers and consultants are recruited each summer to assist with these workshops. The MOE is also working with various organizations to recruit overseas teachers for outer island schools.

158. The mentoring program provides support to identified schools by MOE administrative staff. Mentors visit schools at least four times each year to assist teaching staff and monitor overall school functioning. This initiative has proven highly successful in enhancing communication between schools and MOE personnel, improving teacher/school performance and monitoring of education outcomes. As a result of these initiatives, test score results have improved in some elementary schools and the number of students passing from elementary schools has increased.

159. Despite these initiatives and the considerable efforts of the MOE to address long-standing deficiencies in education, progress is constrained by the lack of human resources required to develop, manage and monitor effective education programs. The MOE is also structurally constrained by the budget process, limiting its ability to re-shuffle funds within the Ministry to meet priority needs. The MOE is addressing these constraints by revamping the current budget system to that of performance–based monitoring. This system is expected to improve education performance by requiring a detailed series of actions that ensure specific goals are achieved in the specified timeframe.

160. Between 1994/95 and 1999/2000 school years, expenditure on education averaged 21.5 percent of the country's total recurrent expenditure. In 2000, primary education consumed 43% of the budget, secondary education received 22%, tertiary education programmes accounted for 19%, and administration received the balance of 16%. When education funds are insufficient to meet basic expenses, resources intended for supplies and equipment are often reallocated. Over the years this practice has led to poorly supplied and equipped schools, especially in the outer islands.

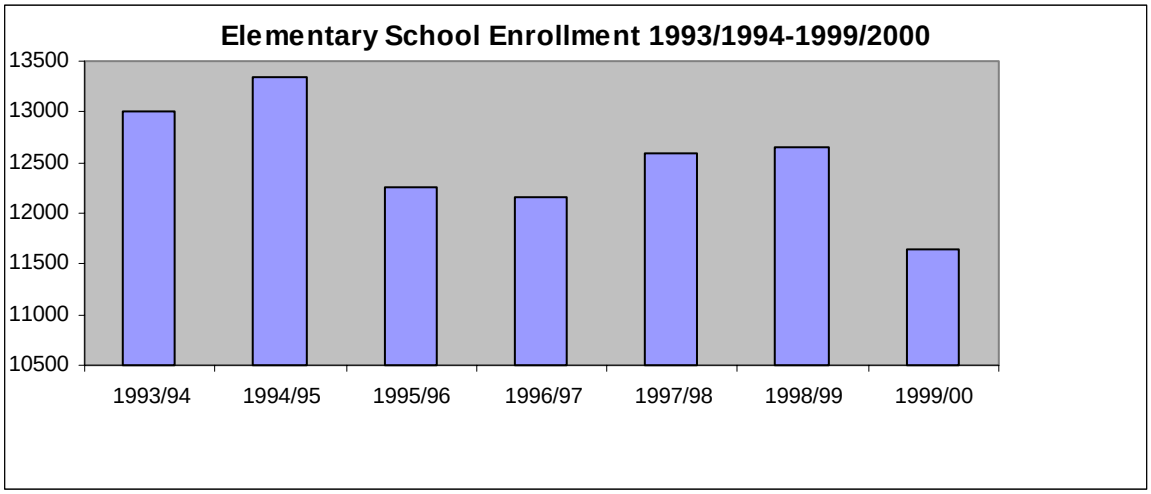
161. In recent years, concerns have surfaced over inadequate coordination between international agencies supporting the education sector and the allocation of donor funds to specific programs rather than priority areas as determined by the MOE. The Ministry is addressing these issues with partner agencies and is working on instituting changes to ensure international assistance is closely tied with MOE priorities. The MOE is also involved in critically examining the aims of education to ensure greater congruence with the socio-cultural and economic context.

