CHILDREN IN THE REPUBLIC OF THE MARSHALL ISLANDS

AN ATLAS OF SOCIAL INDICATORS

unicef
unite for children

Children in the Republic of the Marshall Islands
An Atlas of Social Indicators

Credits:
All photographs by UNICEF Pacific/2012/JHing
Map (opposite page) based on OCHA/ReliefWeb

United Nations Children's Fund
3rd & 5th Floor, FDB Building
360 Victoria Parade
Suva, FIJI

Telephone: (679) 330 0439
Fax: (679) 330 1667

Mailing Address:
UNICEF Pacific
Private Mail Bag
Suva, FIJI

Email: suva@unicef.org
www.unicefpacific.org
https://www.facebook.com/likeunicefpacific

Children in the Republic of the Marshall Islands

An Atlas of Social Indicators

The Republic of the Marshall Islands

Pokak

NORTH PACIFIC OCEAN

Bikar

Bikini

Rongrik

Taka

Ailinginae

Rongelap

Ailuk

Likiep

Mejit Island

Wotho

Kwajalein

Wotje

Maloelap

Ujae

Erikub

Lae

Aur

Namu

Majuro

Arno

Ailinglapalap

Majuro

Mili

Jaluit

Namorik

Knox

Kili

50km

Ebon

ACKNOWLEDGEMENTS

UNICEF Pacific and the Government of Marshall Islands thank the various ministries, organisations and individuals who generously contributed their time, expertise and feedback during the development of this publication:

Economic, Planning and Statistic Office:
Jefferson Barton (Director), Henry John (Staff), Hemline Ysawa (Staff)

Ministry of Health
Justina Langidrk (Secretary), Russell Edwards (Assistant Secretary), Mailynn Langilur (Assistant Secretary), Edlen Anzures (Statistics)

Ministry of Education
Alison Naishion (Acting Secretary), Ruthiran Lokeijak (Director, Special Education), Frank Horiuchi (Special Education Specialist), Glorina Harris (Curriculum/Health Specialist)

Ministry of Internal Affairs
Wilbur Heine (Secretary), Wallace Peter (Assistant Secretary), Molly Helkena (Assistant Secretary), Abacca Anjain (Community Development Chief)

Ministry of Foreign Affairs
Kino Kabua (Secretary), Lydia Kaminaga (Foreign Service Officer), Jakeo Rilang (Policy Advisor)

Ministry of Finance
Alfred Alfred Jr. (Secretary)

Women United Together Marshall Islands (WUTMI):
Daisy Alik-Momotaro (Director)

World Teach
Lauren Frail

Youth to Youth in Health
Jessica Ducey

Secretariat of the Pacific Community
Scott Pontifex

UN Joint Presence in the RMI
Terry Keju, Country Development Manager

UNICEF Pacific
Karen Allen, Representative; Isabelle Austin, Deputy Representative; and other programme specialists for valuable feedback.

The report was prepared by Radia Hennessey (consultant) and Bjorn Gelders (UNICEF) under the general direction of Samantha Cocco-Klein, UNICEF Pacific Chief of Policy, Advocacy, Planning & Evaluation. Asenaca Vakacegu (UNICEF) supported in-country consultations and data compilation. Thanks to Scott Pontifex (SPC) for valuable assistance in the production of maps with PopGIS; Ruth Ayisi for editorial work; and Oceanic Communications and Joseph Hing for design and layouting.

Foreword by the Minister of Internal Affairs

Children make up almost half (46 percent) of the population in the Republic of the Marshall Islands. They are now our country's greatest treasure. As a country, we have ratified the United Nations Convention on the Rights of the Child (CRC) in 1993, which shows our commitment to make sure that we meet international standards in the realization of child rights.

We believe in investing in our children and young people by giving them equal opportunities and services to help them reach their full potential. That is why *Vision 2018,* our country's over arching development framework for the period 2003 to 2018 and the *National Strategic Plan for 2014 to 2016* prioritize investments in the social sector and children, youth and vulnerable groups.

Since the start of the Amended Compact in 2004, the RMI has focused a large proportion of the Compact grant funding in the areas of health and education. We note the significant decline in the level of child mortality and relatively high access to basic health services, such as skilled attendant at birth. Around 90 percent of primary school-aged children are now attending school and gender parity has been achieved. We are also committed to ensuring special protection for the most disadvantaged children and in doing so have established a special education program for children with disabilities.

At this time, we recognize that there are many challenges ahead such as the limited employment opportunities, quality of education, population density particularly for urban dwellers, high teenage pregnancy, and climate change vulnerability.

A strong child protection system is critical to ensuring that children are protected from all forms of violence, abuse and exploitation. Providing an environment that promotes and fosters a comprehensive and accessible child protection system is challenging, and even more so in our country where delivering services over a geographically wide area is costly and difficult.

Children in the Republic of the Marshall Islands: An Atlas of Social Indicators presents evidence of our achievements to date, but it also reveals disparities and areas where progress is lagging behind. It is my hope that this publication will be used as a reference text to assess the state of Marshallese children, address the gaps in policies and service delivery programmes, and project the way forward to improve the situation of children, especially the most vulnerable.

Honorable David Kabua
Minister of Internal Affairs

Message from the Permanent Secretary of Internal Affairs

The Republic of the Marshall Islands has ratified the United Nations Convention on the Rights of the Child (CRC) in 1993 and is a signatory to the subsequent Optional Protocol on the Sale of Children in 2007 and the Convention on the Rights of Persons with Disabilities in 2012. The CRC reminds us that those of us who are tasked with the responsibility of providing services to our children are not merely involved in an act of kindness, but rather the delivery of inalienable human rights to children.

This report provides a snapshot of the situation of children in areas such as health, education and child protection, with a particular emphasis on the most vulnerable children. It also reveals achievements and disparities for children existing within the country and examines progress made towards achieving the UN Millennium Development Goals (MGDs), in particular goals and targets with special relevance to children.

The report is the result of a fruitful collaboration between UNICEF and the Republic of the Marshall Islands. It complements other activities that we have achieved together over the past years, particularly the *Child Protection Baseline Research: Value and Protect Our Precious Children*.

Let us therefore use the information from the report to formulate policies that are child-centred and will enable children to have an adequate standard of living.

I would also like to acknowledge UNICEF for their continuous support and technical assistance. Without their support, this *Children of the Republic of the Marshall Island: An Atlas of Social Indicators* would not have been possible.

Komol tata

Ms. Daisy Alik-Momotaro
Secretary, RMI Ministry of Internal Affairs

TABLE OF CONTENTS

INTRODUCTION

UNICEF, in collaboration with the Government of the Republic of Marshall Islands, has developed this Children's Atlas of Social Indicators to provide an in-depth view of the situation of children and women in the country. It maps sub-national patterns of inequity among children that global and national averages tend to conceal. The aim is to provide evidence for effective decision-making on policies, programmes and budgets.

The Republic of the Marshall Islands (RMI) ratified the Convention on the Rights of the Child (CRC) on October 4th 1993. The CRC differentiates the needs of children from those of adults, recognizing children's specific rights. When ratifying the CRC, governments commit to safeguard children's rights through laws, financial resources, adequate social services, strengthening families and communities as well as through other mechanisms.

The RMI has made commendable progress in fulfilling its obligations under the CRC. The country has reduced the under-five and infant mortality rates to an estimated 26 and 22 deaths per 1,000 live births respectively, and will most likely meet the MDG target of a two-thirds reduction between 1990 and 2015. Maternal mortality is relatively low, thanks partly to good access to skilled attendants at birth. Children's births are nearly universally registered regardless of gender or place of residence and the country has achieved gender parity in basic education. More people have access to water, although water quality is problematic.

Many challenges remain. A pressing issue for the RMI is ensuring an adequate fiscal transition when the Compact of Free Association with the United States of America ends in 2023. Health and education – two key sectors for child development – are almost entirely funded through the Compact. Safeguarding an adequate level of government spending in these core sectors will be crucial for children. Despite having one of the highest gross national incomes per capita in the Pacific region, the RMI struggles with poor socio-economic outcomes. Youth are confronted with extremely limited employment prospects.

The RMI does not have an official national poverty line and limited poverty analysis has been undertaken so far, hindering appropriate policy-making. The RMI is not often ranked in UN Human Development Index reports due to lack of income data. A study on how poverty affects children in the RMI is needed. Research has shown that poverty and deprivation can have a lasting detrimental impact on children's development and future.

Another challenge for the RMI is to increase the quality of education for children. Although in 2012 there was evidence of some progress in educational outcomes (measured through performance assessment via standardized tests), only 9 per cent of children who completed primary school were proficient in maths, and just 58 per cent were proficient in English. Rural and poor Marshallese are less likely to have access to or complete secondary education.

INTRODUCTION

The RMI continues to have the highest teen pregnancy rate in the Pacific, with rural teens having higher fertility rates than their urban peers. Adolescents with no education or those with just primary education are more likely to get pregnant. Young women also have relatively low knowledge about condom use for HIV prevention.

In the RMI, child abuse and neglect are criminal offenses and the majority of children live in protective and loving homes. However, public awareness of children's rights remains low, with few institutional mechanisms and support to protect children from physical punishment or emotional abuse at home or at school. A small minority of children (8 per cent) indicate that they experience violence on a daily basis, an abuse that is often under-reported. Half of Marshallese women who experience domestic violence, never report it.

Some challenges remain in the production, quality, and timeliness of data in many areas. The lack of easy access to data is also a concern which compromises transparency and accountability. While the census provides a solid foundation for some population-based data, supplemented by the Demographic and Health Survey (DHS), many constraints remain at national level especially among line ministries. Education data, in particular, needs strengthening in order to provide evidence-based guidelines for policy-making. Better analysis of the barriers to education and why children drop out of school would help evidence-based policy making.

In 2007, an estimated 13 per cent of children under five were malnourished, which suggests there is a need for a further study to gain insights into the determinants of malnutrition. Accurate numbers on stunting, wasting, micronutrient deficiencies and child obesity are lacking and hampering the formulation of effective nutrition policies.

It is hoped that the Government of the RMI and civil society will find the information in this Atlas useful for the development of policies that reduce disadvantages and disparities so that all children can have equal opportunity to achieve their potential, no matter where they live.

Demography

CHAPTER 1

The Republic of the Marshall Islands (RMI), located in Micronesia in the North Pacific, is made up of 29 low-lying coral atolls and five islands but only 22 atolls and four islands are inhabited. The total area is 181 square kilometres and the Economic Exclusion Zone (EEZ) is 1.9 million square kilometres. The RMI's principal administrative division is the municipality, of which there are 33. Majuro is the capital, and Kwajalein is the second most populated atoll, with Ebeye its epicentre.

The 2011 Census recorded a total population of 53,158 with 27,243 males and 25,915 females. The people of the RMI are 90 per cent Marshallese; the remaining 10 per cent are from the US, the Philippines, China, New Zealand, Australia, other Micronesian countries, Kiribati, Korea, and Fiji. Children aged 0 to 17 years comprise 46 per cent of the population. The annual population growth rate is only 0.4 per cent due to high rates of outmigration rather than a decline in fertility.

The outer islands are sparsely populated due to lack of employment opportunities and economic development. Except for Jaluit, Lae and Lib, all outer islands have recorded negative population growth due to rural-urban migration. Between 2000 and 2009, an estimated 11,000 Marshallese migrated to urban areas. Majuro and Ebeye, the two main urban centres, are now home to nearly 75 per cent of the total population. Ebeye is the most densely populated island in the Pacific, with 33,113 inhabitants per square kilometre.

Urbanization and high population density have put pressure on land and the provision of basic social services such as clean water and sanitation, housing, classroom space, all of which are essential to children's growth and development. Kwajalein Atoll, a famous World War II battleground, is home to a large US military base. Many residents have been displaced in the past to make space for US missile testing. The islands of Bikini and Enewetak are former US nuclear test sites, the consequences of which are still felt by the Marshallese people.

A total of 24,261 children aged 0 to 17 years live on the Marshall Islands

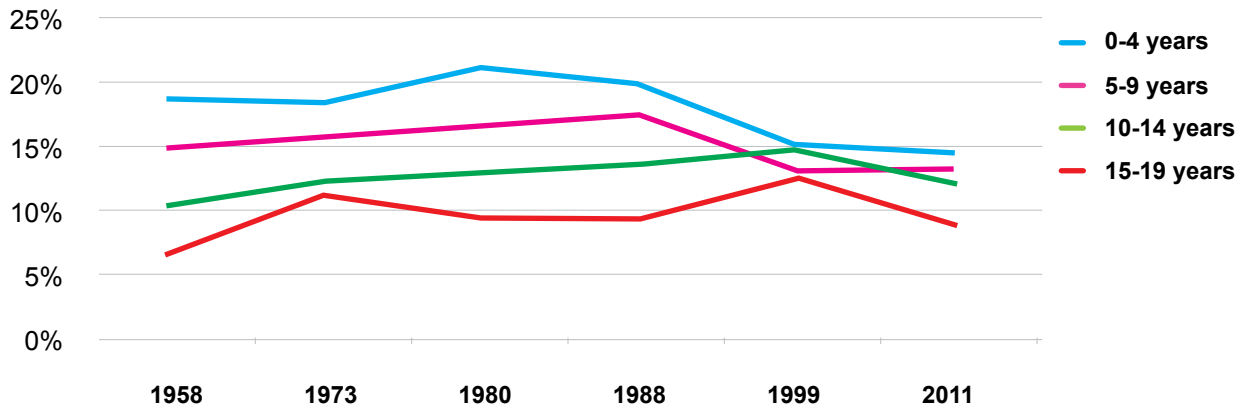
Number of children 0-17 years by urban/rural residence, 2011

Age Group	Total	Urban			Rural
		Total	Majuro	Kwajalein	
RMI population	53,158	39,205	27,797	11,408	13,953
0 - 4 years	7,717	5,604	3,858	1,746	2,113
5 - 9 years	7,022	4,799	3,278	1,521	2,223
10 - 14 years	6,496	4,395	2,967	1,428	2,101
15 - 17 years	3,026	2,399	1,719	680	627
Total children	**24,261**	**17,197**	**11,822**	**5,375**	**7,064**

Source: 2011 RMI Census of Population and Housing, EPPSO

Children make up 46 per cent of the RMI's total population, and half of the rural population

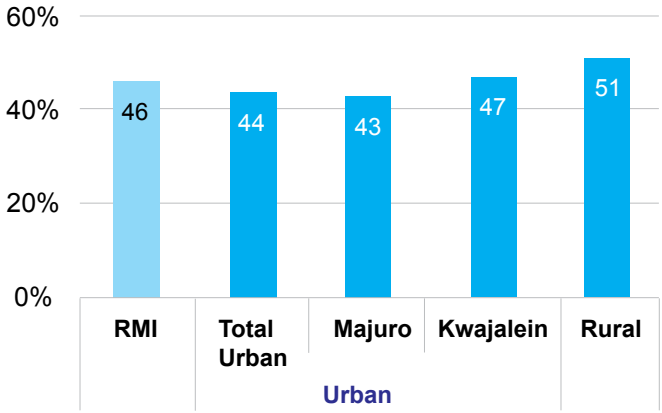
Child population (0-17 years) as a percentage of total population by urban/rural residence



Source: 1958 to 2011 RMI Censuses

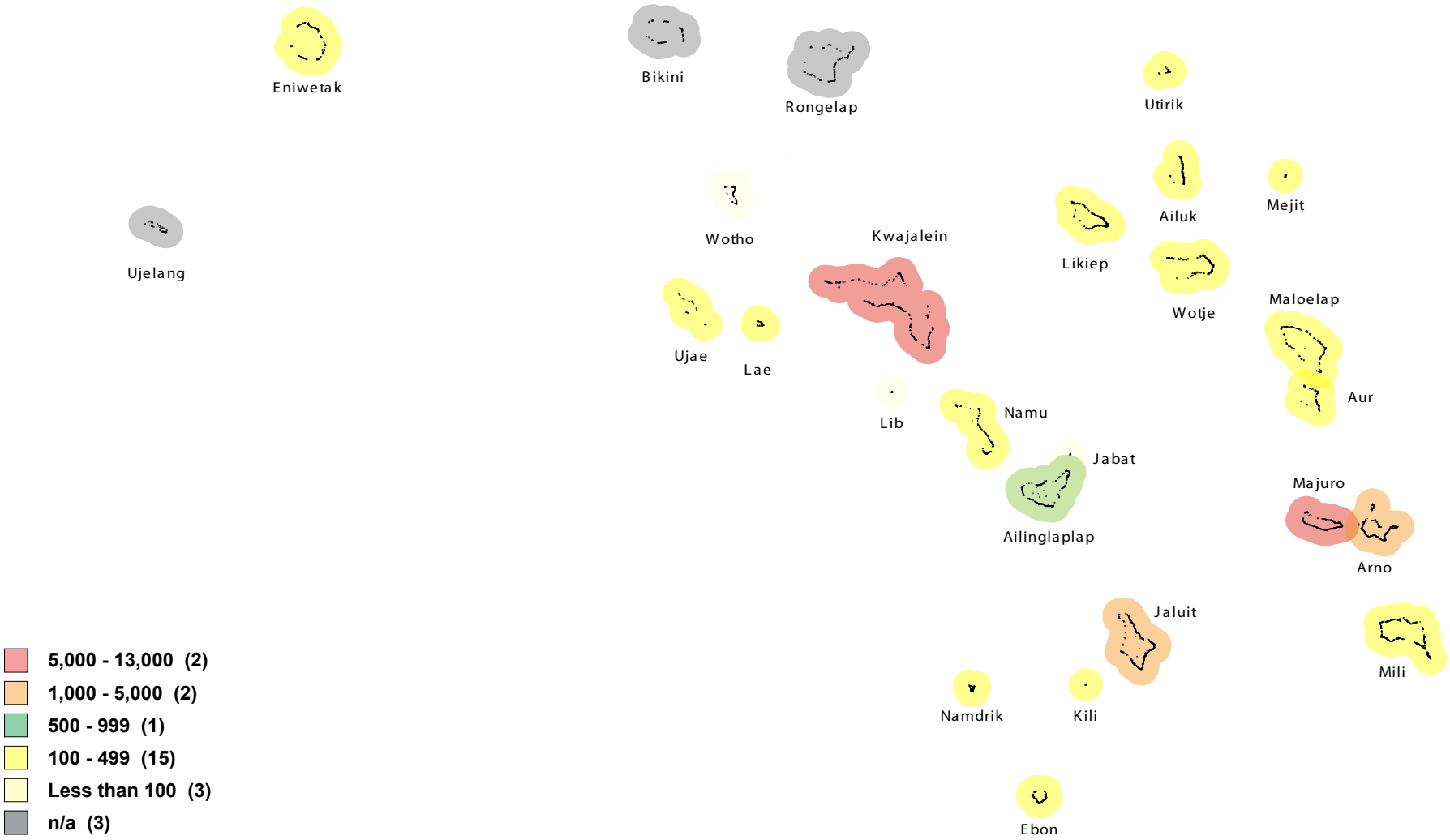
Young children under five remain the largest sub-group of the total child population

Child population as a percentage of total population by age group, 1958-2011



The child population is unequally distributed across the RMI's atoll islands

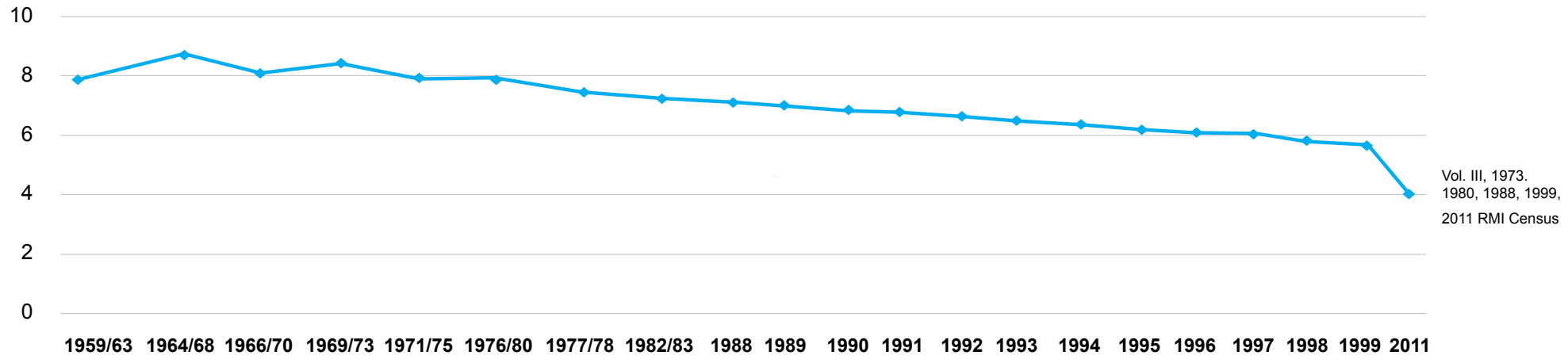
Number of children (0-19 years) by atoll island, 2011



Source: 2011 RMI Census of Population and Housing, EPPSO

Fertility is declining slowly in the RMI; from a peak at 8.7 children per woman in 1964 to 4.1 in 2011

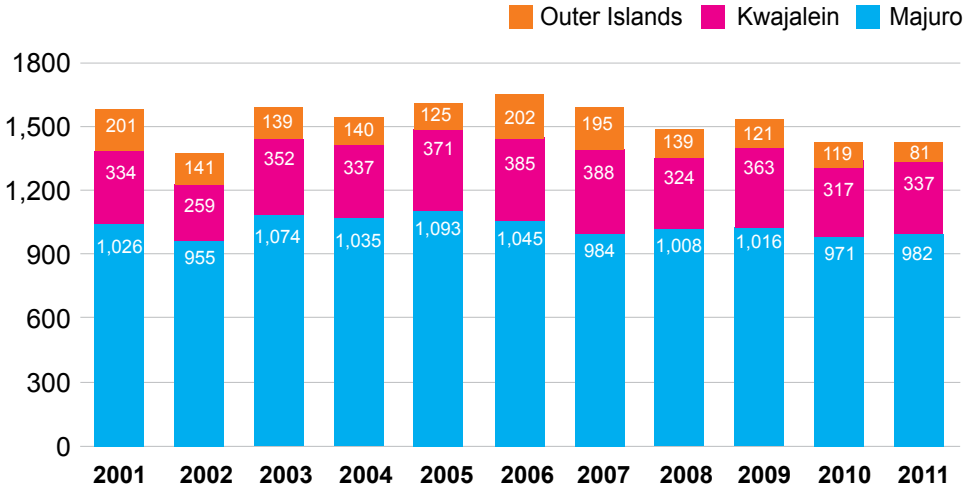
Average number of children per woman aged 15-49 years (total fertility rate), 1959-2011



Source: Trust Territory of the Pacific Islands, Bulletin of Statistics

On average, 1,505 births are recorded every year, mostly in Majuro and Kwajalein

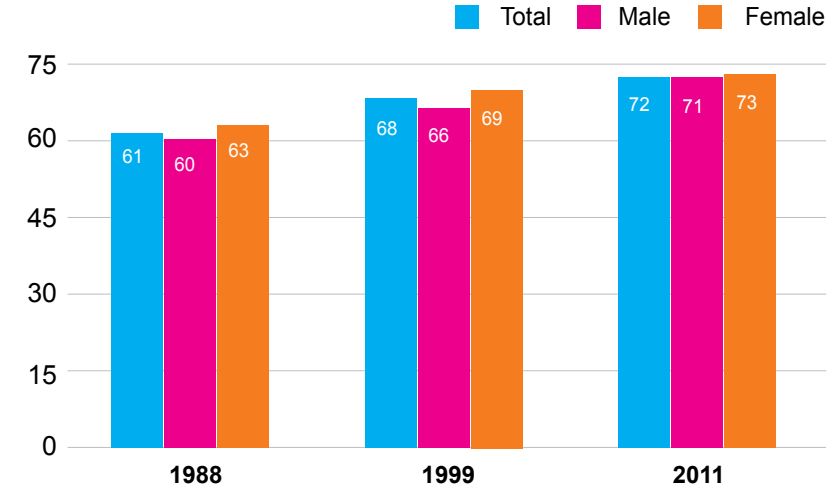
Number of reported births by location, 2001-2011



Source: Vital and Health Statistics Division, Ministry of Health, 2011

Life expectancy at birth increased from 61 years in 1988 to 72 years in 2011

Life expectancy at birth by sex, 1998-2011

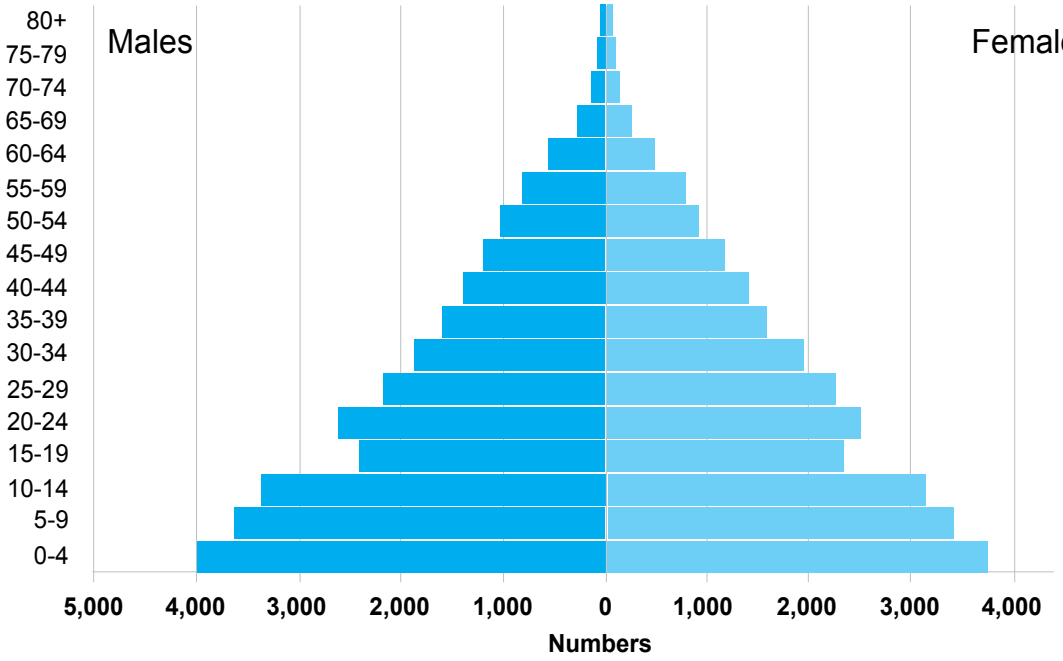


Source: 1988, 1999, 2011 RMI Censuses

The population of the RMI is still young as demonstrated by a broad-based pyramid. The pyramid for the rural population shows the impact of urban migration and resulting de-population with a striking gap in the 15-19 years age group.

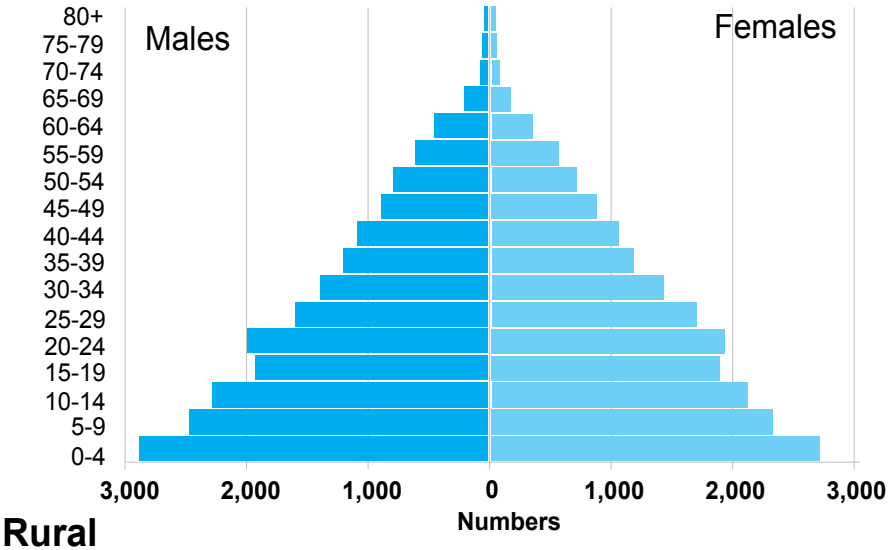
Population pyramid: age-sex structure for the total, urban and rural populations, 2011

RMI

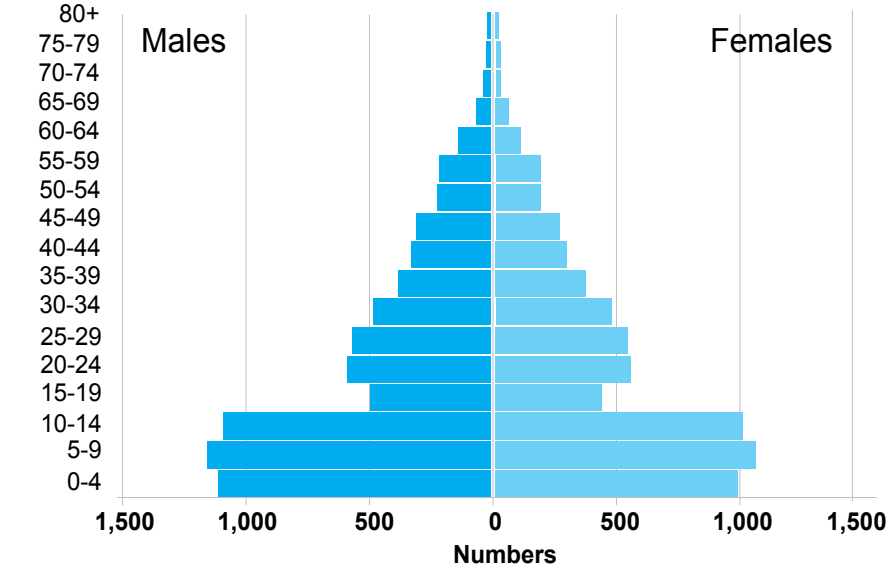


Source: 2011 RMI Census of Population and Housing, EPPSO

Urban

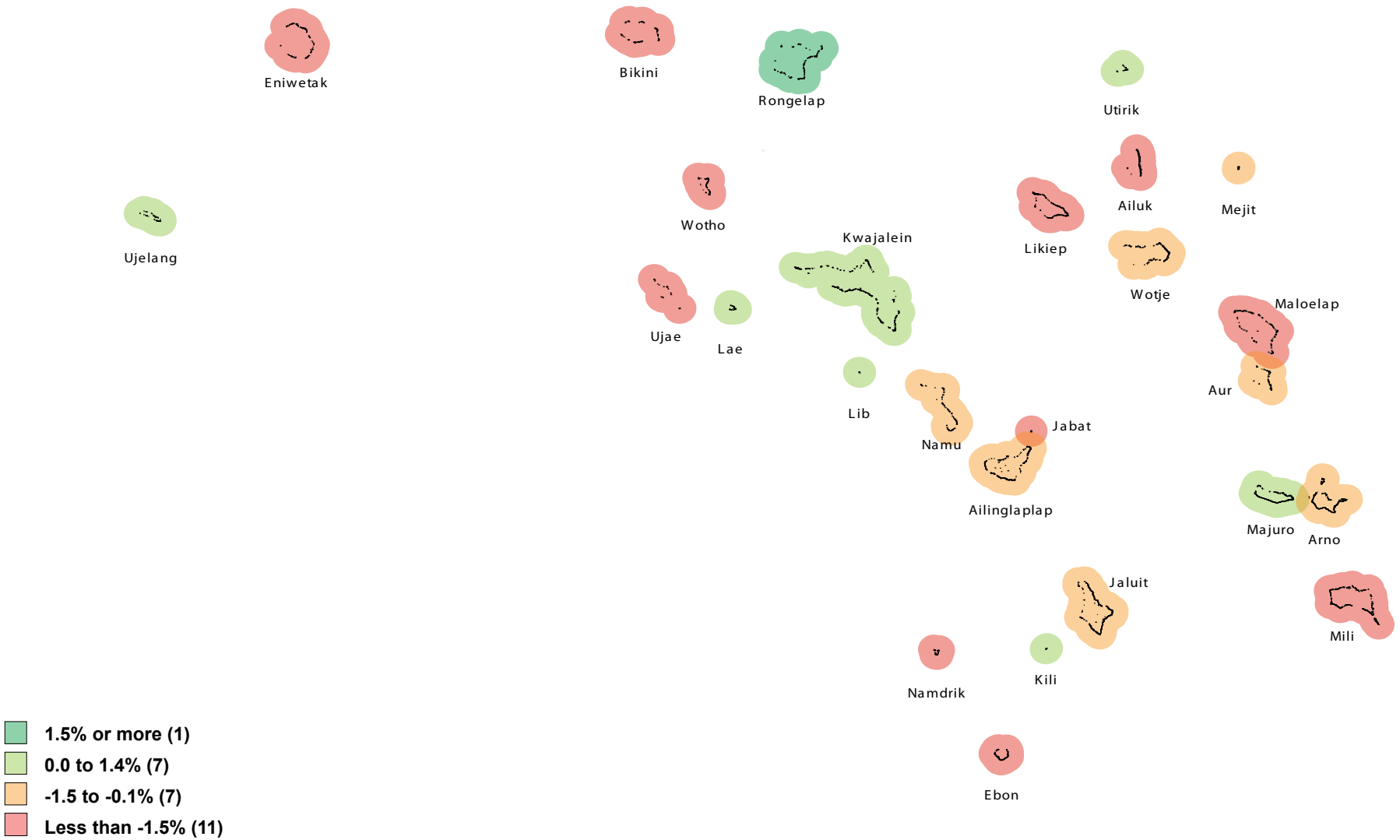


Rural



The outer islands are experiencing a growing exodus of people towards the urban centres

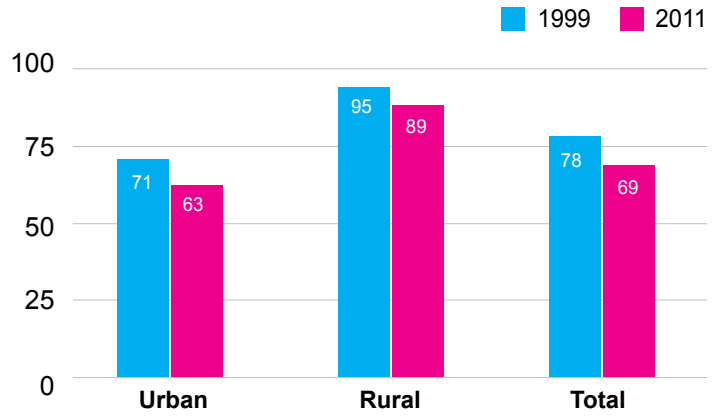
Average annual population growth rate (%) by atoll island, 1999-2011



Source: 2011 RMI Census of Population and Housing, EPPSO

The outer islands have a very child dependency ratio with 89 children per 100 working-age people in 2011

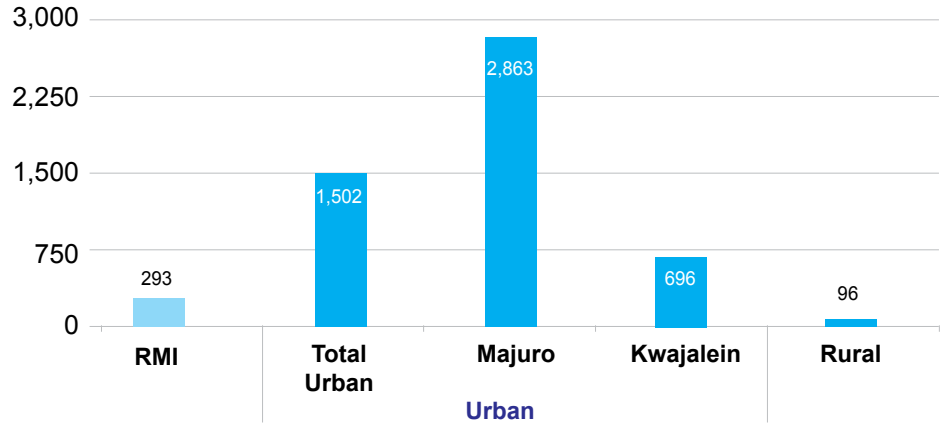
Ratio of the population aged 0-14 to the population aged 15-64, 2011



Source: 1999 and 2011 RMI Census of Population and Housing, EPPSO

Population density on Majuro is nearly 10 times higher than for the RMI as a whole

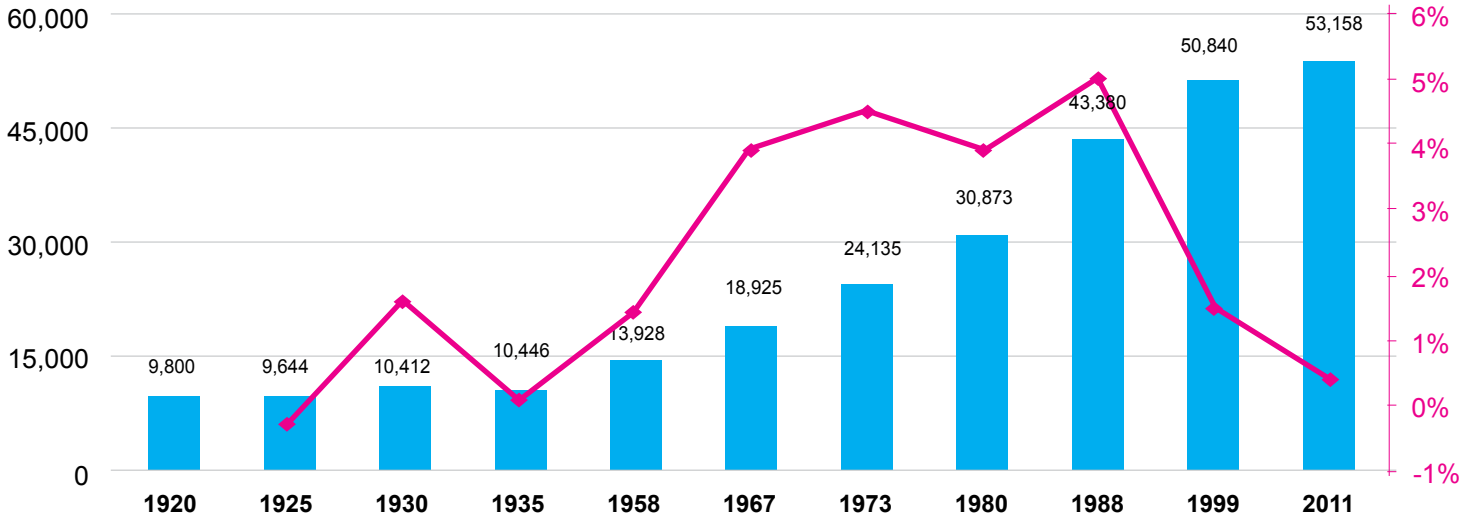
Number of people per square kilometer, 2011



Source: 2011 RMI Census of Population and Housing, EPPSO

Population growth has slowed down considerably over the past decade, largely due to massive migration out of the RMI

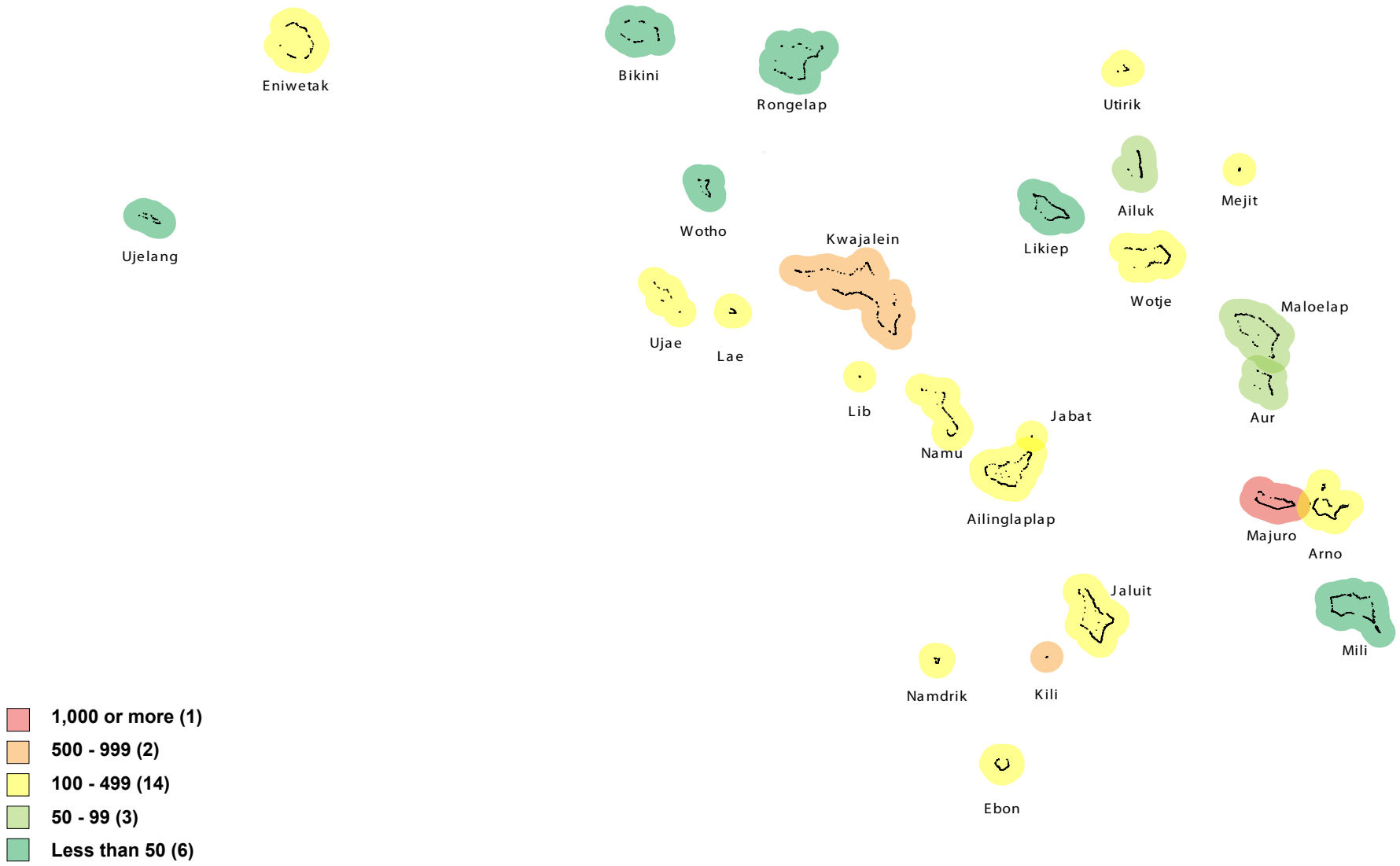
Population size and average annual growth rate, 1920-2011



Source: 2011 RMI Census of Population and Housing, EPPSO

Population density varies significantly across the atoll islands

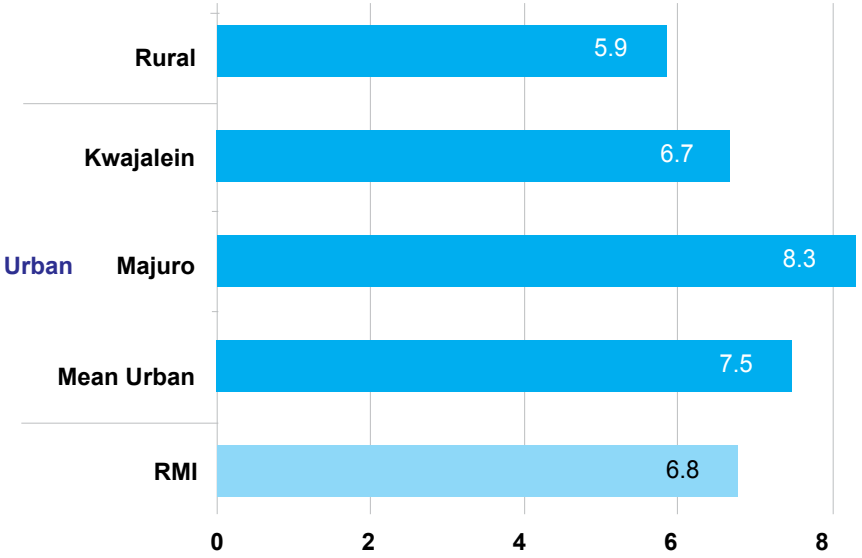
Number of people per km² by atoll island, 2011



Source: 2011 RMI Census of Population and Housing, EPPSO

The average household size ranges from 5.9 persons in the outer islands to 8.3 in Majuro

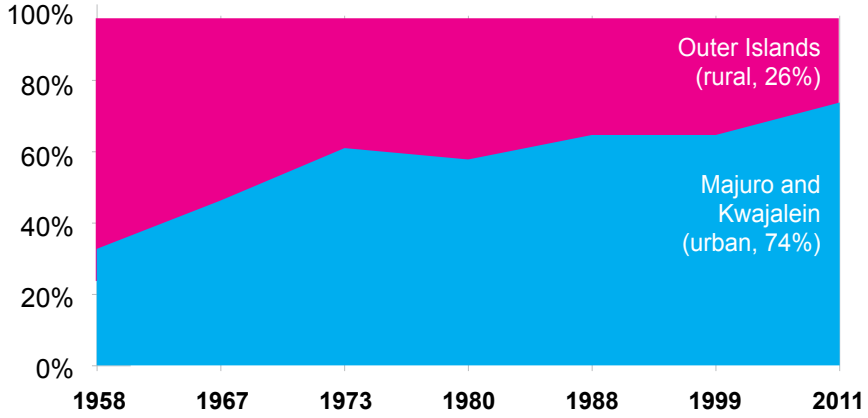
Mean household size by urban/rural residence, 2011



Source: Population Division of the Department of Economic and Social Affairs of the United Nations Secretariat, World Population Prospects: The 2006 Revision and 2007 World Urbanization Prospects.

The urban population has doubled since 1958

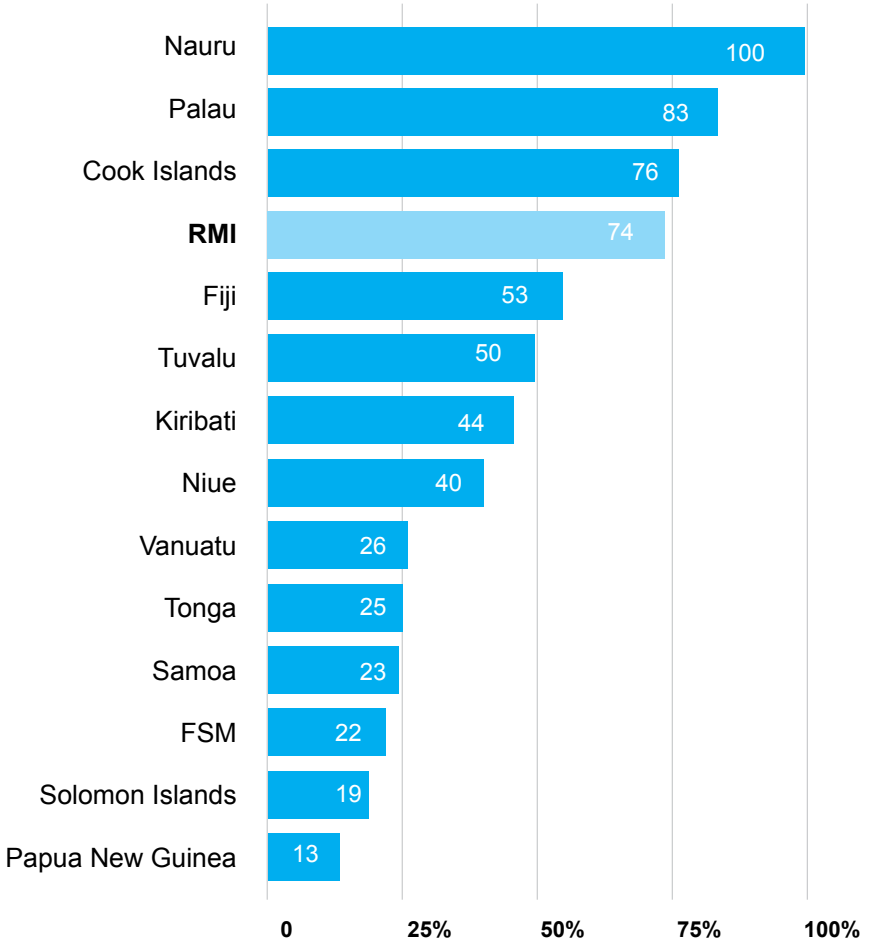
Trends in urbanization, 1958-2011



Source: RMI 1980, 1988, 1999 and 2011 Censuses

The RMI is one of the most urbanized countries in the Pacific, after Nauru, Palau, and the Cook Islands

Percentage of the population that is urban in the 14 Pacific island countries, 2010



Source: World Population Prospects: The 2006 Revision and World Urbanization Prospects: The 2007 Revision, UNDESA

CHAPTER 2

Socio-Economic Context

The RMI is characterized by high dependency on external assistance, mostly from the United States. The country received more than US$1 billion in aid from the US from 1986-2002. In the fiscal year 2011, direct US aid accounted for 62 per cent of the Marshall Islands' US$132.2 million budget. A Trust Fund has been set up to bolster the country's long-term budgetary self-reliance and to provide Government with an ongoing source of revenue after 2023 when Compact grants are set to expire.