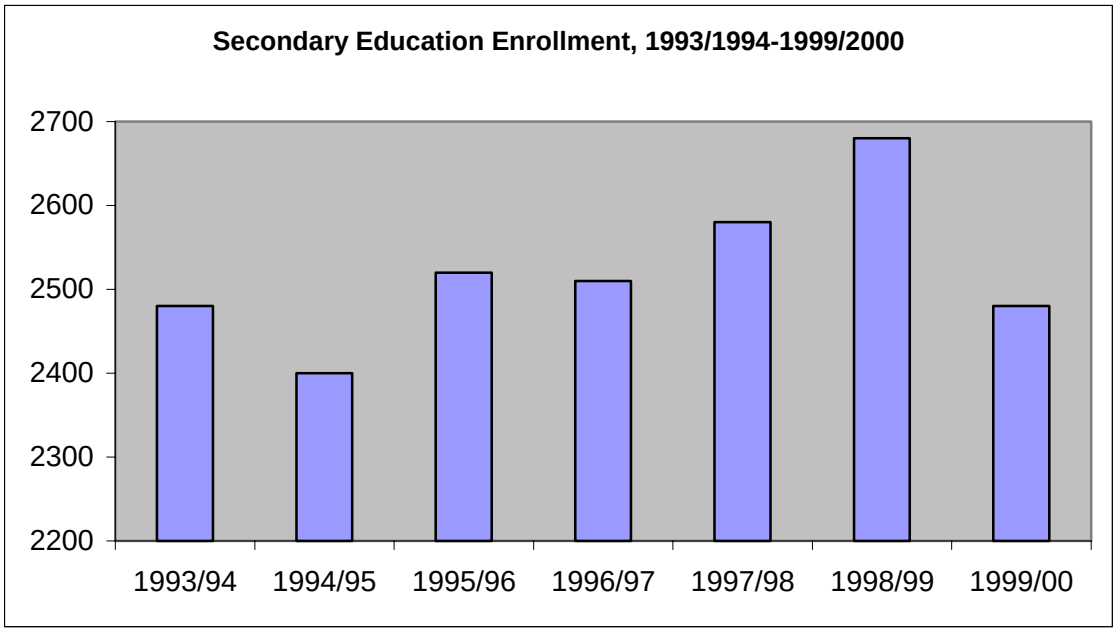
Access to education

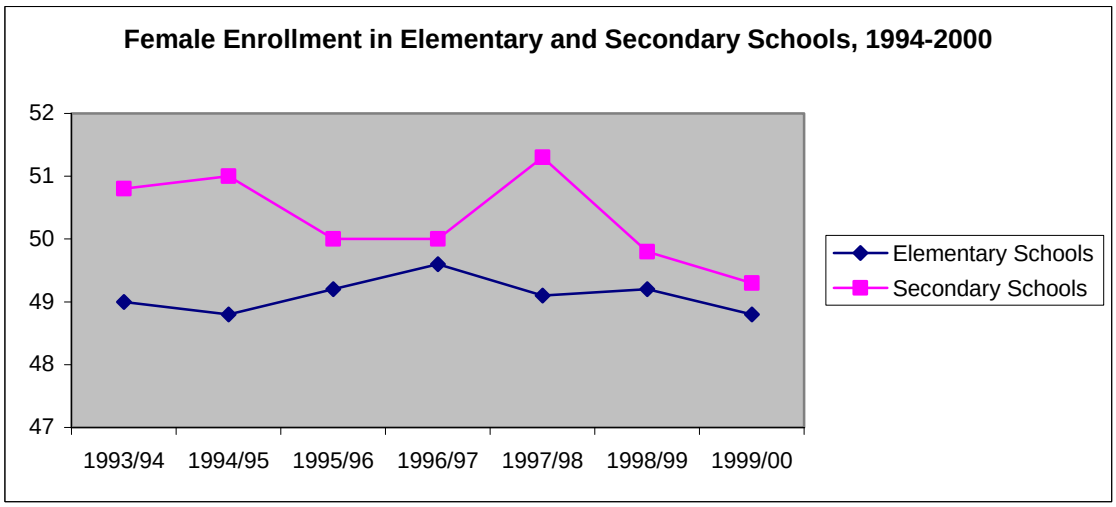
162. While school enrolment numbers increased at both elementary and secondary level from 1988 to 1999, the school enrolment ratio for 6-14 year olds increased only slightly - from 81.9 to 84.1 percent. Concern exists regarding the slow increase in the elementary level enrolment ratio. While the exact reason for this trend is unknown, education authorities believe that the high number of families with school-aged children migrating to the US in the 1990s was a contributing factor.