In a narrative about the budget, the Asian Development Bank (ADB) said "despite, and possibly because of high levels of international assistance, the economy of the Republic of the Marshall Islands has failed to grow since independence in 1979, other than in temporary response to aid-assisted government expenditure." Poor socio-economic outcomes, despite the high level of external assistance are due in part to political factors and inefficient land use. The National Strategic Plan Framework (2003-2018) openly acknowledges the shortcomings in government capacity to implement programmes, as well as how delayed and inaccurate data have hindered policy and planning.

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

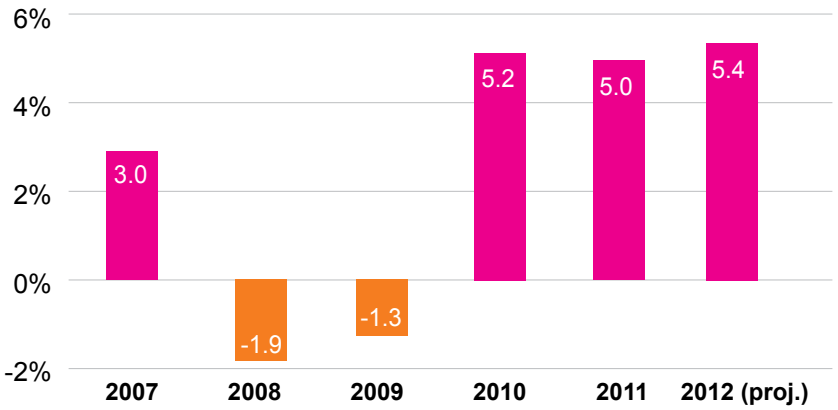
The economy is composed of a small subsistence sector and a modern urban sector. The subsistence sector includes fishing as well as breadfruit, banana, and pandanus cultivation. On the outer islands, where a quarter of the population resides, production of copra and handicrafts provides some cash income. The service-oriented economy is located in Majuro and Ebeye and includes wholesale and retail trade, restaurants, banking and insurance, construction, repair, professional services, fisheries and copra processing. The RMI has few natural resources besides fish, and imports largely exceed exports.

As in many Pacific islands economies, employment prospects are limited in the RMI. An estimated 33 per cent of the labour force is unemployed (2004). Unemployment among youth is estimated as high as 60 per cent, representing a major policy challenge for the government. Moreover, the legal minimum wage of US$2 per hour for public and private employees has remained unchanged for the past decade.

Despite the high levels of migration, remittances are not a major source of income for Marshallese households: the net balance of remittances in the RMI is outward rather than inward. In 2004, an estimated 2 per cent of households derived their income from remittances (Abbott, 2004). The public sector is still an important source of employment, with only 40 per cent of jobs in the private sector.

The economy experienced negative growth following the 2008 global economic crisis, but in 2010 the economy recovered and recorded a 5 per cent growth rate

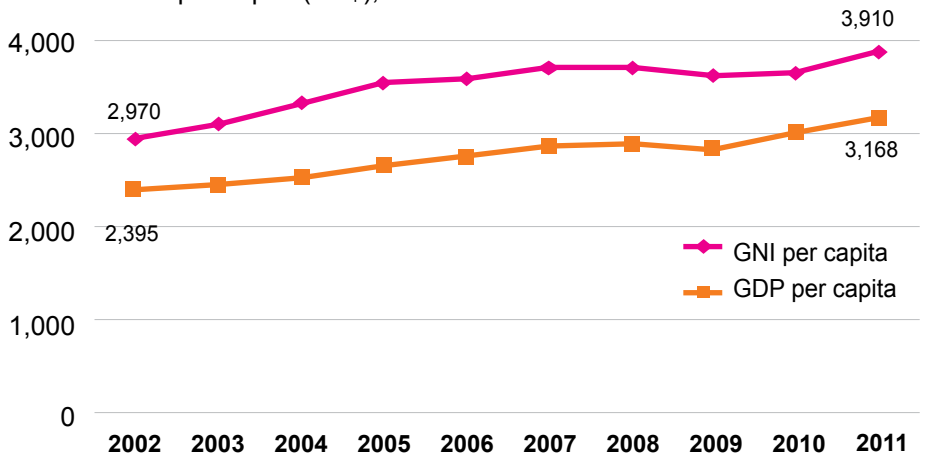
Annual change (%) in Gross Domestic Product, 2007-2012



Source: ADB, Asian Development Outlook, 2012

The GNI per capita is consistently higher than the GDP per capita showing the impact of external assistance

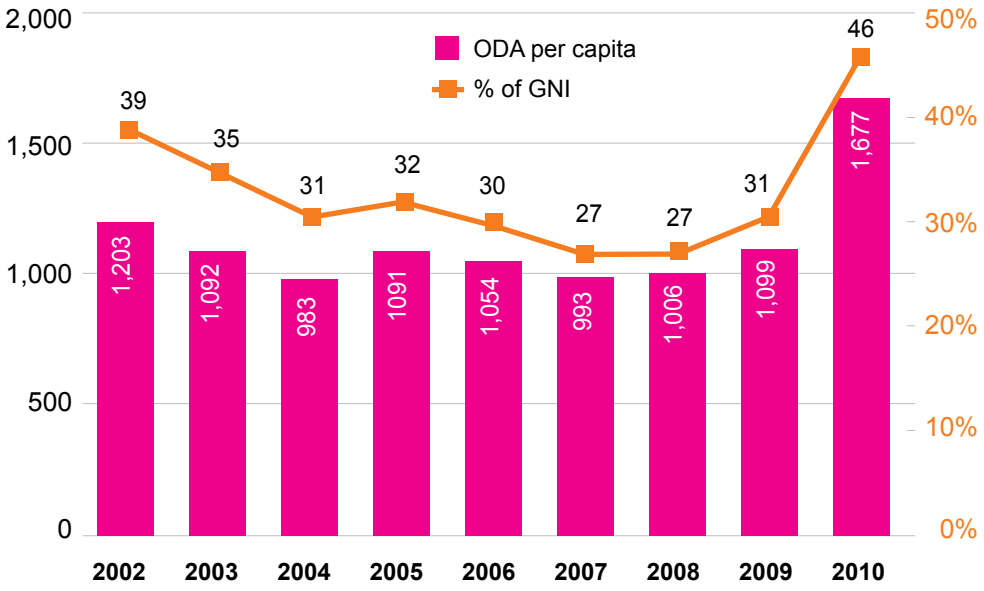
GNI and GDP per capita (US$), 2002-2011



Source: World Bank Indicators

In 2010, ODA reached 46 per cent of the GNI; $1,600 per capita

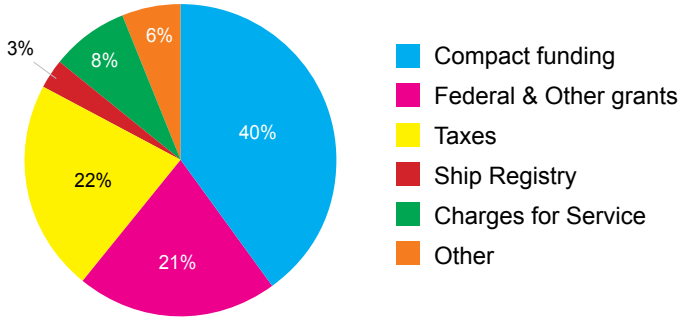
Official Development Assistance (ODA) for the RMI as a percentage of GNI and per capita (US$), 2002-2010



Source: World Bank Indicators

Three-fifths of the RMI's revenues comes from US sources through Compact funding and Federal grants

Percentage distribution of RMI sources of revenue, 2010



Source: RMI Financial Statements 2010

The RMI has received half a billion dollars in US assistance over the last seven years

Compact grant funding received, 2004-2011 (US$ millions)

FY2004	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010	FY2011	FY2004-2011
57,000,000	63,811,540	64,514,969	69,639,160	72,379,948	76,592,862	76,975,200	77,279,393	**558,193,072**

Source: RMI Government

In 2010, the private sector accounted for 40 per cent of employment, up from 35 per cent in 2005

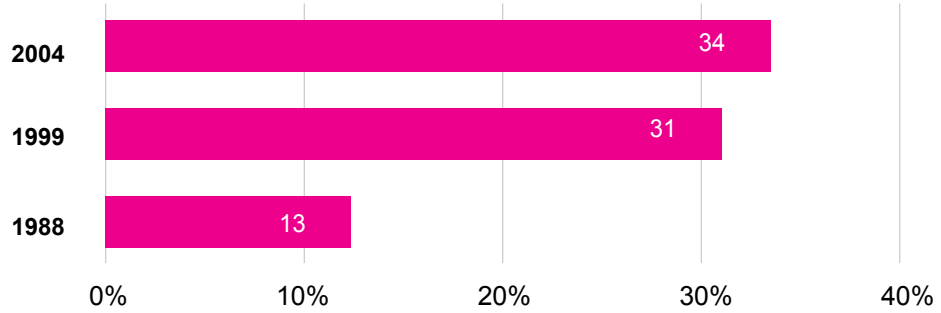
Employment by sector, 2005-2010

	FY2005	FY2006	FY2007	FY2008	FY2009	FY2010
Private Sector	**3,421**	**3,676**	**3,911**	**4,024**	**4,060**	**4,146**
Public sector						
Public enterprise	704	704	762	811	829	809
RMI Government	2,116	2,421	2,407	2,412	2,373	2,423
Government agencies	607	405	454	411	417	468
Local government	1,083	1,090	1,040	1,006	959	903
Total Public sector	**4,509**	**4,619**	**4,663**	**4,640**	**4,578**	**4,604**
Kwajalein US Base	1,208	1,239	1,193	1,097	1,028	994
NGOs	401	381	385	363	356	349
Foreign Embassies	15	16	17	16	16	28
TOTAL	**9,711**	**10,105**	**10,352**	**10,330**	**10,226**	**10,317**

Source: Social Security plus EPPSO 'non-reported' estimates 2011

Nearly one third of working-age adults are unemployed

Unemployment rate, 1988-2004

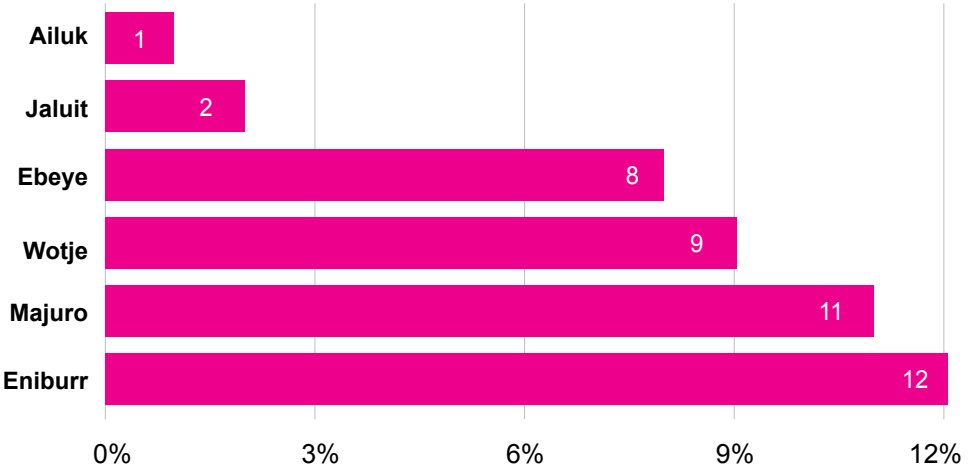


Note: The 2011 Census put unemployment at 4.7 per cent. Since the denominator included home production the 2011 figure cannot be compared to previous census figures.

Source: 1988 and 1999 Census, EPPSO estimate for 2004.

The absence of a wage-earner in a family increases the likelihood of poverty and hardship in particular in urban areas where subsistence living is no longer an option

Percentage of families with no workers (selected atolls), 2006



Source: 2006 RMI Community Survey

Poverty and Inequality

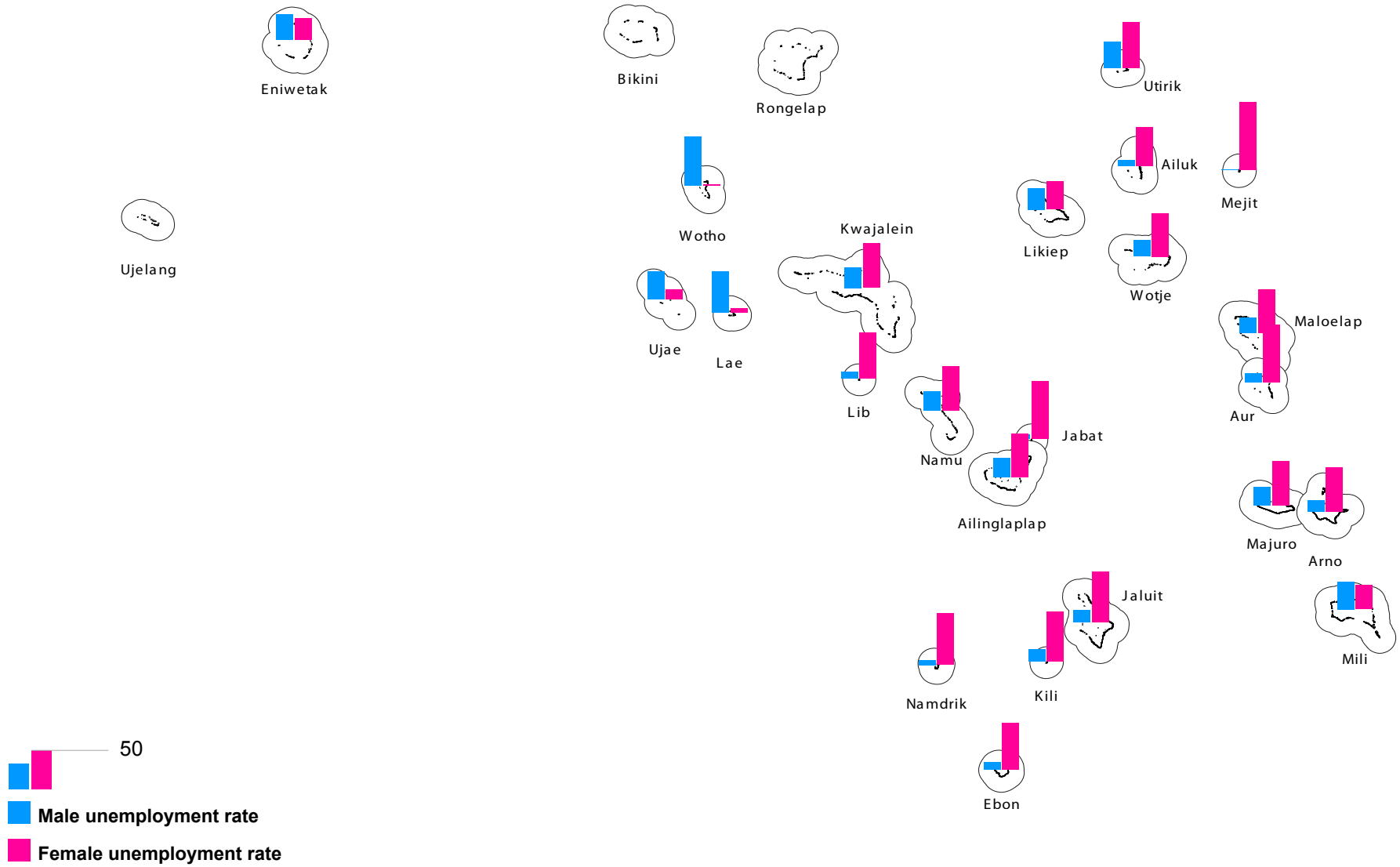
There is no official poverty line or basic needs line in the RMI, which makes the analysis of poverty difficult. No household income and expenditure survey (HIES) has been undertaken since 2002, causing a gap in data for policy, particularly how poverty affects children in the RMI and appropriate responses to safeguard them. The situation of children and poverty is therefore not clearly understood. Most people perceive poverty as a lack of access to health, education, electricity, and employment opportunities.

The Gini coefficient stood at 0.54 in 2000 (EPPSO and ADB 2005), one of the most unequal distributions of income in the Pacific. In the absence of poverty data, the results from the 2006 RMI Community Survey are used, although the survey is not nationally representative. These data were also used in this and in the 2009 RMI MDG Report.

In the RMI, poverty is mostly found in rural areas; 9 out of 10 rural inhabitants are in the bottom two wealth quintiles. However, urban dwellers, because of high population density, have extremely limited access to subsistence living options, making the need to find paid employment imperative.

In most atoll islands, females are much more likely to be unemployed than males

Unemployment rate (%) by sex and by atoll island, 1999



Source: 1999 RMI Census of Population and Housing, EPPSO

Over 10 years, the RMI improved its human development indicators and ranked 8th out of 14 Pacific countries in 2008

Pacific Human Development Index

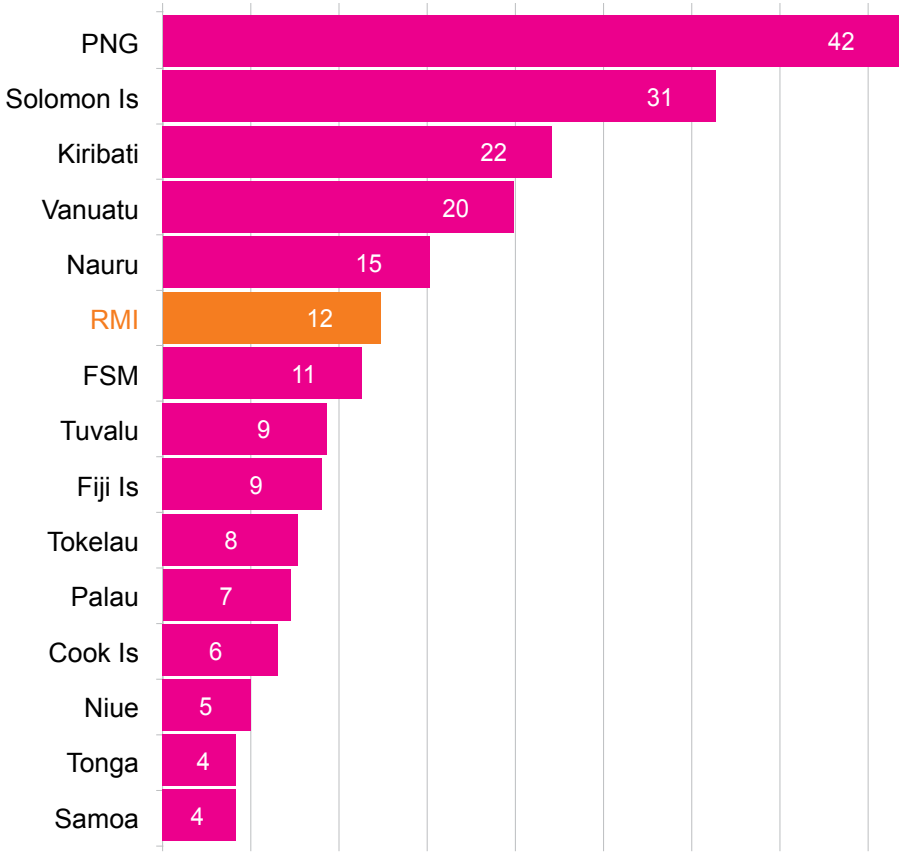
Countries	1998		2008	
	Index	Rank	Index	Rank
Cook Islands	0.822	2	0.837	1
Palau	0.861	1	0.816	2
Niue	0.774	3	0.823	3
Samoa	0.59	7	0.770	4
Tonga	0.647	6	0.745	5
Fiji Islands	0.667	4	0.726	6
FSM	0.569	9	0.724	7
Marshall Islands	**0.563**	**10**	**0.716**	**8**
Tuvalu	0.583	8	0.700	9
Nauru	0.663	5	0.647	10
Vanuatu	0.425	12	0.648	11
Kiribati	0.515	11	0.606	12
Solomon Islands	0.371	13	0.587	13
Papua New Guinea	0.314	14	0.444	14

Note: The Human Development Index is a composite index, measuring average achievement in three basic dimensions of human development—a long and healthy life, knowledge, and a decent standard of living (UNDP).

Source: SPC/UNDP Regional Human Development Indicators Database, 2010 MDG Tracking Report

The RMI's Human Poverty Index gives the country a rank of 10 out of 15 Pacific countries with comparable data

Pacific Human Poverty Index (HPI)

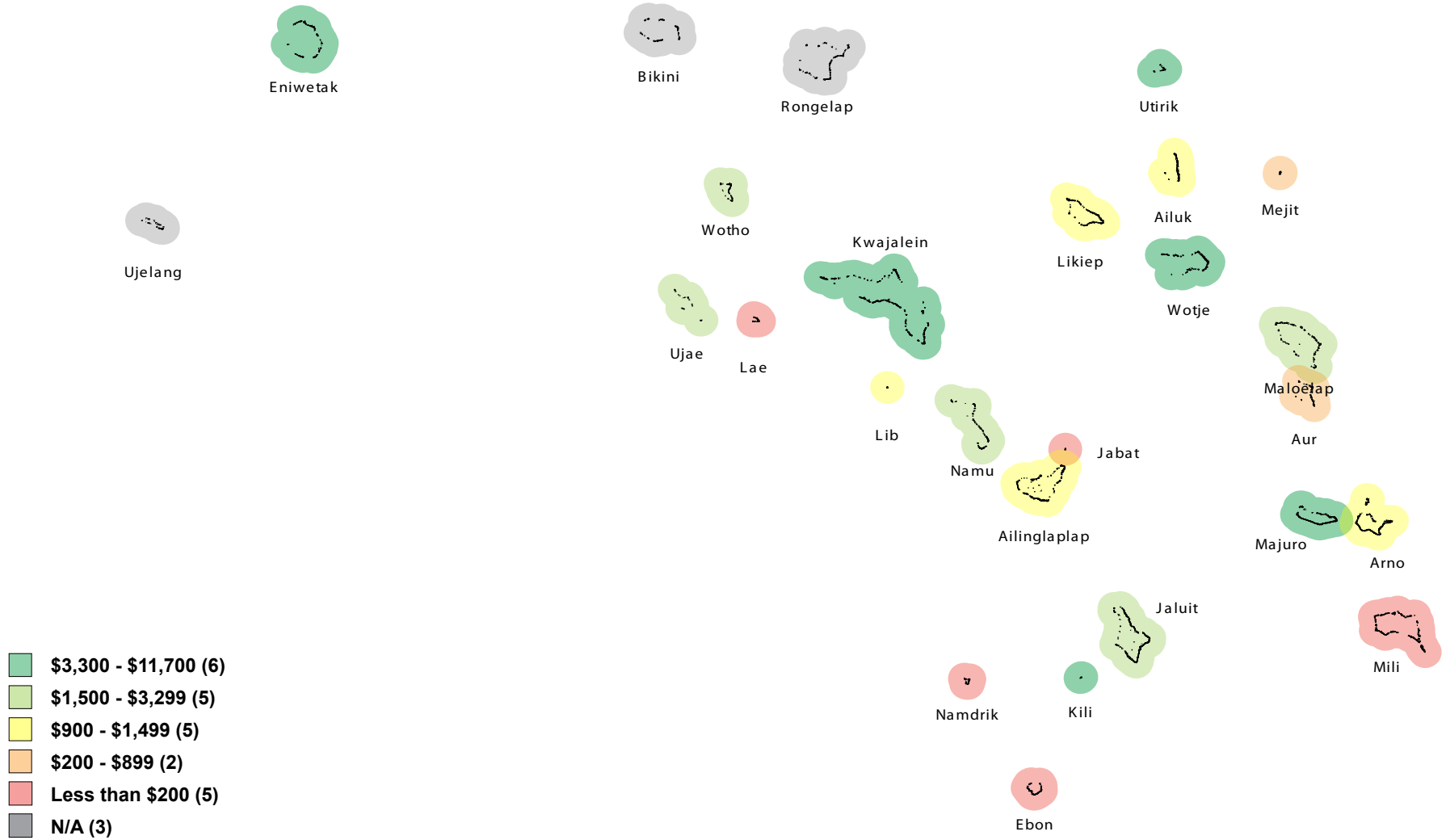


Note: The Human Poverty Index combines (a) vulnerability to death at an early age measured by the percentage of persons expected to die before the age of 40 years; (b) exclusion from the world of knowledge measured by the percentage of adults who are illiterate (e.g. including percentage of female adults who are illiterate); (c) access to basic services (percentage of people without access to safe water and primary education); and (d) food poverty (percent of children 0-5 years of age who are underweight). Lower index indicates better HP status.

Source: UNDP/SPC

Large disparities exist in the level of household cash income across the atoll islands

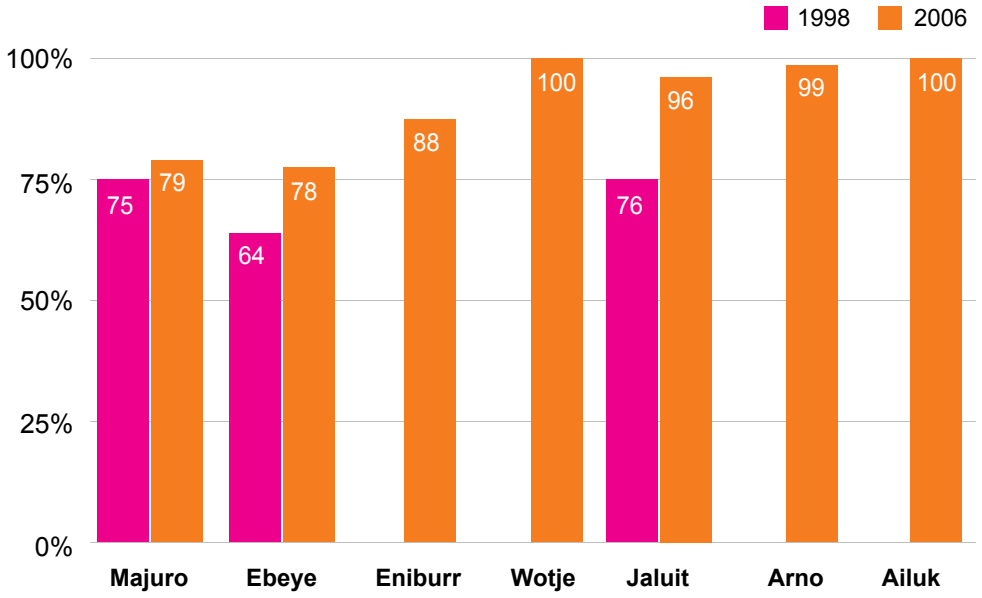
Median annual household income (US$) by atoll island, 2011



Source: 2011 RMI Census of Population and Housing, EPPSO

Available evidence suggests an increase in poverty

Percentage of families below the US poverty line in selected atolls, 1998; 2006

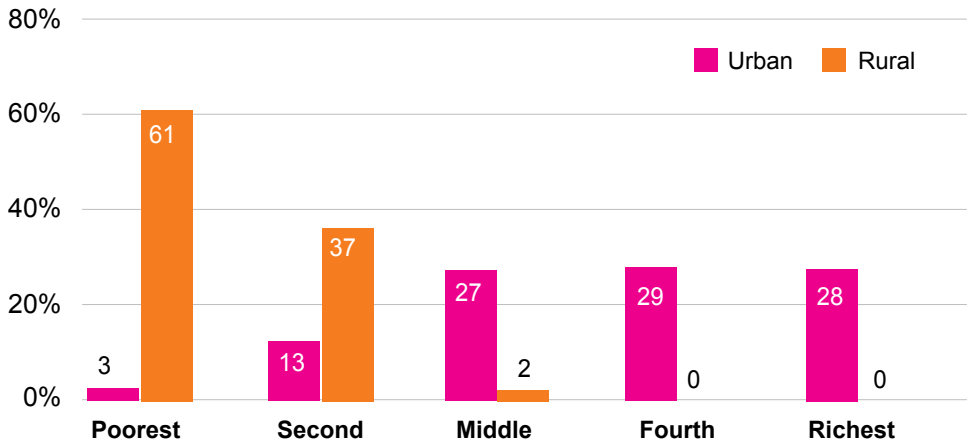


Note: Data are not always available for both years.

Source: 2006 RMI Community Survey

Nine out of ten rural dwellers are found in the bottom two quintiles. Wealth is concentrated in urban areas.

Distribution of the population by wealth quintile and residence, 2007



Note: The DHS does not collect information on income. The wealth index and associated quintiles are computed based on household assets including consumer items, dwelling characteristics and other characteristics related to wealth.

Source: 2007 DHS

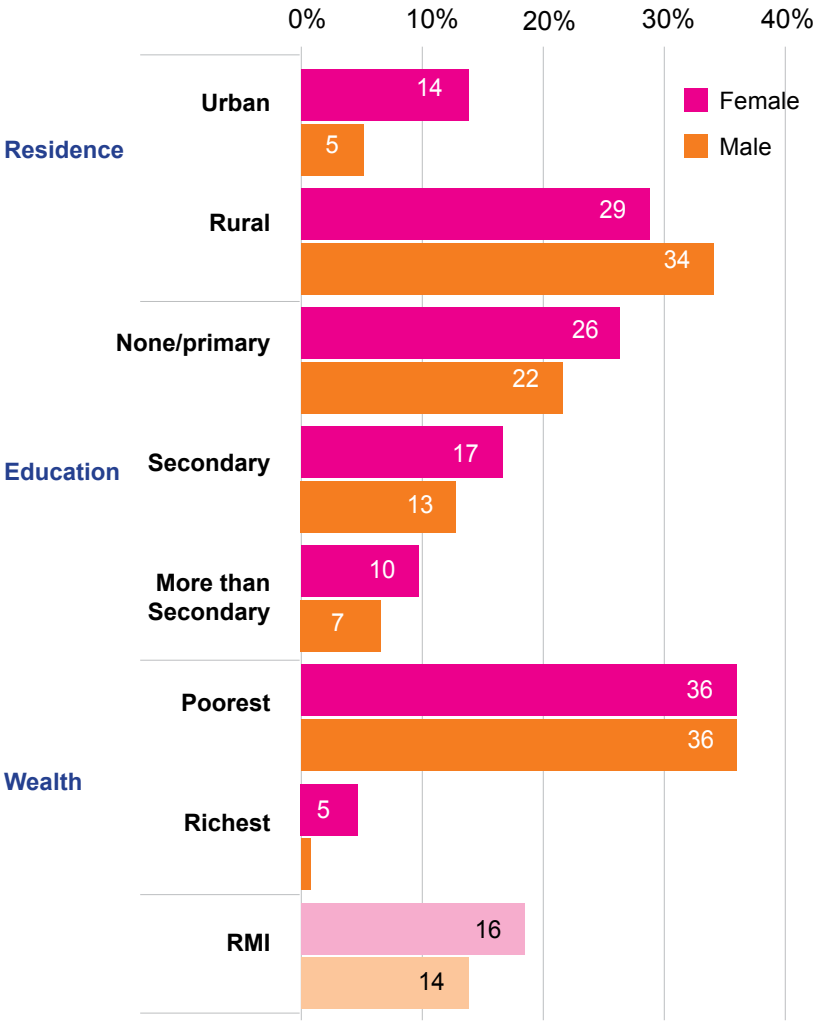
Access To Information

Access to information is an essential for children to increase their knowledge and awareness, providing an opportunity for them to learn about their rights and the ability to participate in society. Health messages, for instance, are conveyed through mass communication. Access to information is also one the components included in the global multidimensional child poverty concept developed by UNICEF in an effort to measure poverty beyond income. The lack of access to information of any kind is considered a severe deprivation.

The DHS data show that most of the RMI population is exposed to some form of media, including radio, television, and print. While about 7 in 10 children aged 15 to 19 years had access to information through the radio, followed by television (66 per cent), about 14 per cent of boys and girls that age had no exposure to any form of communication media.

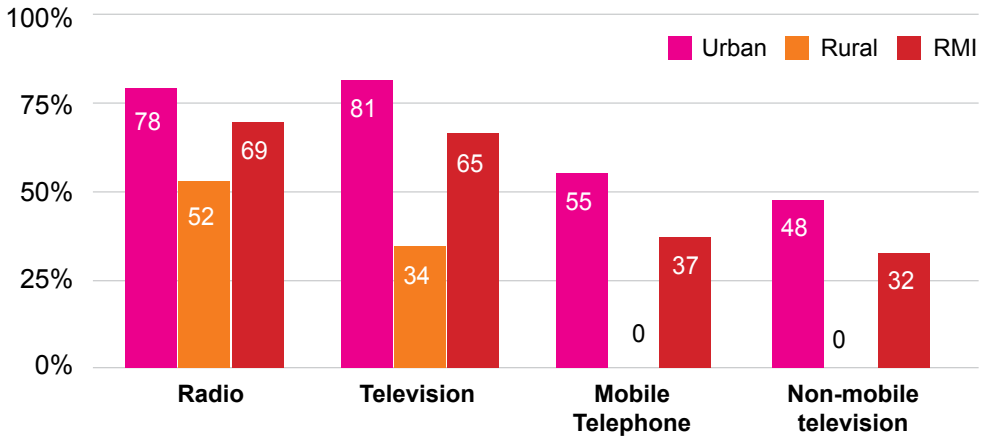
Access to information and communication technology varies significantly based on wealth, location and gender

Percentage of women and men (15 to 49 years) *without* exposure to any media sources by background characteristics, 2007



Source: 2007 DHS

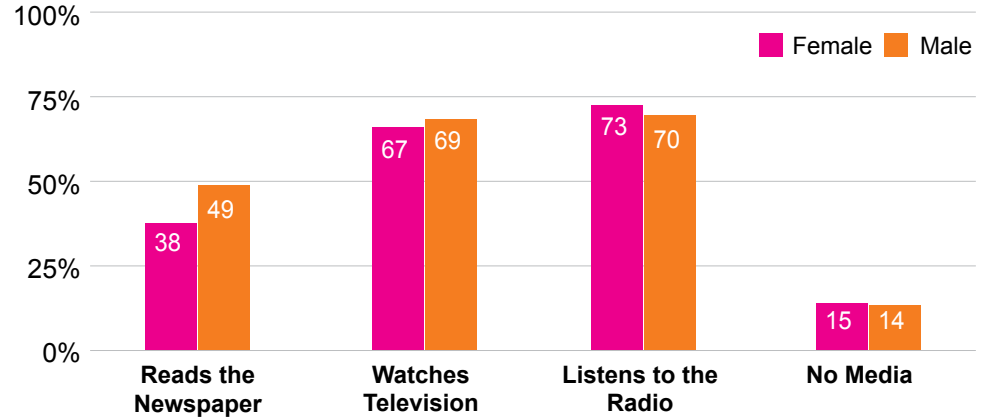
Percentage of households with access to information and communication, 2007



Source: 2007 DHS

Radio and television are the most commonly used forms of media among adolescents

Weekly exposure to specific media among children aged 15-19 years by gender (%), 2007



Source: 2007 DHS

Education

CHAPTER 3

Under the 1991 Education Act, all children between the ages of 6 and 14 are required to attend school, or until they have finished grade 8 of primary school. The public school system provides education up to grade 12, with selective admission to secondary school. Children are expected to spend eight years in primary school, four years in secondary, and four years in post-secondary/tertiary education. The official age ranges for these levels are 6–14 years, 15–18 years, and 19–21 years respectively. Young children aged 4 and 5 years can enrol in kindergarten.

According to the 2012 Pacific MDG Tracking Report, the Marshall Islands have made relatively slow progress towards ensuring universal access to basic education for boys and girls – an important target for the realization of Millennium Development Goal 2 – compared to other Pacific island nations. Nationwide, 90 per cent of primary-school-aged children attended school in 2011, compared to only 73 per cent of secondary-school aged children. Gender parity has been achieved in primary education while boys tend to be disadvantaged at the secondary level.

In 2007, the CRC committee expressed concern about some key issues, namely the drop-out rates particularly in high-school, the lack of hygiene, the lack of access to drinking water and sanitation in schools, the lack of transport to and from school, the insufficient number of qualified and trained teachers, and the overall poor quality of education.

The Ministry of Education acknowledges the difficulty in hiring and retaining qualified teachers due to uncompetitive salaries. The land shortage has also led to an insufficient number of school being constructed. The limited school spaces is more acutely felt in urban areas where most children live. The RMI faces challenges in the level of enrolment at primary and secondary levels, as well as transition from one school level to the next. There are high failure rates. Teenage pregnancy is high and disadvantages girls, often forcing them to drop out of school entirely.

The weak state of the public education system is an impediment to socio-economic development. Numerous studies have shown that education is a fundamental poverty-reduction strategy. Early school leavers often leave without qualifications and with inadequate literacy and numeracy skills for the job market.

Early Childhood Education

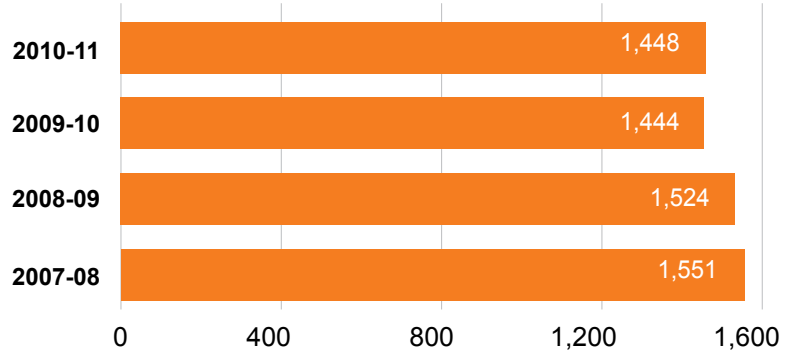
Early childhood education (ECE) is critical to children's cognitive, social, and behavioural development. Investments in the early years support children in attaining their full potential later in life. Research has also shown that ECE helps forestall deficits in learning and psychological development.

Early childhood education benefits not only the child, but families and communities. Investments in quality ECE are a cost-effective way of benefitting societies by reducing school dropout and repetition rates, and improving educational outcomes. Additional evidence demonstrates that ECE has a particular beneficial impact for the poor and more disadvantaged groups; for example by providing access to better nutrition and cognitive stimulus.

In the RMI, early childhood education was initially provided by the Head Start Program, administered by the Ministry of Education and funded through an annual US federal grant of approximately U$2 million. In the mid-2000s, the Head Start program was discontinued and replaced by a nationwide kindergarten program. Kindergarten classes are integrated into the overall primary school structure and open to children who are five years old at the beginning of the school year. Thus, ECE opportunities for three and four-year olds are very limited.

The number of young children enrolled in kindergarten classes has decreased slightly since 2007

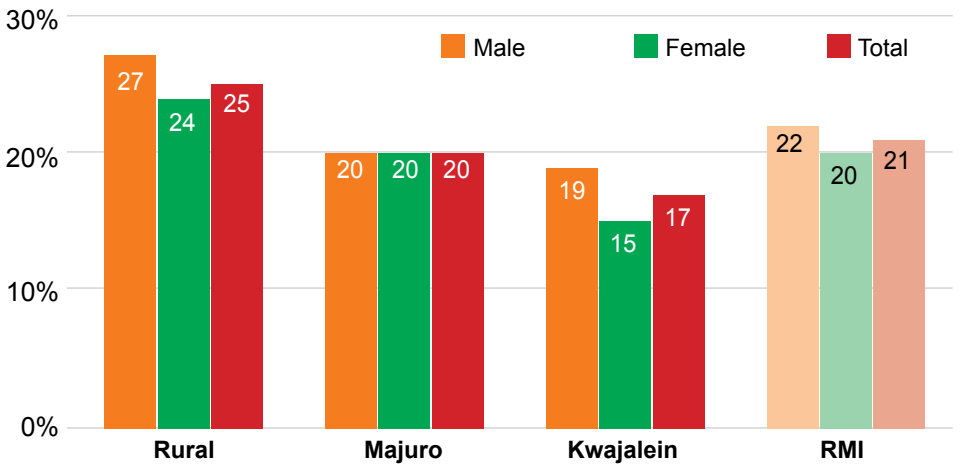
Number of children enrolled in Kindergarten, 2007/08-2010/11



Source: Ministry of Education (2012)

Geographic and gender disparities exist in children's access to early childhood education

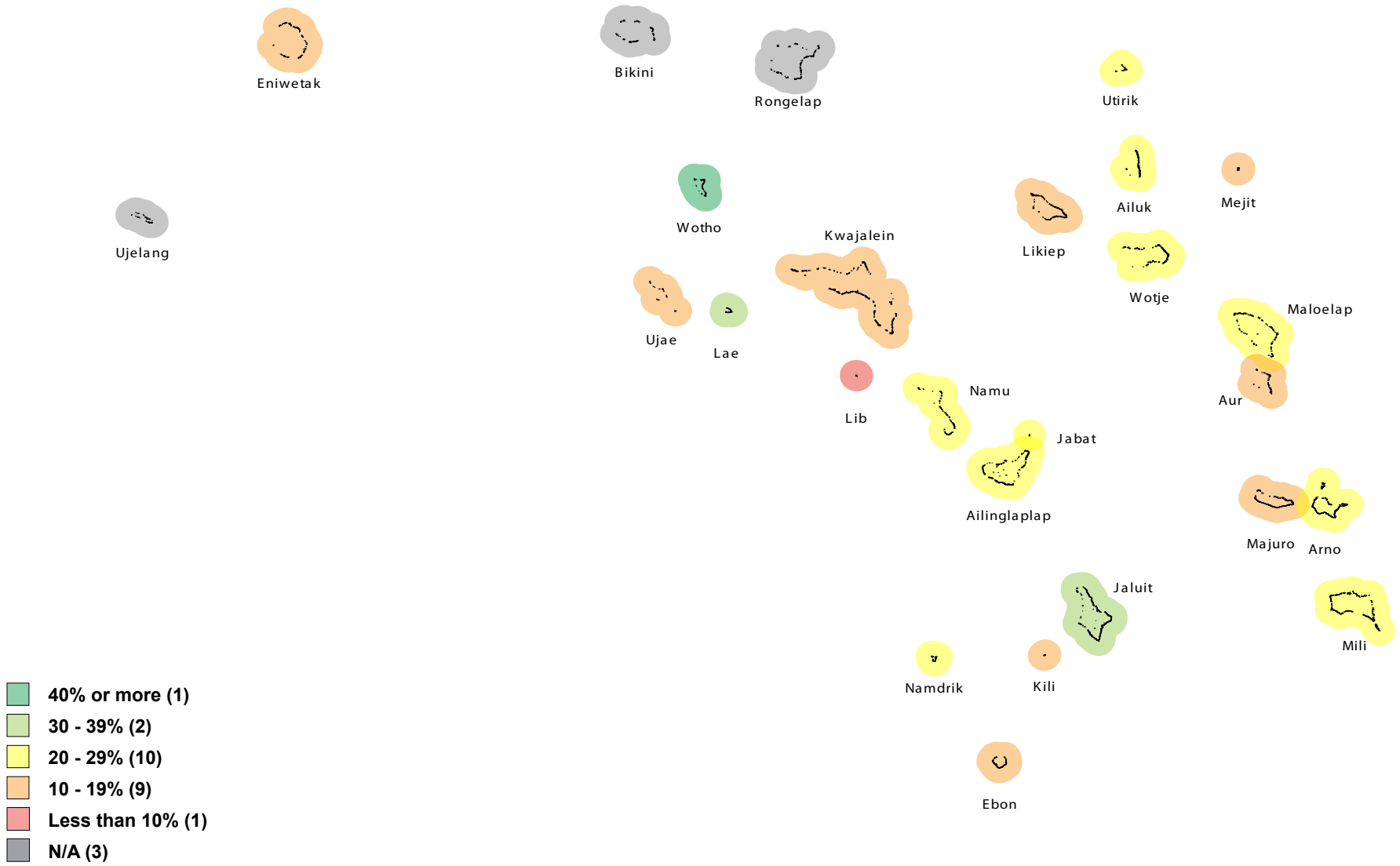
Percentage of children aged 3-5 years attending school by location and sex, 2011



Source: 2011 RMI Census of Population and Housing, EPPSO

Young children's access to early childhood education varies widely across the atoll islands

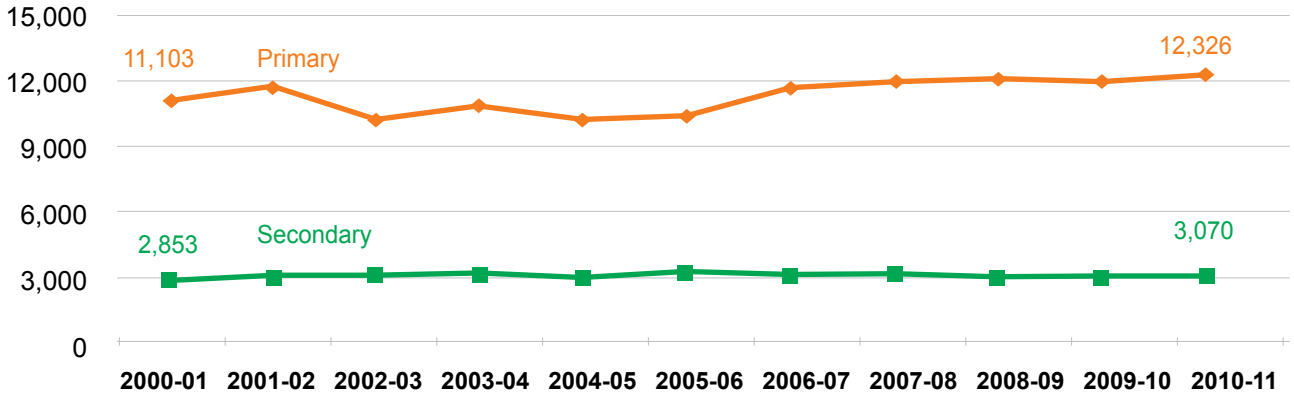
Percentage of children aged 3-5 years attending school by atoll island, 2011