163. In the case of secondary school enrolment, the ratio increased from 46.7 to 69.5 percent from 1988 to 1999. Despite this significant increase, it is estimated that three out of every ten children of secondary school age did not receive secondary education in 1999.

164. Another area of concern is that overall female enrolment at both primary and secondary level appears to be declining. This trend may relate to family pressures for girls to stay at home to help with household tasks and to increasing teenage pregnancy rates. At the same time, parental attitudes about the importance of educating girls are changing, especially in urban areas. MOE authorities believe more research is needed to better understand why female enrolment is declining.





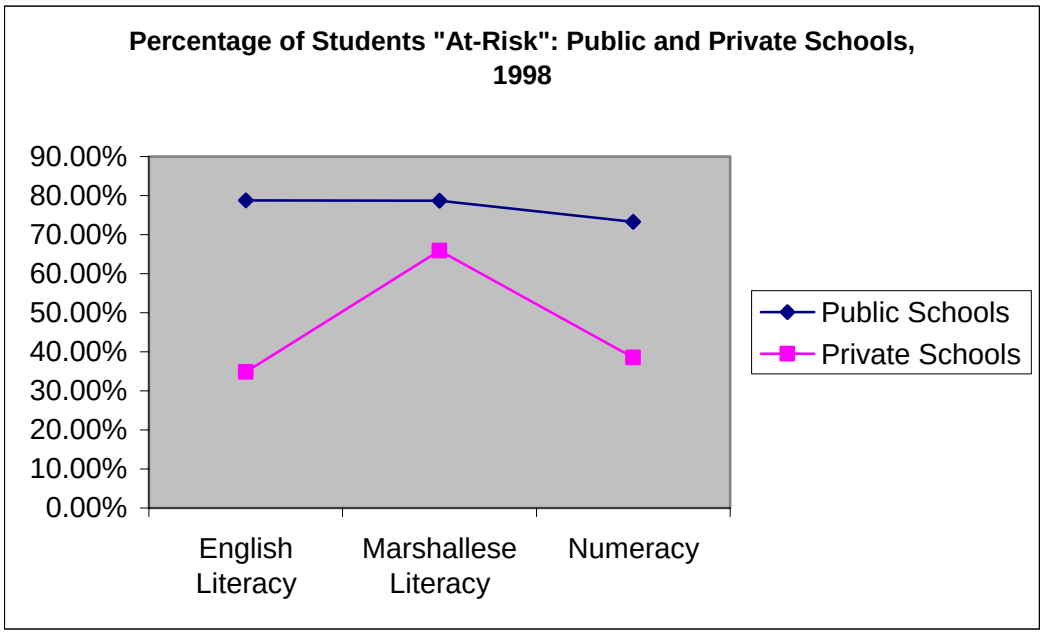


165. Parent's inability or unwillingness to meet school-related expenses is one reason children are out of school. Transportation to and from school, particularly in the outer islands, also constrains access to education for many students. Reluctance to attend is even higher in schools without safe drinking water or toilet facilities.

166. While not dismissing the economic difficulties faced by an increasing number of households, education authorities believe that families do not always prioritize their children's education, choosing instead to spend their limited resources on home entertainment systems, automobiles, church and custom functions. Increasing community participation, changing the "mind set" of parents and enhancing parental support of the education process remains a primary objective of the Ministry of Education.