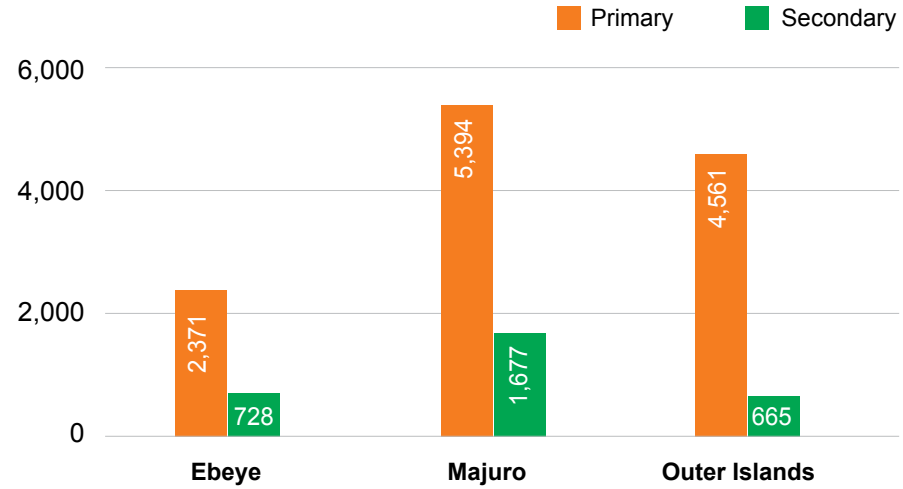
Source: 2011 RMI Census of Population and Housing, EPPSO

The number of children enrolled in primary school has increased gradually since the mid-2000s

Number of students enrolled in primary and secondary level (admin data), 2000-2011



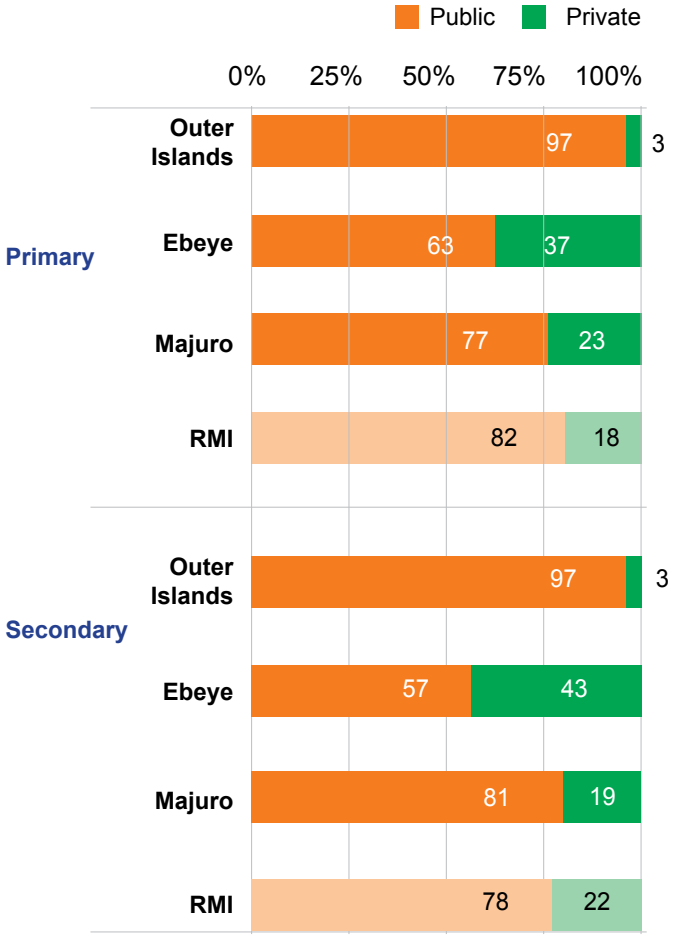
Number of students enrolled in primary and secondary level by location (admin data), 2010-11



Source: Ministry of Education

Private schools play an important role in provision of education services; they cater for one fifth of the RMI's student population

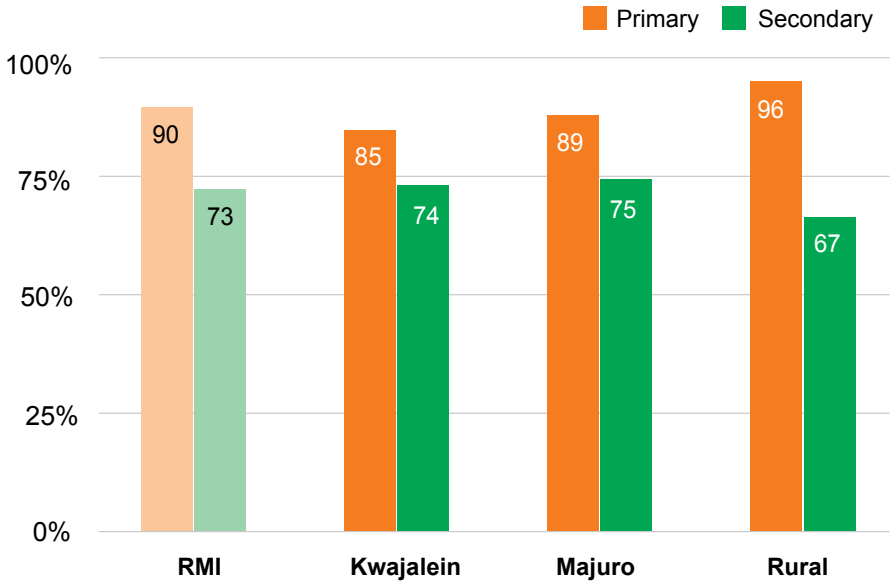
Percentage of pupils in public/private by location, 2010-11



Source: Ministry of Education

Nationwide, 90% of primary-school-aged children attended school in 2011, compared to only 73% of secondary-school-aged children

Primary and secondary net attendance rate by location, 2011

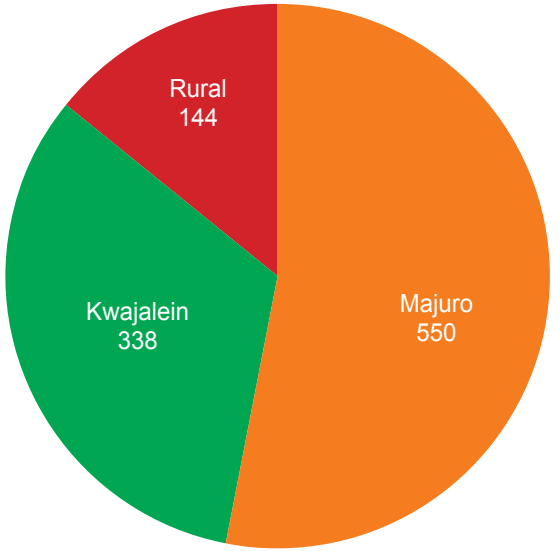


Note: Primary (secondary) net attendance rate is defined as the percentage of children aged 6-13 years (14-18 years) who are attending a public or private school. The theoretical maximum value is 100%. Values below 100% provide a measure of the proportion of children of the specified age group who are out of school.

Source: 2011 RMI Census of Population and Housing, EPPSO

1,300 primary-school-aged children were out of school in 2011; most of them live in Majuro and Kwajalein

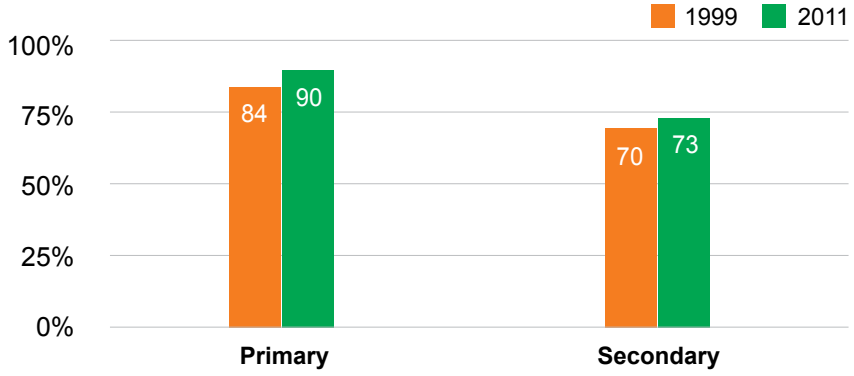
Number of children aged 6-13 years not attending school by location, 2011



Source: 2011 RMI Census of Population and Housing, EPPSO

Progress towards universal basic education has been relatively slow over the past decade

Primary and secondary net attendance rate, 1999 and 2011



Source: 1999 and 2011 RMI Census

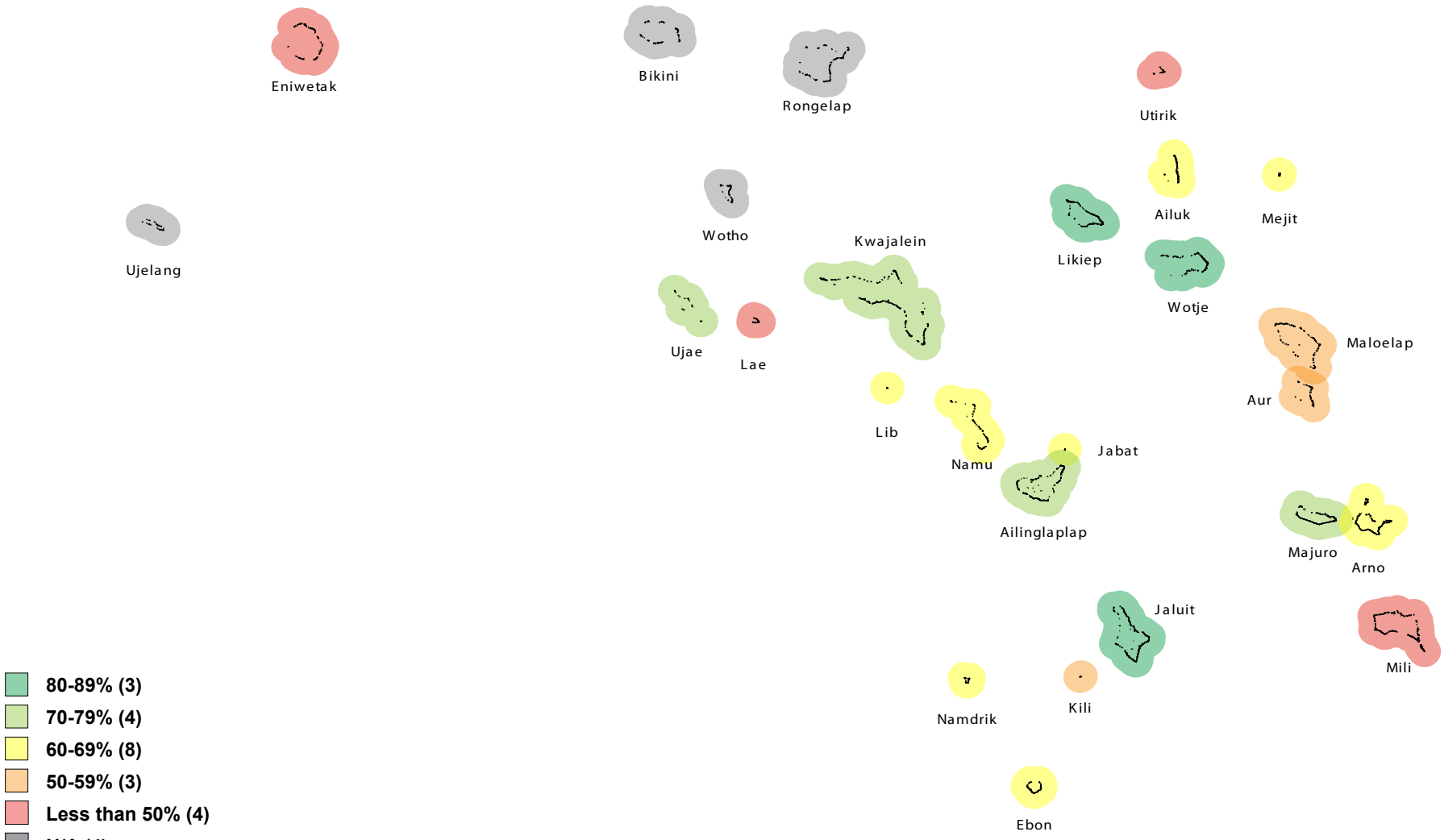
Geographic disparities in access to primary education across atoll islands

Percentage of children aged 6-13 years attending school by atoll island, 2011

Source: 2011 RMI Census of Population and Housing, EPPSO

Geographic disparities in access to secondary education across atoll islands

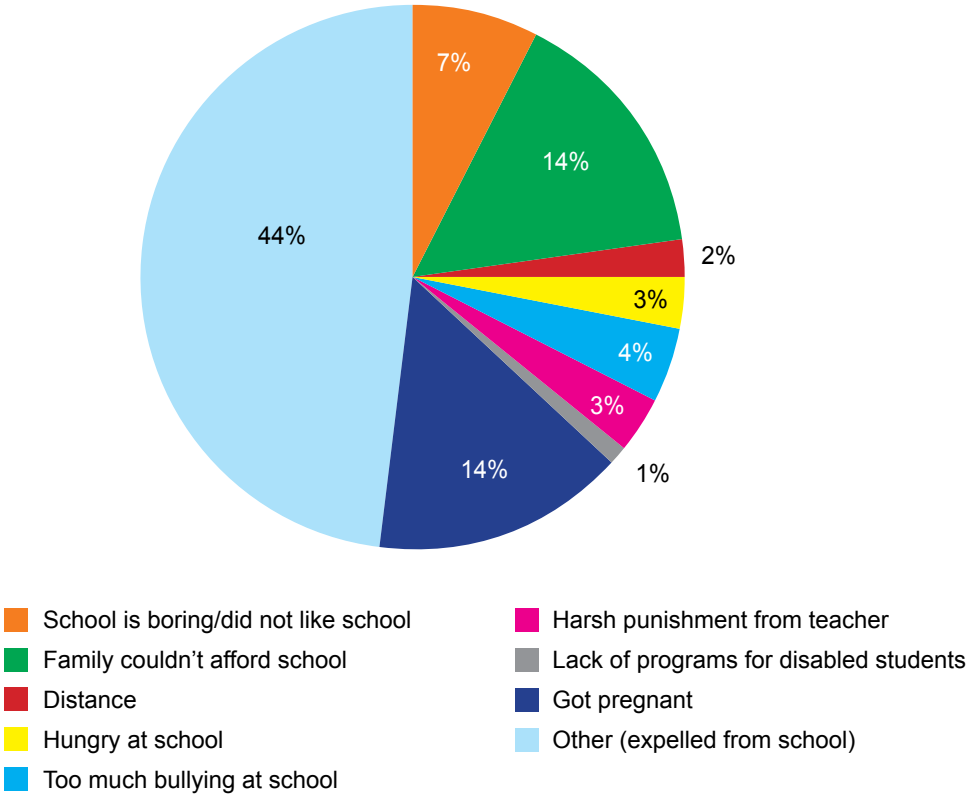
Percentage of children aged 14-18 years attending school by atoll island, 2011



Source: 2011 RMI Census of Population and Housing, EPPSO

Lack of income, teen pregnancy and expulsion are main reasons cited by older children for not attending school

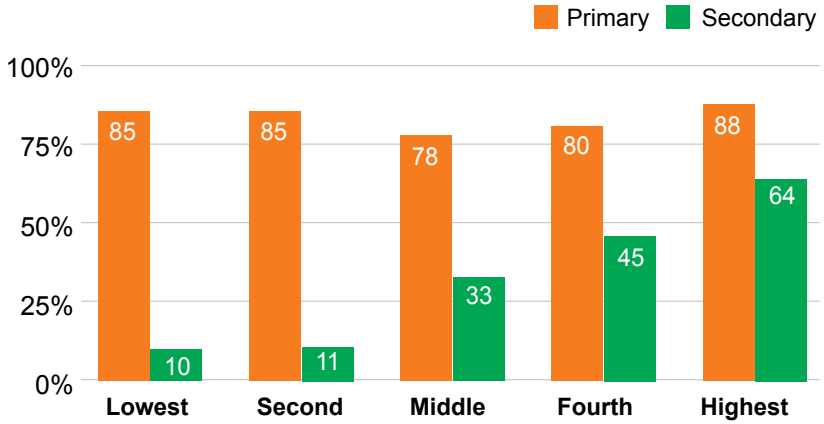
Percentage distribution of reasons for not attending school according to children's responses children aged 16 and 17, 2012



Source: 2012 UNICEF CPBR

Poverty is an important determinant of children's access to secondary education, but not primary education

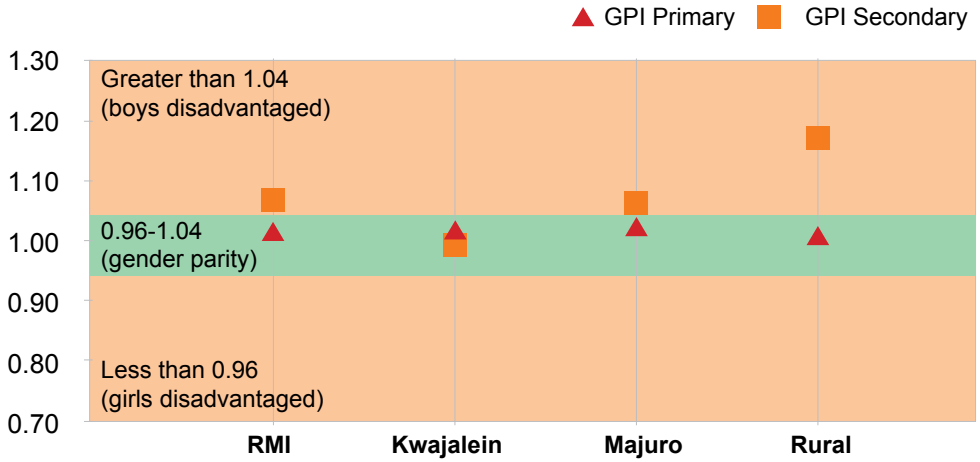
Net attendance ratios for primary and secondary school by wealth quintile, 2007



Source: 2007 DHS

The RMI has achieved gender parity in primary education while boys tend to be disadvantaged at the secondary level

Gender Parity Index (GPI) of net attendance rates by level of education, 2011



Source: 2011 RMI Census of Population and Housing, EPPSO

Quality of education remains a serious concern: Less than one third of students in grade three and six is able to perform at or above the minimum benchmarks in Languages, Math or Science

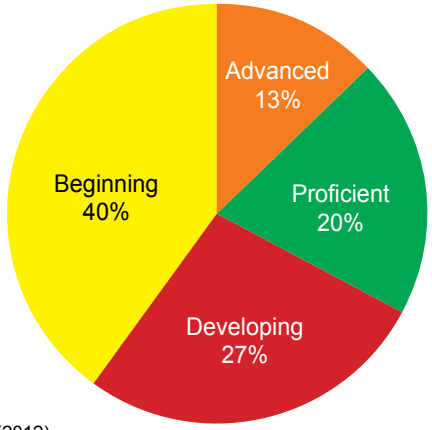
Percentage of students achieving proficiency for selected subjects in the Marshall Islands Standards Assessment Tests (MISAT) by grade, 2008/09-2010/11

Subject	2008-09	2009-2010	2010-2011
3rd Grade Result: % Proficient & above			
Marshallese Reading	20	34	31
English Reading	21	22	22
Math	15	23	23
Science	23	28	21
6th Grade Result: % Proficient & above			
English Reading	13	20	18
Marshallese Reading	35	40	32
Math	8	19	16
Science	9	12	8
8th Grade Result: % Proficient & above			
English Reading	48	50	58
Marshallese Reading	65	66	72
Math	8	4	9
Science	9	13	22
Social Studies	5	5	12

Source: Ministry of Education (2012)

Only one in three 8th graders performed at the proficient or advanced levels on their high school entrance test

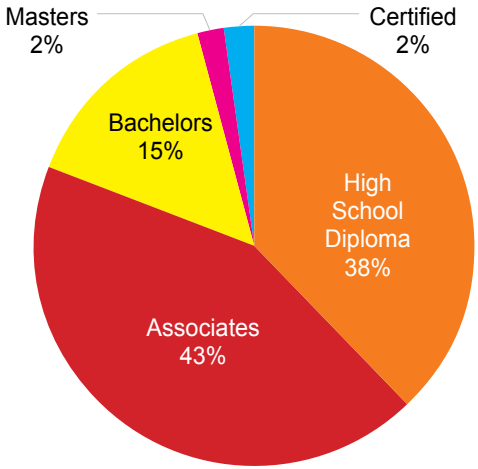
Grade 8 High School entrance test results: all students and all schools, 2012



Source: Ministry of Education (2012)

Four out of ten teachers had either a high school diploma or an Associate degree. Only 2 per cent had a Masters degree.

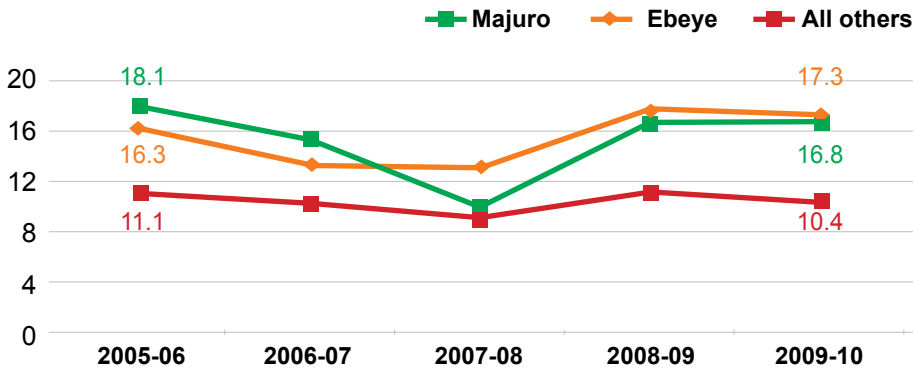
Percentage distribution of primary and secondary teachers by qualification level, 2009-10



Note: Administrative data combines teacher qualifications for all teachers at both primary and secondary levels.
Source: MOE 2009 Annual Report

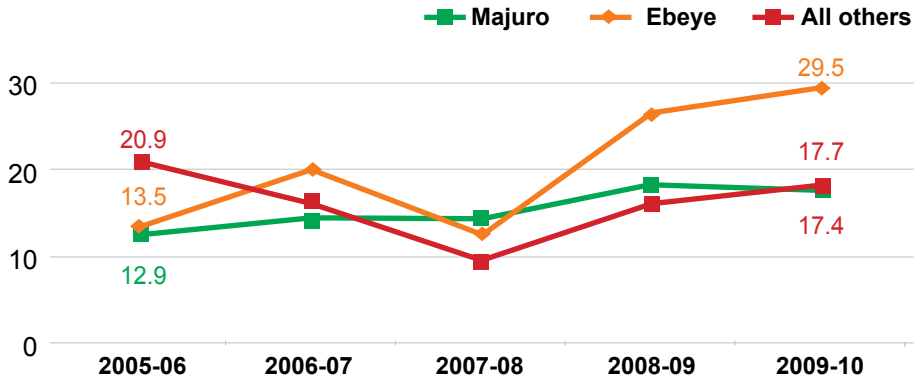
Average pupil–teacher ratios in primary and secondary education fall within acceptable norms

Pupil-teacher ratio in primary schools, 2005-2010



Note: Data does not include private schools.
Source: MOE 2009 Annual Report

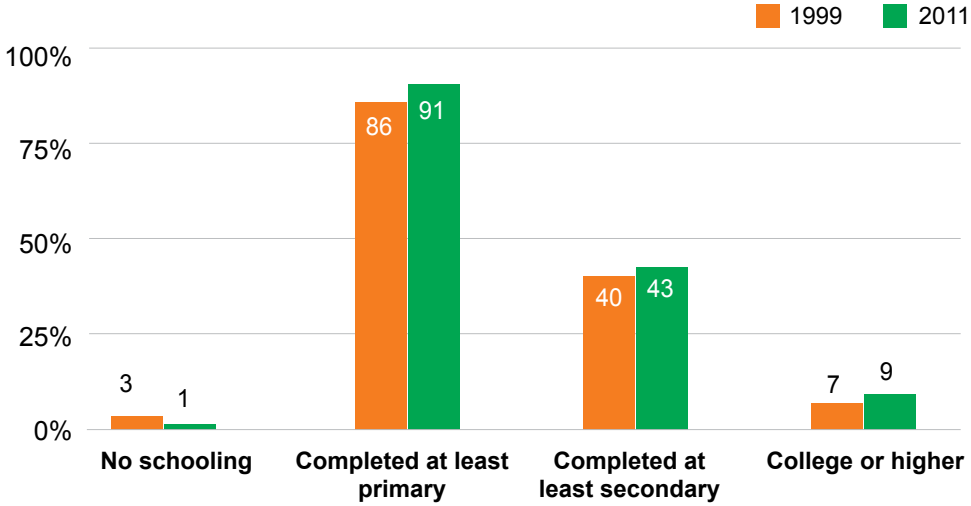
Pupil-teacher ratio in secondary schools, 2005-2010



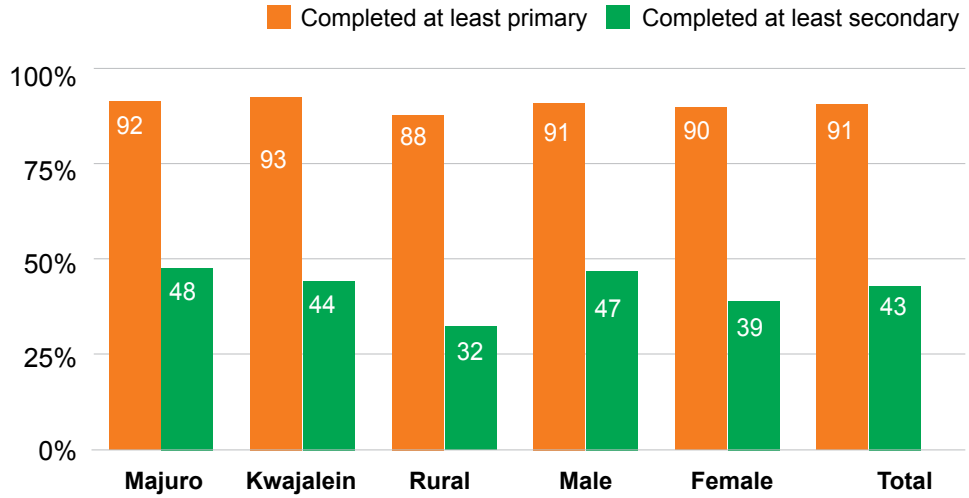
Note: Data does not include private schools.
Source: MOE 2009 Annual Report

The level of educational attainment of the adult population has only improved marginally since 1999

Educational attainment of the population aged 25 years and above, 1999 and 2011



Percentage of adult population aged 25 years and above who have completed at least primary/secondary schooling, 2011



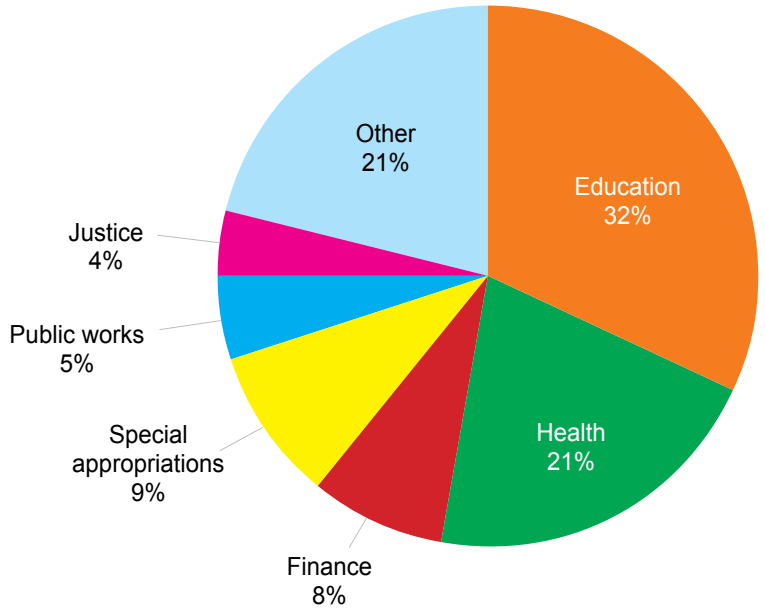
Source: 2011 RMI Census of Population and Housing, EPPSO

Public Expenditure on Education

According to UNESCO, a country should dedicate about 6 per cent of its GDP to education or 20 per cent of its annual recurrent expenditure to achieve good educational outcomes. Although the RMI dedicated 32 per cent of its expenditure to education, which is commendable, the educational outcomes were low, indicating low cost-effectiveness.

Education receives the largest share of government expenditure

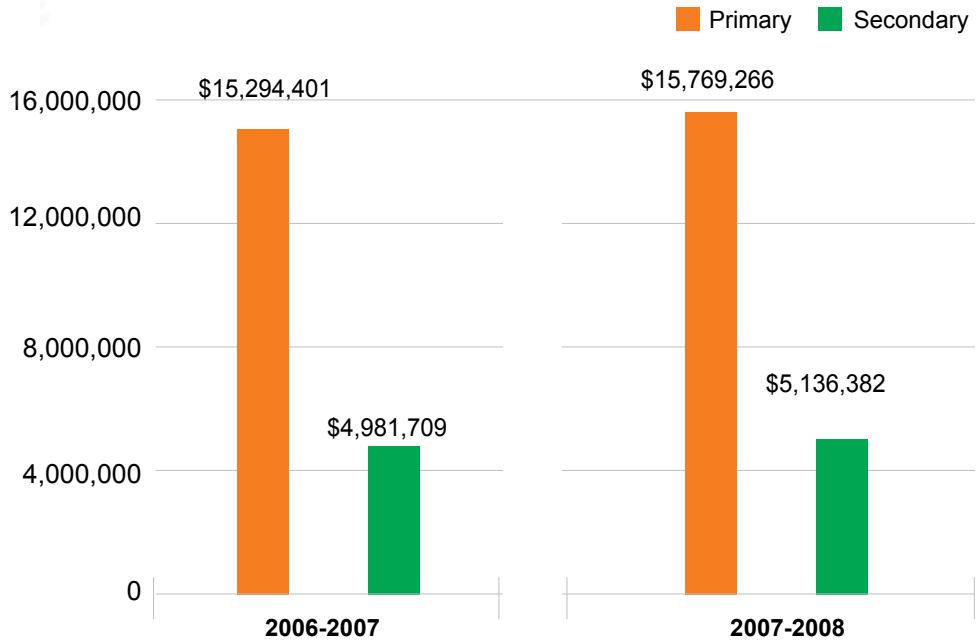
Percentage distribution of government expenses, 2010



Source: RMI Financial Statements 2010

Public education investments are geared towards primary schooling

Total expenditure for primary and secondary education ($US), 2006-2008



Note: Figures are only for public schools

Source: MOH 2008

CHAPTER 4 Health and Nutrition

The health care system in the RMI includes two hospitals, one based on Majuro with 101 beds and the other one on Ebeye with 45 beds. On the outer islands, the rural population have access to 57 dispensaries staffed by health assistants. Adequate health services, including prevention programmes, are difficult to organize due to the extremely dispersed population, and involve expensive transport by air or boat. The lack of specialised services has led to a costly off-island referral system for tertiary care in Hawaii and the Philippines.

In the Ministry of Health, three Bureaus are tasked with providing direct health care services. These include the Bureau of Majuro Atoll Health Care Services (MAHCS), the Bureau of Kwajalein Atoll Health Care Services (KAHCS), and the Bureau of Outer Islands Health care (OIHCS). Each Bureau has a Division of Primary Care, which oversees the programme for Children with Special Health Care Needs. The Bureau of Primary Health Care Services (BPHC) is responsible for strengthening preventive programmes/services at community level.

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

The Ministry of Health recently developed a revised National Health Strategy (2012-2014). The RMI has made progress in reducing child and maternal mortality. However, challenges include expanding immunization coverage, reducing the high rates of teenage pregnancies and sexually transmitted infections (STIs), addressing malnutrition in children and obesity in adults, as well as the high costs of lifestyle diseases such as diabetes and associated high-cost referrals overseas.

The RMI has embarked on a programme to strengthen its monitoring and evaluation activities and generate more reliable and relevant health data for planning purposes. To ensure sustainability of services, the Ministry of Health (MOH) has also initiated a Finance and Personnel Module designed to better track the use of financial resources.

Child Survival and Health

The right to survival is a fundamental right of every child. Globally many children die of preventable causes during the neonatal period, from infectious diseases, exacerbated by undernutrition and malnutrition. Child deaths are often due to lack of access to quality health care, which includes poor antenatal care for pregnant women, weak immunization programmes, and inadequate access to safe water and sanitation. Child mortality reduction requires a multi-sectoral approach beyond the provision of vertical health programmes.

The Marshall Islands have made significant progress in reducing under five and infant mortality since 1960, showing a fundamental commitment to child health. Both the infant mortality rate (IMR) and the under-five mortality rate (U5MR) have declined since 1990, and the Millennium Development Goal (MDG) target of two-third reduction is likely to be achieved by 2015. However, a 2007 MOH review indicated half of infant deaths maybe under-reported in administrative data.

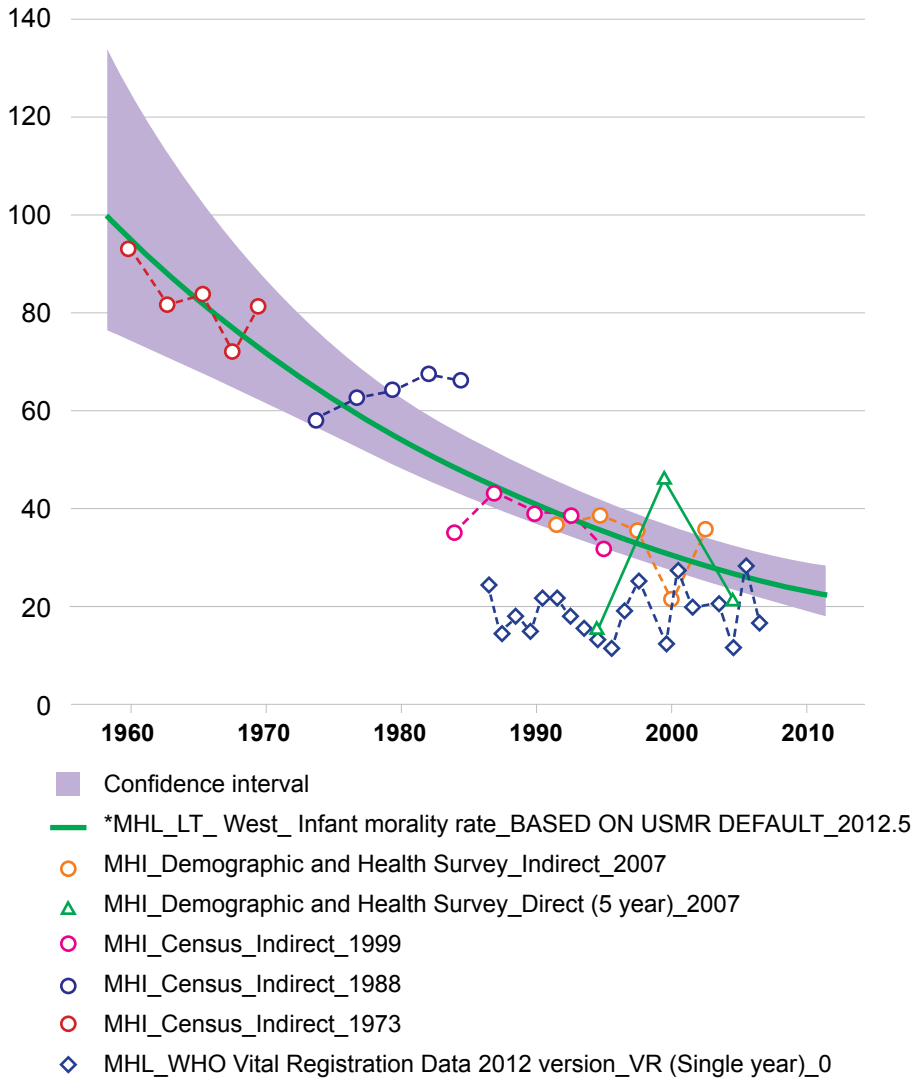
Immunizations prevent and reduce child mortality and morbidity. Measles, a leading cause of preventable child death, is an important MDG indicator.

There is much room for improvement in bringing this cost-effective public health intervention to Marshallese children. Survey data in 2007 indicate that only half of age-appropriate children were immunized against measles. Rural children were three times less likely to be fully immunized compared to urban children. Administrative data from MoH suggest that immunisation coverage has decreased in recent years, although weak data collection and analysis hampers effective planning and response.

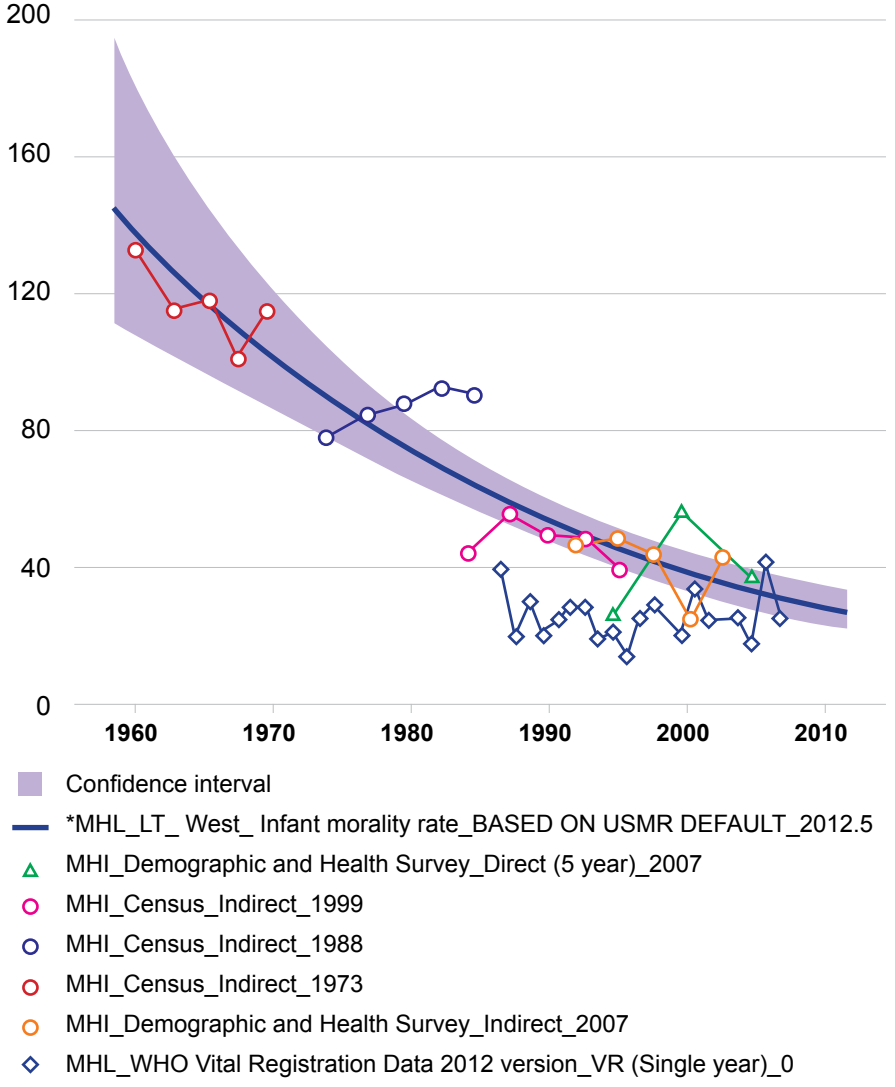
In the RMI, 20 per cent of children aged 12 to 23 months experienced an episode of diarrhoea compared to 2 per cent of infants aged less than 6 months, who are most likely better protected through breastfeeding. The high incidence of diarrhoea in children under 2 years of age underscores the importance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

The Marshall Islands have made significant progress in reducing infant and under-five mortality

Infant mortality rate: Probability of dying between birth and exactly one year of age, expressed per 1,000 live births, 1960-2012



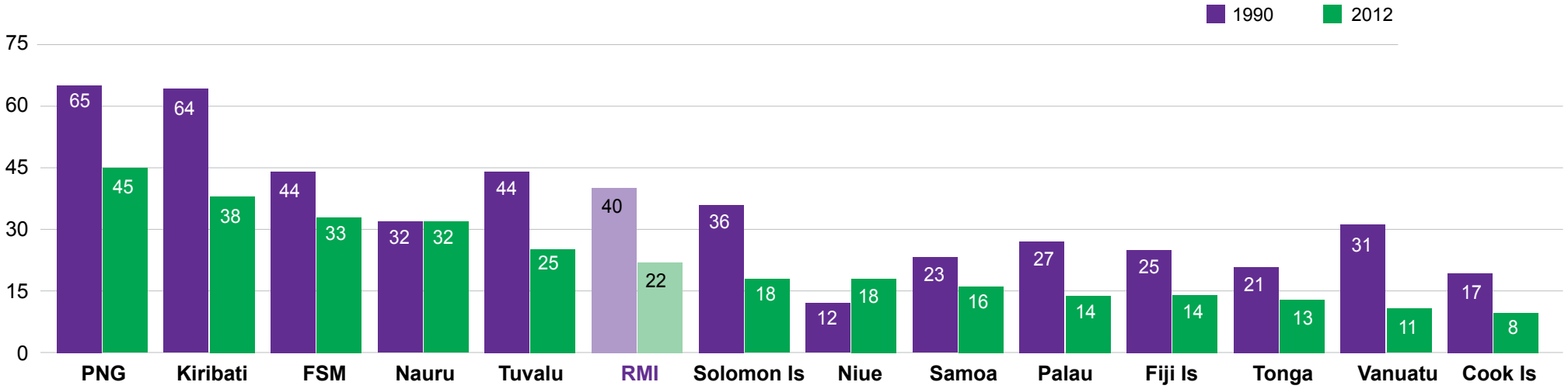
Under-five mortality rate: Probability of dying between birth and exactly five years of age, expressed per 1,000 live births, 1960-2012



Source: UN Inter-agency Group for Child Mortality Estimation (2012)

Compared to other Pacific Island Countries, the RMI has slightly below average rates of infant mortality

Infant mortality rates in 14 Pacific Island Countries (UN estimates, 1990-2012)



Source: UN Inter-agency Group for Child Mortality Estimation (2012)

The Ministry of Health recorded an average of 52 under-five deaths annually between 2007-2011. Up to half of these deaths occur during the first month of life.

Number of recorded under-five deaths, 2007-2011

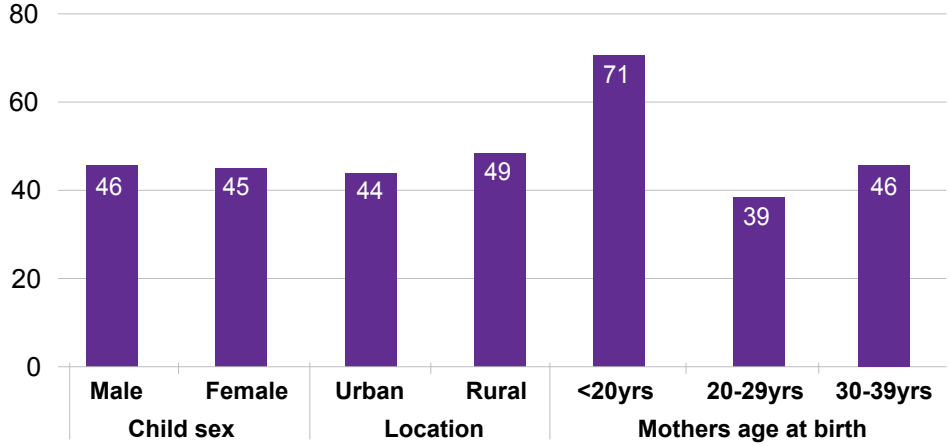
	2007	2008	2009	2010	2011
Neonatal deaths (<29 days)	18	20	19	22	25
Postneonatal deaths (29-365 days)	33	27	23	9	16
Total infant deaths (< 1 yrs)	**51**	**47**	**42**	**31**	**41**
Child deaths (1-4 yrs old)	12	9	10	8	9
Total under-five deaths	**63**	**56**	**52**	**39**	**50**

Note: Under-reporting of deaths is likely in administrative data, in particular on the outer Islands. According to the 2007 Ministry of Health performance review, in 2006 for instance, half of all infant deaths were unreported.