Quality of education

167. The Government continues to be concerned about the quality of education provided in elementary and secondary schools. When compared with the rest of the Pacific region, RMI test results on standardized tests are one of the lowest. The Pacific Islands Language and Literacy Test (PILL), ranked 70 percent of the Grade 4 population of the Marshall Island in the "at-risk" category. These students scored below standard in basic numeracy, English and Marshallese literacy and comprehension.



Source: A Digest of Marshall Islands Education Data, MOE, 1999.

168. The entrance test results of secondary school leavers entering tertiary level also indicate that students are not acquiring requisite academic knowledge and skills within the school system. At the College of the Marshall Islands (CMI), only about 30 percent qualify for college-level courses; the rest are required to take a special intensive remedial training program in English and Math.

169. In addition to the shortage of trained teachers, staff reductions under the Public Sector Reform Program (PSRP) have had an adverse impact on the education sector, especially in the operation of outer island schools. The reshuffling of teacher engagement/termination authority from the MOE to the Public Service Commission (PSC) has proven to be a major obstacle in improving educational performance.

170. In general, the public does not hold teachers in high regard. Teacher and administrator absenteeism, low staff moral, inadequate teaching materials and lack of supplies also contribute to poor student performance.

171. A significant factor undermining quality of education is a lack of community participation. Many parent-teacher associations (PTAs) struggle to get parents even to come to the school; communities seem to be of the opinion that government is solely responsible for their children's education.

172. In the 1990's, the Ministry of Education introduced a Community Based Governance System (CBGS) to increase community involvement in elementary education. The CDGS gave local governments greater control over management of public schools and increased opportunities for participation in policy-making and maintenance of facilities. It was thought that the CDGS would improve work habits of teachers and administrators by making them more accountable at local level. Despite some improvement in community participation in a few areas, this initiative was terminated because of the lack of local capacity for management responsibilities.

173. The MOE believes improving education in the Marshall Islands is contingent upon parents understanding their critical role in the education process and getting more involved. Lately there have been positive signs that community engagement in education is increasing. For instance, parents have shown willingness to accommodate off-island teachers working in outer-island public schools and have agreed to increase registration fees to accommodate new land lease arrangements.

174. Another factor that constrains access to education is the lack of space available to build additional schools needed to adsorb the increasing student population. There is little available land in the overcrowded urban centres and the traditional land tenure system creates management difficulties for education authorities. Financial constraints make it difficult for the MOE to pay land lease payments and to deal with landowners who request land payment increases. In some instances this has resulted in schools being closed by irate landowners or school properties being repossessed as private property, further reducing the access rate.

175. The poor and often unsafe condition of many school facilities and grounds further constrains access to education. Lack of resources to address the deteriorating condition of schools has rendered numerous classrooms and facilities unsafe for use. Almost 90 percent of all public school facilities are over 20 years old; most have had little or no major maintenance work.

Early childhood education

176. Since 1991, early childhood education has been provided by the Head Start Program, administered by the Ministry of Education and funded through annual U.S. federal grants of approximately $2 million. While Head Start is intended to cater for children aged 3 to 6 years, high demand has restricted enrolment to 5 year olds. As such, the Head Start program operates as a kindergarten rather than a pre-school service. Head Start programs are located in 28 centres throughout the country; teachers are specially trained in early childhood education.

177. Although the Head Start program is the only public provider of early childhood education in the Marshall Islands, many private primary schools also offer kindergarten services. There are also a few private pre-school centres operating in Majuro and Ebeye. Statistics on the total number of children attending kindergarten programs are not currently available.

178. Tuition in Head Start centres is free; children are offered a meal program and basic medical examinations. Support and counselling services are available to parents and caretakers if required. Recent skill-level tests conducted by Pacific Resources for Education and Learning (PREL) in Delap Elementary School indicated that students who had been through the Head Start program had better early learning skills scores than classmates who had not enrolled.