Source: Vital and Health Statistics Division, Ministry of Health, 2012

Children born to young mothers have a significantly higher risk of dying

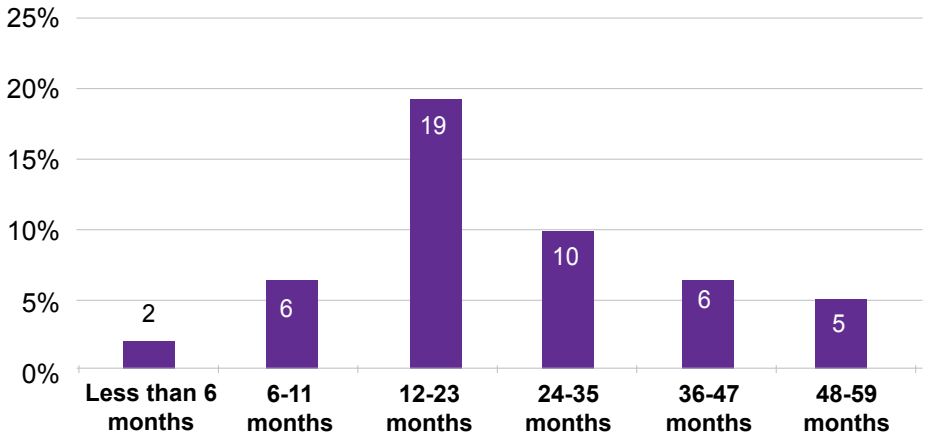
Under-five mortality rate (deaths per 1,000 live births), 1998-2007



Source: 2007 DHS

One in five children aged 12 to 23 months experienced an episode of diarrhoea

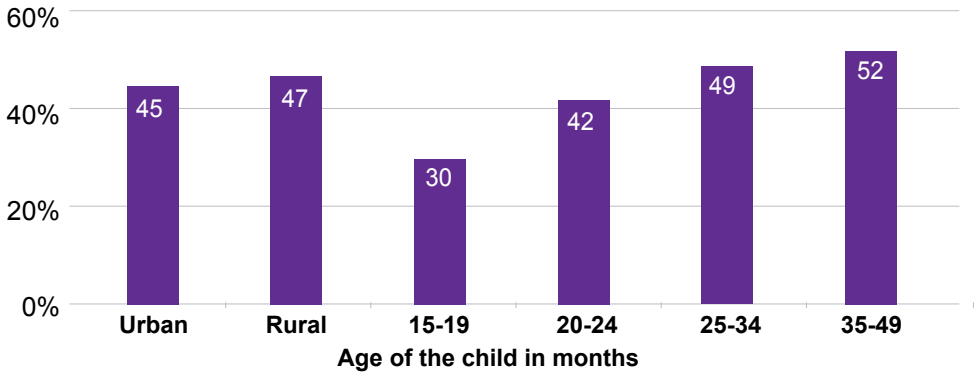
Prevalence of diarrhoea by age, 2007



Source: 2007 DHS

Knowledge of ORS to treat diarrhoea is higher among older women

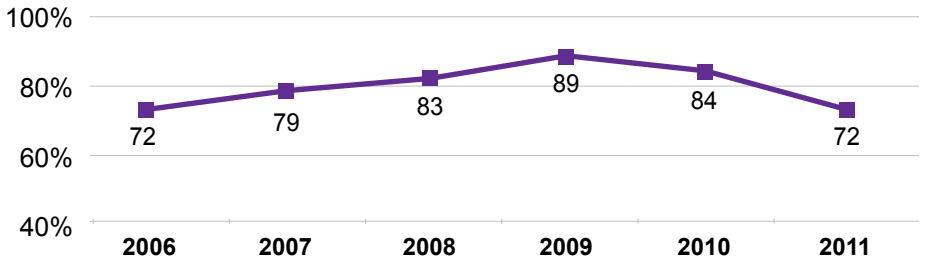
Mother's knowledge of oral rehydration salt (ORS), 2007



Source: 2007 DHS

Administrative data suggest that the overall immunization coverage has been declining since 2009

Percentage of 19-35 month olds who are fully immunized, 2006-2010

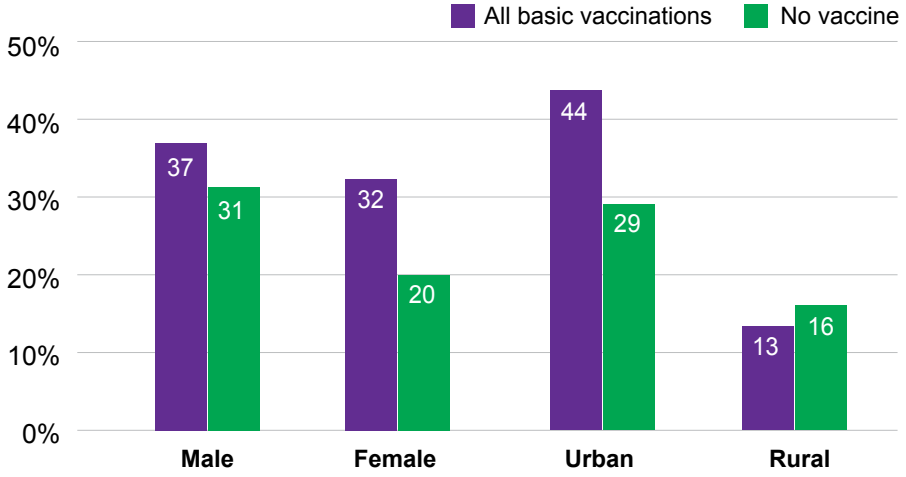


Note: The Ministry of Health reports immunization coverage in the 19-35 months age group. The coverage rate includes children who have received a full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

Source: MoH Annual Report FY 2011

Rural children are three times less likely to be fully immunized compared to urban children

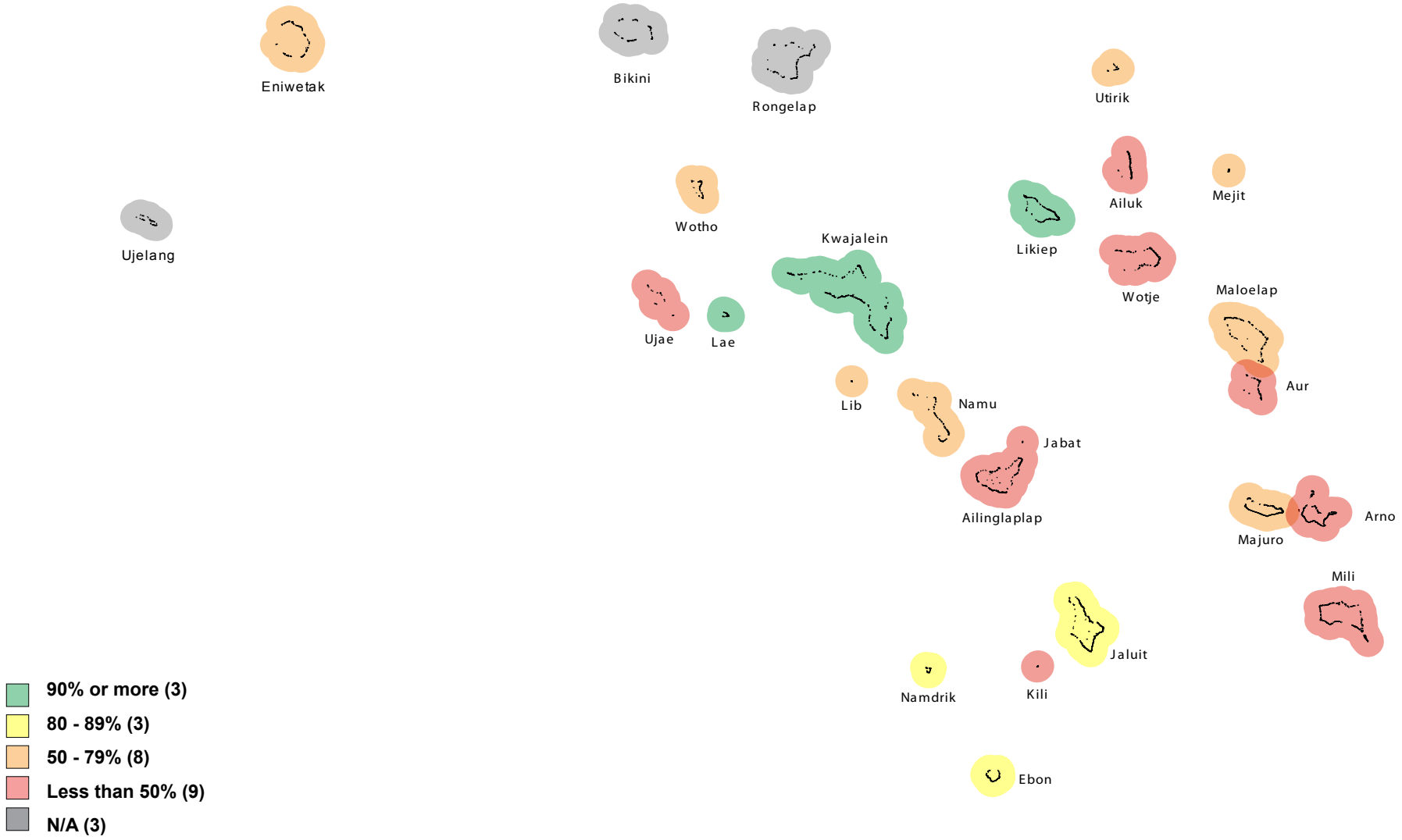
Percentage of children aged 12-23 months who are immunized by gender and residence, 2007



Source: 2007 DHS

According to estimates by the Ministry of Health, only three atoll islands achieved a full immunization coverage rate for children 19-35 months higher than 90 percent in 2011

Estimated percentage of children aged 19-35 months who have completed all required vaccinations by atoll island, 2011



Source: MoH Annual Report FY 2011

Child Nutrition

Adequate nutrition is fundamental to the physical, cognitive and mental development of children, in particular during the first two years of life, starting from when the foetus is in the womb. Promoting optimal nutrition practices, meeting micronutrient requirements and preventing and treating severe acute malnutrition are key goals for nutrition programming. UNICEF's 2009 Tracking Progress on Child and Maternal Nutrition report summarized the evidence base for nutrition-specific interventions. Taking a life-cycle approach, the activities fall broadly into the following categories (UNICEF, 2013):

- Maternal nutrition and prevention of low birthweight
- Infant and young child feeding (IYCF)
- Breastfeeding, with early initiation (within one hour of birth) and continued exclusive breastfeeding for the first six months followed by continued breastfeeding up to 2 years
- Safe, timely, adequate and appropriate complementary feeding from 6 months onwards
- Prevention and treatment of micronutrient deficiencies
- Prevention and treatment of severe acute malnutrition
- Promotion of good sanitation practices and access to clean drinking water
- Promotion of healthy practices and appropriate use of health services

Children's nutrition needs to be given a high priority in the RMI. The last comprehensive nutritional survey dates back to 1991. In 1999, a survey in seven elementary schools on Majuro showed that an estimated 28 per cent to 68 per cent of children were undernourished. The 2007 DHS did not provide anthropometric data to assess the prevalence of stunting and wasting (but instead relied on observed nutritional status by checking young children for thinness and presence of oedema). A new nutritional survey is urgently needed to gauge the current situation.

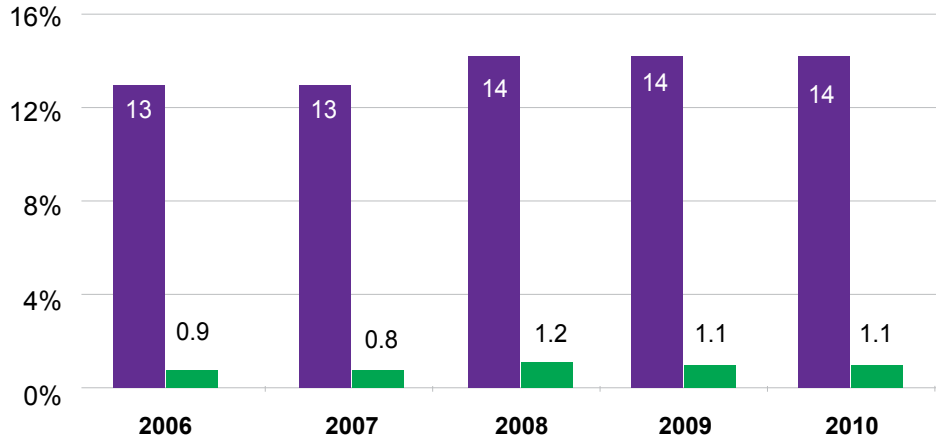
Low birth weight babies (under 2.5kg) are 20 times more likely to die prematurely, have an increased susceptibility to infectious disease and to later on in life to develop a chronic disease. Low birth weight is associated with poor maternal health and nutritional status before and during pregnancy. Very low birth weights babies (under 1.5kg) are mostly born to adolescent mothers.

Evidence suggests that exclusive breastfeeding (no other food, water, or liquid) for the first six months of life can avert 13 per cent of all under-five deaths in developing countries, one of the most cost-effective interventions to save infants' lives. In the RMI, the mean duration of exclusive breastfeeding is just 2.3 months, well below the recommended six months recommended by UNICEF and the WHO. A breastfeeding committee was established in 2011 to work on breastfeeding advocacy and the goal of making Majuro and Ebeye hospitals baby friendly.

Malnutrition and under-nutrition are directly correlated with poor performance in schools. Obesity might also be on the rise, but there are no reliable data. In accordance with the United States reporting guidelines, a new state performance indicator was introduced in 2010 that will track BMI of school children.

Prevalence of low and very low birth weight has not improved over a five-year period

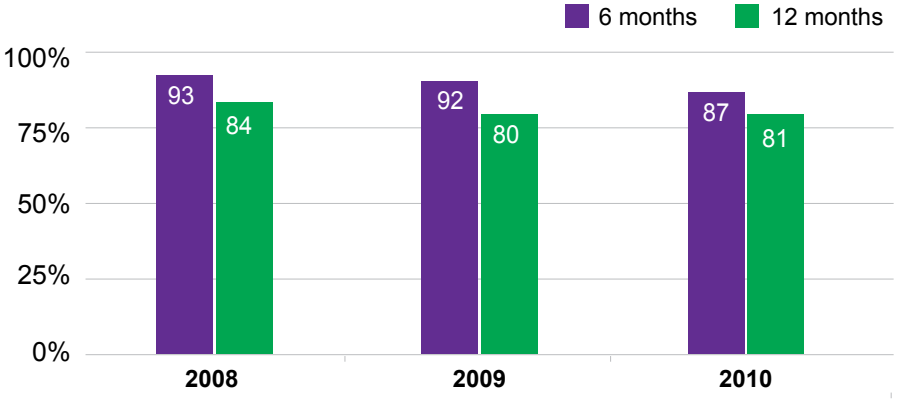
Percentage of infants weighing less than 2.5kg and 1.5kg at birth, 2006-2010



Source: MOH 2010

Facility-based data show relatively high rates of breastfeeding

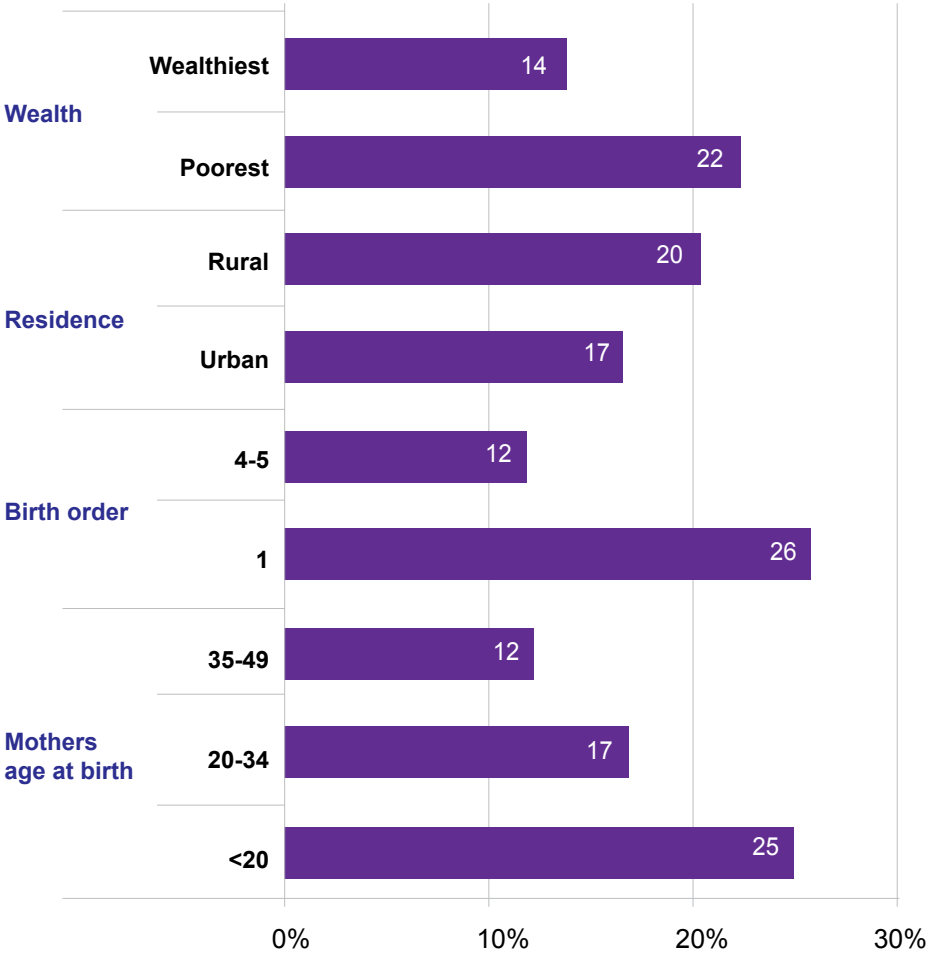
Percentage of mothers who breastfeed their infants at 6 and 12 months of age, 2008-2010



Note: RMI admin data do not distinguish between exclusive and non-exclusive breastfeeding
Source: MOH, MCH Programme and Well Baby Clinic 2010

Young, poor and rural mothers are significantly more likely to deliver low birth weight babies

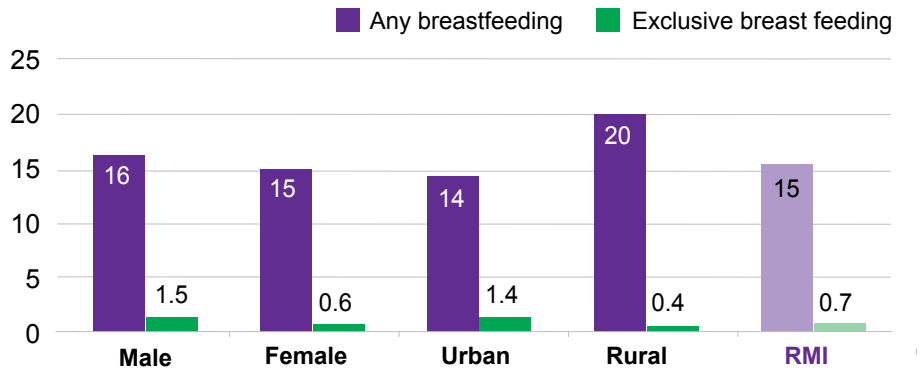
Percentage of infants weighing less than 2.5kg by background characteristics, 2007



Source: 2007 DHS

The mean duration of exclusive breastfeeding is 2.3 months, well below the WHO's recommendation of six months. Rural infants are breastfed longer than urban ones, but urban infants are exclusively breastfed for longer.

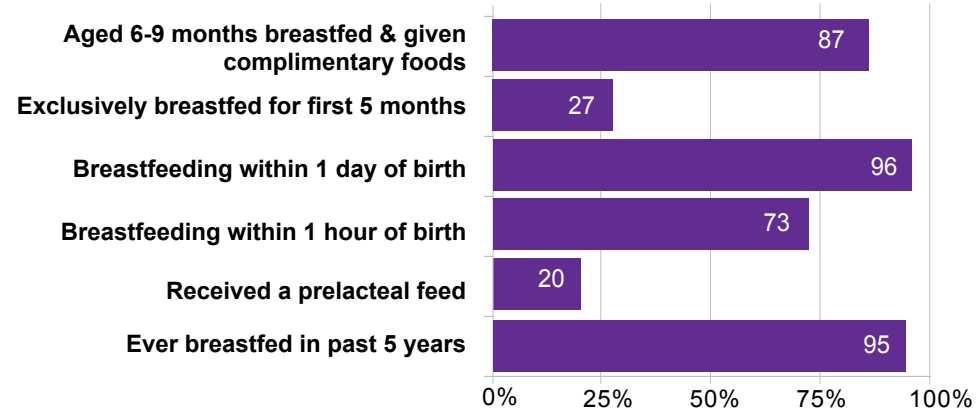
Median duration of breastfeeding in months, 2007



Source: 2007 DHS

Survey data show that less than one-third of infants are exclusively breastfed for the first five months of life, yet early initiation of breastfeeding is high

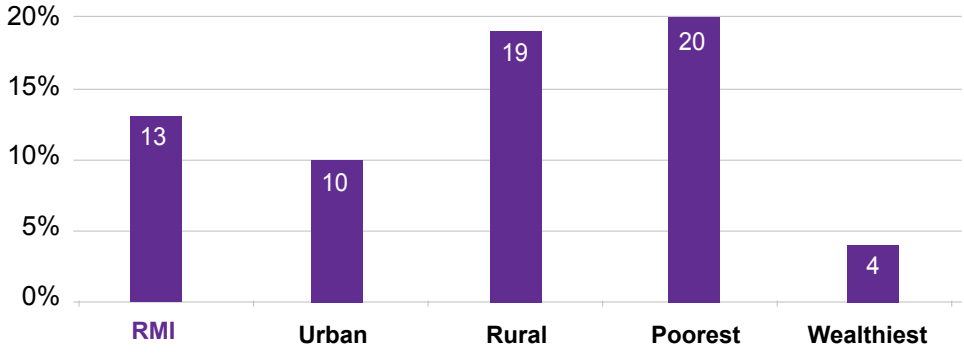
Breastfeeding practices, 2007



Source: 2007 DHS

Young children in rural areas and from the poorest households are significantly more likely to be malnourished

Percentage of children under five observed to be malnourished after checking for thinness and presence of oedema (swelling of feet) , 2007



Source: 2007 DHS

Maternal Health

According to the RMI's 2009 MDG Progress Report, the country is likely to meet MDG 5 on improving maternal health. Since the total population is so small, the maternal mortality ratio is an inadequate measure of maternal mortality in RMI. Instead, the number of registered maternal deaths is presented. Maternal mortality appears to be a rare event in the Marshall Islands, but some under-reporting might be occurring. According to survey data, 95 per cent of pregnant women have access to a skilled provider at delivery, including on the outer Islands, where high risk pregnancies are identified by the health assistants for referral to Majuro and Ebeye hospitals. As complications can arise at the time of delivery, ensuring women have access to emergency obstetric care is essential.

However, there are some challenges. There is some delay in the initiation of antenatal care. Rural and poor women are less likely to receive a full package of antenatal care compared to urban and better off women. Furthermore, an estimated 70 per cent of births take place at the Majuro hospital where only one obstetrician practices. The Ministry of Health is in the process of hiring a second obstetrician. According to the MOH, the lack of obstetricians had an impact on the number of antenatal care visits sought by pregnant women.

A total of 12 maternal deaths have been registered in the last 10 years

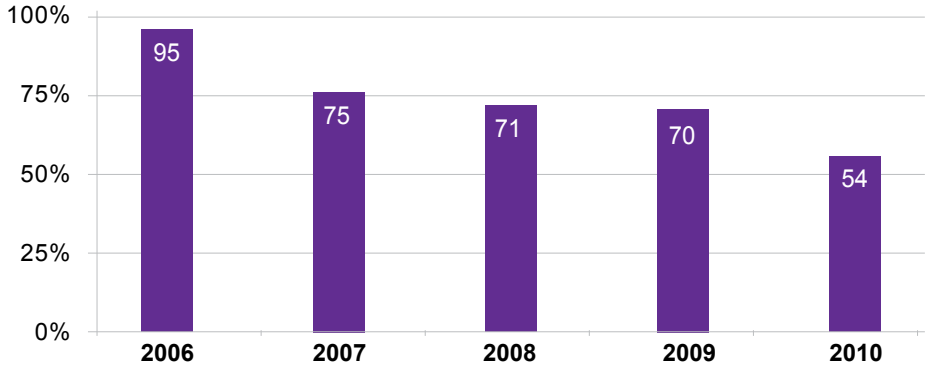
Number of maternal deaths, 2001-2011

Period	Live Births	Maternal Deaths
2001	1,561	0
2002	1,355	1
2003	1,565	0
2004	1,512	0
2005	1,589	1
2006	1,632	2
2007	1,467	0
2008	1,471	1
2009	1,500	3
2010	1,407	2
2011	1,400	2
Total	16,459	12

Source: MOH 2011

In 2010 only half of all pregnant women received the expected number of antenatal care visits

Percentage of women aged 15-44 years with a live birth who received adequate prenatal care (a score of 80% or greater on the Kotelchuck Index), 2006-2010

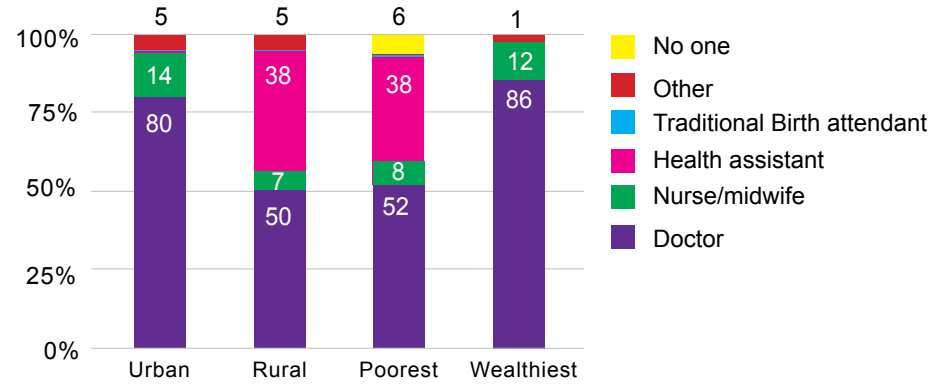


Note: The Kotelchuck Index, also called the Adequacy of Prenatal Care Utilization (APNCU) Index, is based on the following four levels: Inadequate (received less than 50 per cent of expected visits), intermediate (50 per cent-79 per cent), adequate (80 per cent-109 per cent), and adequate Plus (110 per cent or more). The MOH explains the low ANC attendance in 2010 by the lack of qualified personnel to provide ANC services.