179. Given the critical importance of the early years in overcoming disadvantage and developing attitudes and competencies required for later success in school, plans are in place to expand the Head Start Program by increasing enrolment incrementally over several years.

Non-formal, vocational and tertiary education

180. Pre-vocational training is offered through the Workforce Investment Act (WIA), a two-year program concentrating primarily in life-skills, computer studies and English/math proficiency. The WIA is a school enhancement program intended to provide students not successful on the High School Entrance Test with another education alternative. Vocational services are also provided through secondary-level programs, certificate and degree programs offered at CMI, research, planning and policy-related services offered through the RMI National Training Council; US grant-funded activities such as the School-to-Work Program and the Pacific Vocational Education Improvement Program; and community-based skill development projects.

181. To address the significant skill gaps in the RMI economy and the increasing level of unemployment and social unrest evident in the youth population, the National Vocational Training Institute, targeted at secondary school dropouts and school leavers is currently being developed and implemented by the MOE with support from the ADB.

182. NGOs also provide non-formal education and skills development programs. *Waan Aelon in Magel (*Canoes of the Marshall Islands) provides training to young people in traditional canoe building and sailing skills and modern boat repair. In conjunction with the College of the Marshall Islands, the program will soon offer a certificate program in Fibreglass Boat Building/Repair and Woodworking. The primary objective of *Waan Aelon in Majel* is to provide at-risk youth with skills that are relevant to the needs of the outer islands. It also provides remedial courses in Basic English and numeracy to ensure that its graduates are more employable at an international level. The program also works closely with an international hotel and the Marshall Island Visitor's Authority to support and provide tourism related activities.

183. Another NGO that provides non-formal education is *Jõdrikdrik Ñan Jõkrikdrik Ilo Ejmour*, or Youth-to-Youth in Health. This program targets out-of-school young people between the ages of 14 and 25 and provides training on reproductive health issues, violence, substance abuse, depression and suicide. Youth are also trained in basic counselling skills, health promotion, community development and popular theatre. Though no formal certificate is given, the program has been successful in enabling former participants to obtain employment in the health and education sector.

184. The College of the Marshall Islands (CMI), the University of the South Pacific (USP) Extension Program and the University of Guam provide tertiary education. Although accreditation of the CMI was in jeopardy due to administrative and teaching deficiencies, it was

recently determined that the College will retain its probationary status through the US Western Association of Schools and Colleges while improvements are underway. Students at CMI are mostly funded under the US federal Pell Grant Program.

185. Marshall Island students also study at US based institutions on scholarships funded primarily under the Compact agreement. While 1,614 students were awarded scholarships from 1988 to 1999, only 245 students 15 per cent completed their program of studies. His low completion rate is generally attributed to the fact that many RMI post-secondary students lack the academic skills needed to succeed in college. Even among those who complete their program, levels of educational achievement is quite modest. Scholarship recipients should be encouraged to study agriculture, marine science and other disciplines required for economic development.

B. Leisure

186. Government recognises that children's play areas are severely lacking in both Majuro and Ebeye and need to be expanded. Stakeholders also emphasize the need to further develop organized sports to provide youth people with greater opportunities to get involved in healthy activities.

VIII. SPECIAL PROTECTIVE MEASURES

Exploitation

187. The Minimum Conditions Inquiry Act, also known as the Child Labour Law has been amended to prohibit employment of a person under the age of eighteen. This law was passed because of the Government's concern over the visible use of child labour, especially in family-run businesses in urban centers. Other than children assisting parents in the operation of retail outlets, there have been no obvious infractions of this law.

IX. CONCLUDING COMMENTS

188. On behalf of the Republic of the Marshall Islands, we would like to thank the Committee for reviewing our achievements and challenges in implementation of the Convention on the Rights of the Child. As a Government, we remain committed to promoting and safeguarding the welfare of children and families. We look forward to continued work with the international community in building our capacity to respond to the needs of our children.