Source: MOH 2010

Both urban and wealthier women are 1.6 times more likely to receive antenatal care by a doctor compared to rural and poorer women

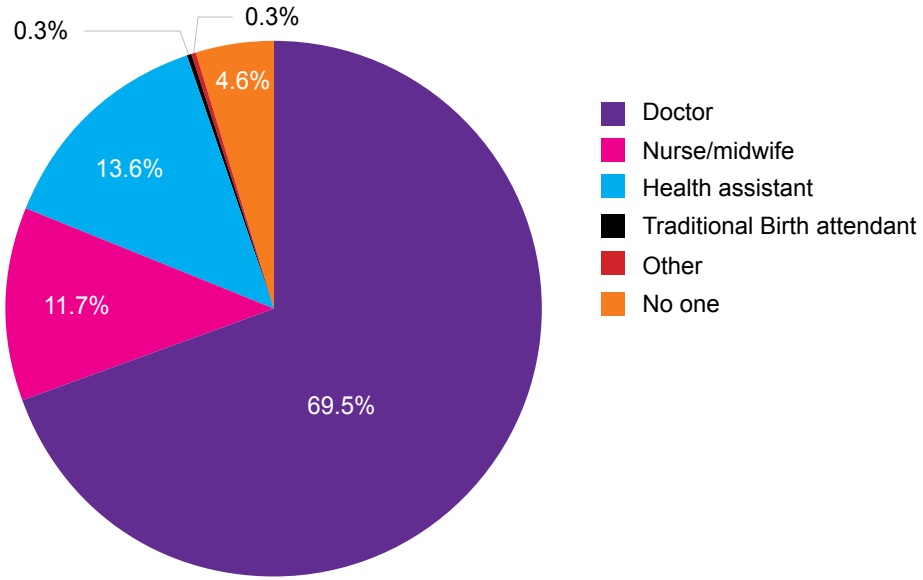
Access to providers of antenatal care by socio-economic background, 2007



Source: 2007 DHS

Antenatal care is predominantly provided by skilled health personnel such as doctors, nurses or midwifes

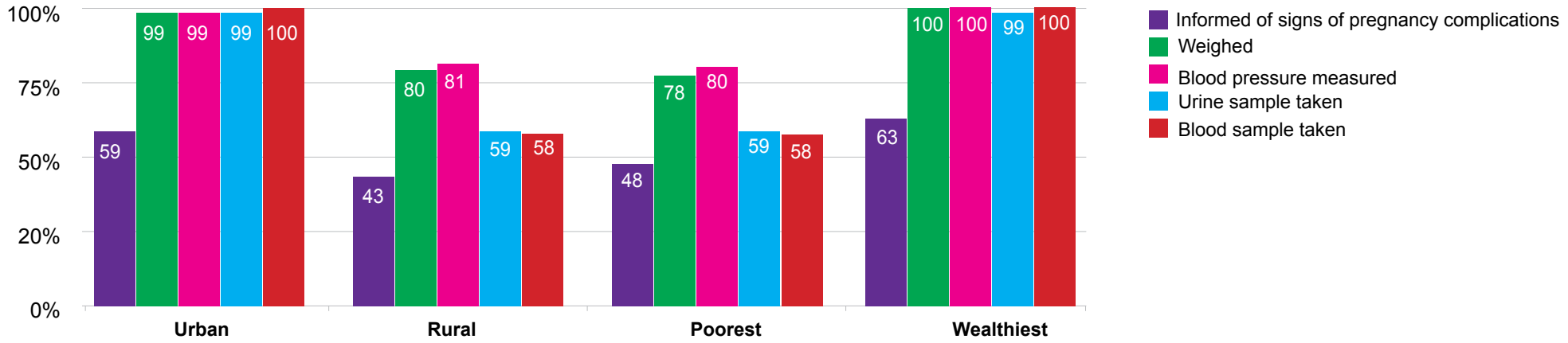
Providers of antenatal care (%), 2007



Source: 2007 DHS

Rural and poor pregnant women receive an incomplete package of care during antenatal visits compared to urban and wealthier women

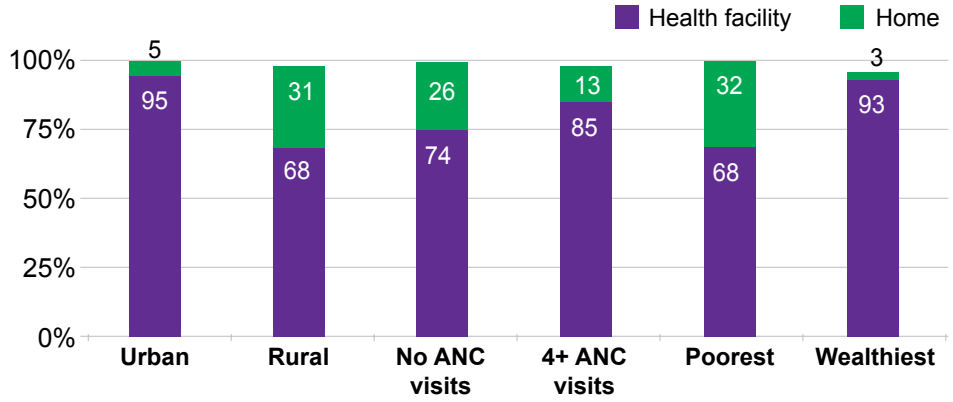
Percentage of pregnant women who received antenatal care services by type of service, 2007



Source: 2007 DHS

Poor and rural women are 9 to 11 times more likely to deliver at home compared to urban women. Lack of antenatal care also increases the likelihood of home birth by a factor of two.

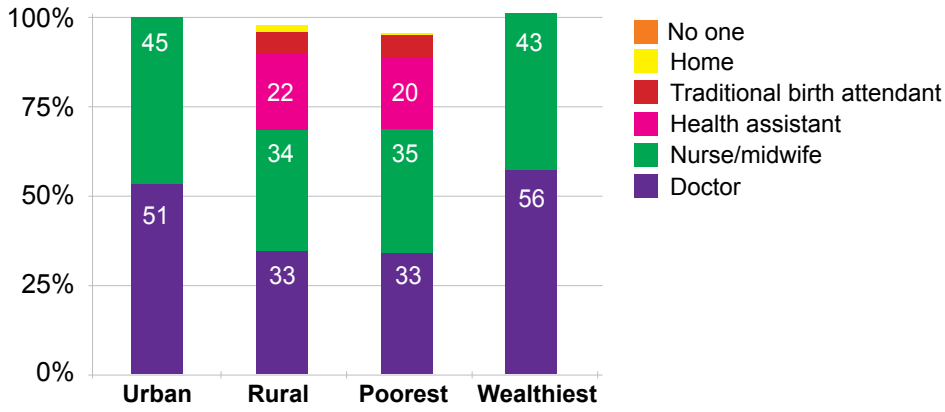
Percentage of live births by place of delivery, 2007



Source: 2007 DHS

Poor and rural women are more likely to be assisted by nurses, midwives and health assistants during child birth

Assistance during delivery by provider of care, 2007



Source: 2007 DHS

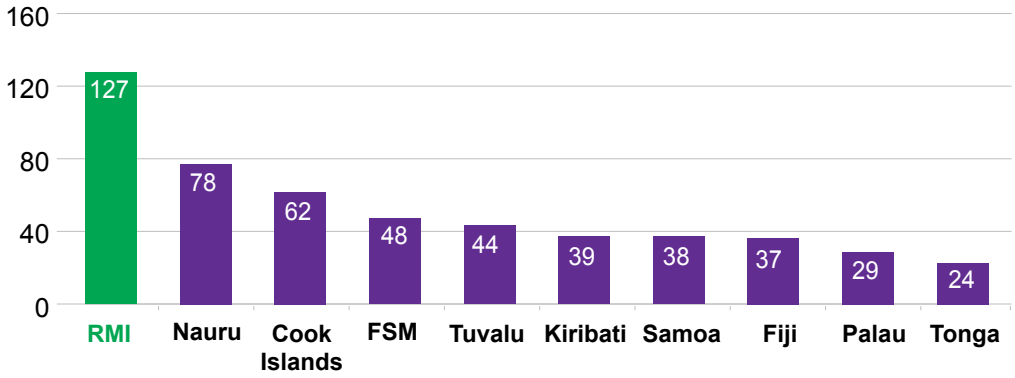
Teenage Pregnancy

Teenage pregnancy is high in the Pacific region with the RMI having the highest rate. Unlike the other islands, in the RMI teenage pregnancy and early marriage tends to be accepted. According to DHS results, the proportion of adolescents aged 15 to 19 years who had given birth was twice as high in rural areas (43 per cent) compared to urban areas (20 per cent). Socio-economic factors such as unemployment and dropping out of school may play a role, but cultural acceptance of early pregnancy might be a stronger determinant.

Studies have shown that early pregnancies can threaten both the health of the mother and her baby. The risk of premature labour, anaemia, high blood pressure and low birth weight are increased for teenage mothers. According to the MOH, most very low birth weight babies (under 1.5kg) are born to adolescents.

The teenage fertility rate in the Marshall Islands is five times higher than in Tonga

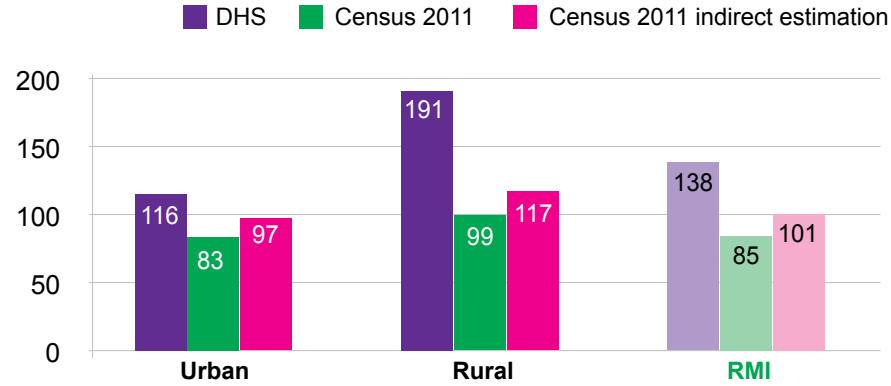
Teenage fertility rates (births per 1,000 teenagers aged 15-19 years) by country, 2005-2009



Source: SPC population data sheet 2011

Rural teens have much higher fertility rates than their urban peers

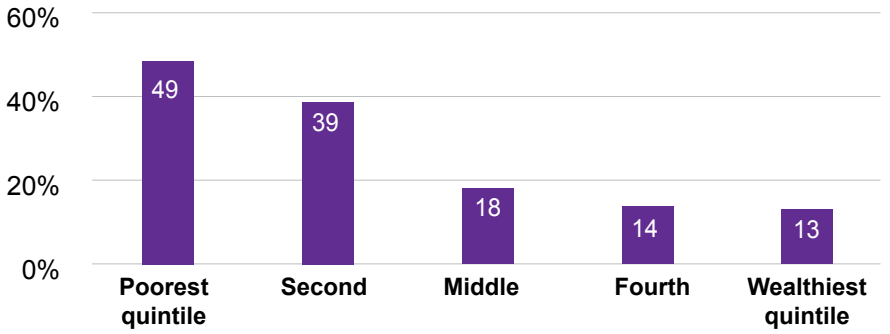
Teenage fertility (15-19 years) by place of residence and data source, 2007 and 2011



Source: 2007 DHS and 2011 RMI Census of Population and Housing, EPPSO

Adolescent women from the poorest households are nearly four times more likely to have begun childbearing than their peers from the wealthiest households

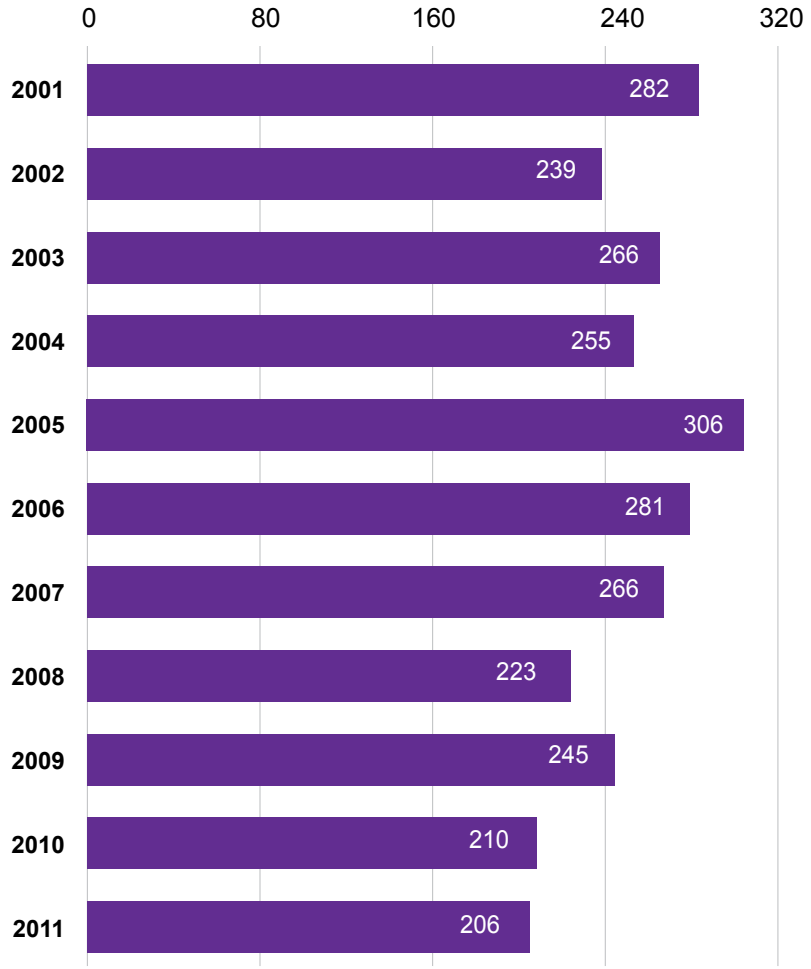
Percentage of women aged 15–19 who have begun childbearing by wealth quintile, 2007



Note: Figures for the wealthiest quintile are based on 25-49 unweighted cases.
Source: 2007 DHS

Teenage pregnancies account for 15 to 20 percent of all recorded births. The number of teen pregnancies has been decreasing in the last few years.

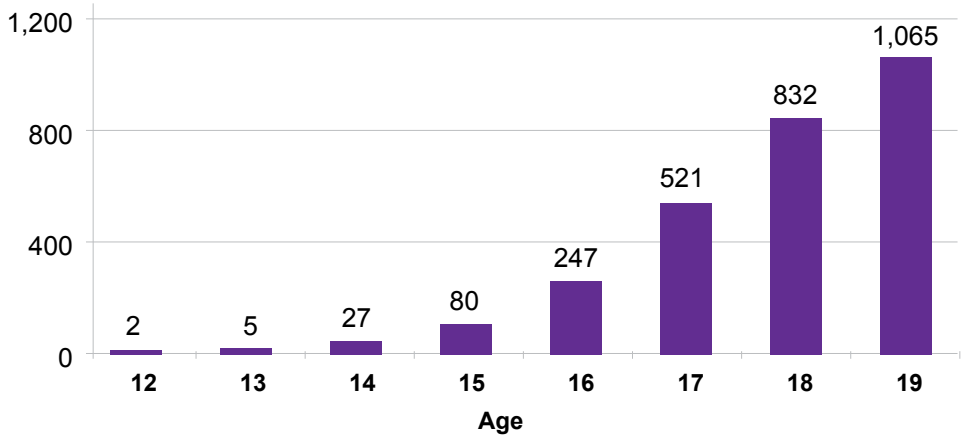
Number of recorded teenage pregnancies, 2001-2011



Source: Vital and Health Statistics Division, Ministry of Health, 2011

A small but significant number of teen births involve very young girls under the age of 16 years

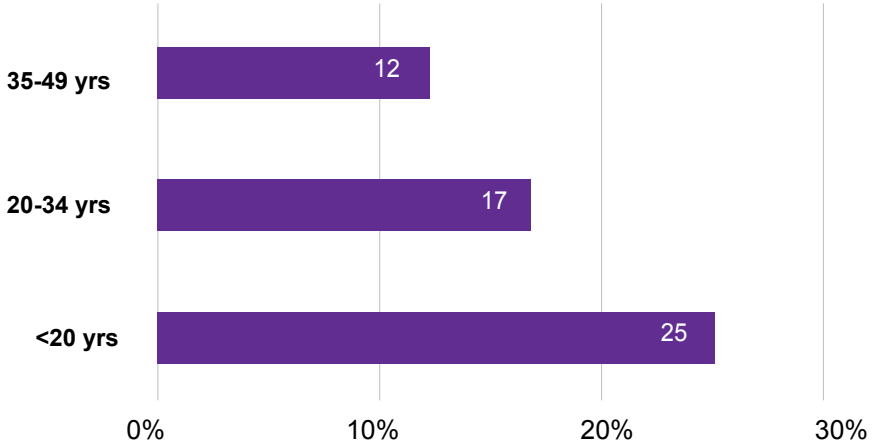
Total number of births to teens 12 to 19 years over the 2001-2011 period



Source: Vital and Health Statistics Division, Ministry of Health, 2011

Babies born to teenagers are up to twice as likely to have low birth weight compared to mothers 35-49 years old

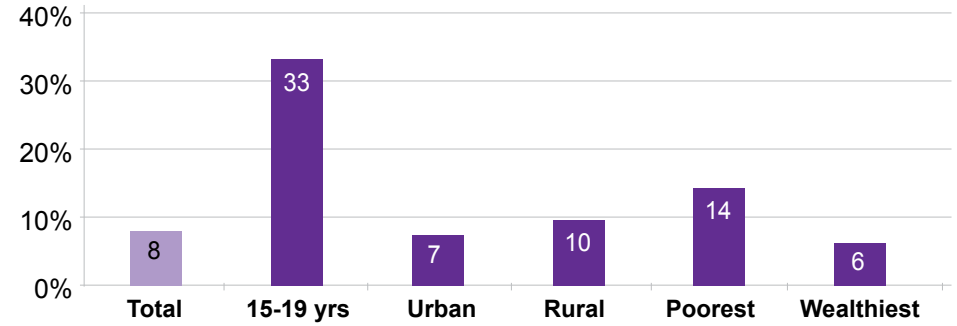
Percentage of newborns weighing less than 2.5kg by mother's age, 2007



Source: 2007 DHS

Nationwide, the unmet need for family planning is very low at 8 per cent, reflecting a preference for high fertility in the RMI. Adolescents aged 15 to 19 have the highest unmet need at 33 per cent.

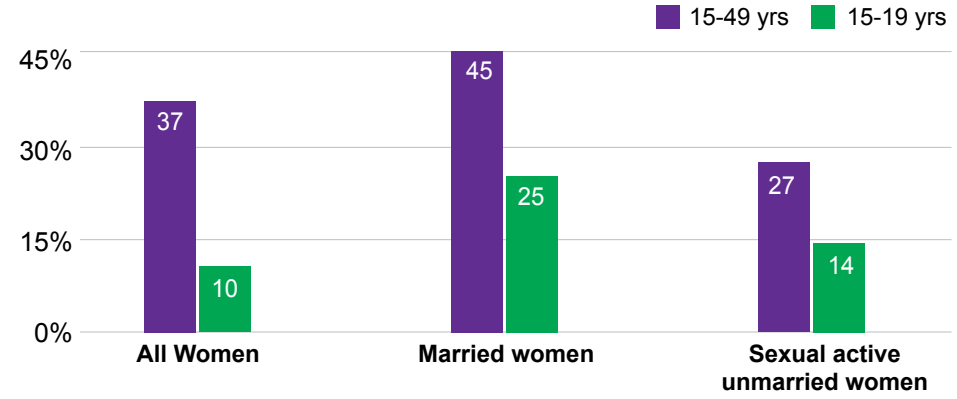
Percentage of currently married women aged 15-49 with unmet need for family planning, 2007



Source: 2007 DHS

Only 37 per cent of women of childbearing age used contraception in the RMI. Adolescents aged 15 to 19 years were nearly four times less likely to use contraception.

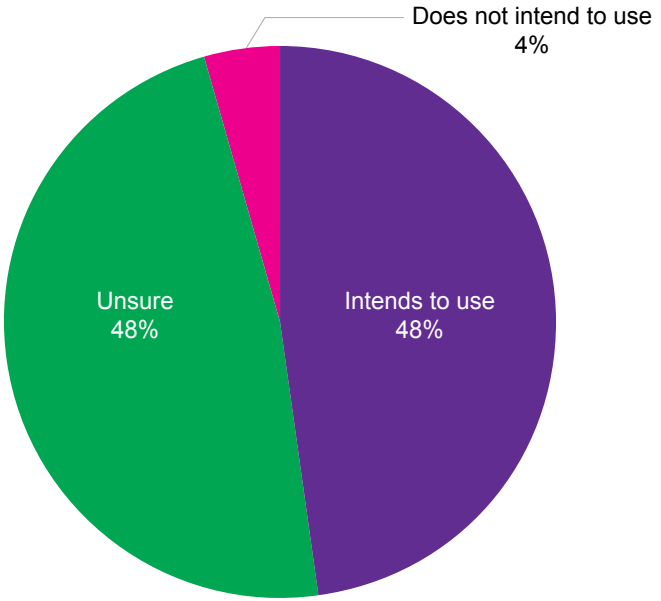
Percentage of women aged 15-49 currently using any contraception method, 2007



Source: 2007 DHS

Nearly 50 per cent of women not using contraception do not intend to use it in the future

Future use of contraception among married women aged 15-49 who are not using a contraceptive method, 2007



Source: 2007 DHS

HIV and AIDS

The number of people reported to be living with HIV in the Marshall Islands remains low, with a cumulative incidence of 25 HIV cases at the end of 2011. Of the 25 cases, 23 were due to heterosexual transmission. Mother-to-child transmission is the next most common mode of transmission. Ten people have died since being diagnosed HIV positive, and another seven HIV-positive people have left the island, leaving eight currently living in Majuro receiving medical care.

Low levels of knowledge and unprotected sexual activity, particularly among young people, are the most significant risk factors according to the 2007 Demographic Health Survey and the 2009 Youth Risk Behaviour Survey. Alcohol use is frequently associated with unprotected sex. Girls and women have much less knowledge of HIV than boys and men; they are often poorly equipped to protect themselves from HIV transmission and lack the necessary life skills.

HIV prevalence in the RMI is still low. Ten HIV–positive people have died out of 25 diagnosed cases since 1984.

Number of people infected with HIV

	Total	Active	Died	Migrated out
Male	10	3	5	2
Female	11	5	5	1
Unknown	4	0	0	4
Total	**25**	**8**	**10**	**7**

Source: RMI Global AIDS Progress Report 2012

Syphilis and chlamydia are extremely prevalent in the population

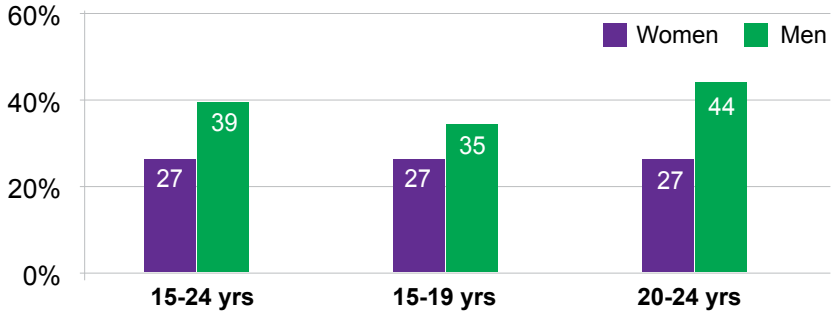
Number of positive cases of Syphilis, Gonorrhea, and Chlamydia, 2008-2010

STIs	2008 Positive cases	Prevalence rate per 100,000 pop.	2009 Positive cases	Prevalence rate per 100,000 pop.	2010 Positive cases	Prevalence rate per 100,000 pop.
Syphilis	302	567	486	904	342	628
Gonorrhea	27	51	107	199	116	213
Chlamydia	67	126	393	731	331	608

Note: STI cases are only those recorded at Majuro and Ebeye hospitals.
Source: MOH, HIV & STI Clinical Care Program 2012

Only a quarter of young women have comprehensive correct knowledge of HIV and AIDS

Comprehensive knowledge about HIV among youth aged 15 to 24 years, 2007



Note: Comprehensive knowledge means knowing that consistent use of condoms during sexual intercourse and having just one uninfected faithful partner can reduce the chance of getting the HIV virus; knowing that a healthy-looking person can be HIV-positive, and rejecting the two most common misconceptions in the RMI about HIV transmission i.e. the transmission through sharing food and supernatural means.

Source: 2007 DHS

Young people have dangerous misconceptions about HIV

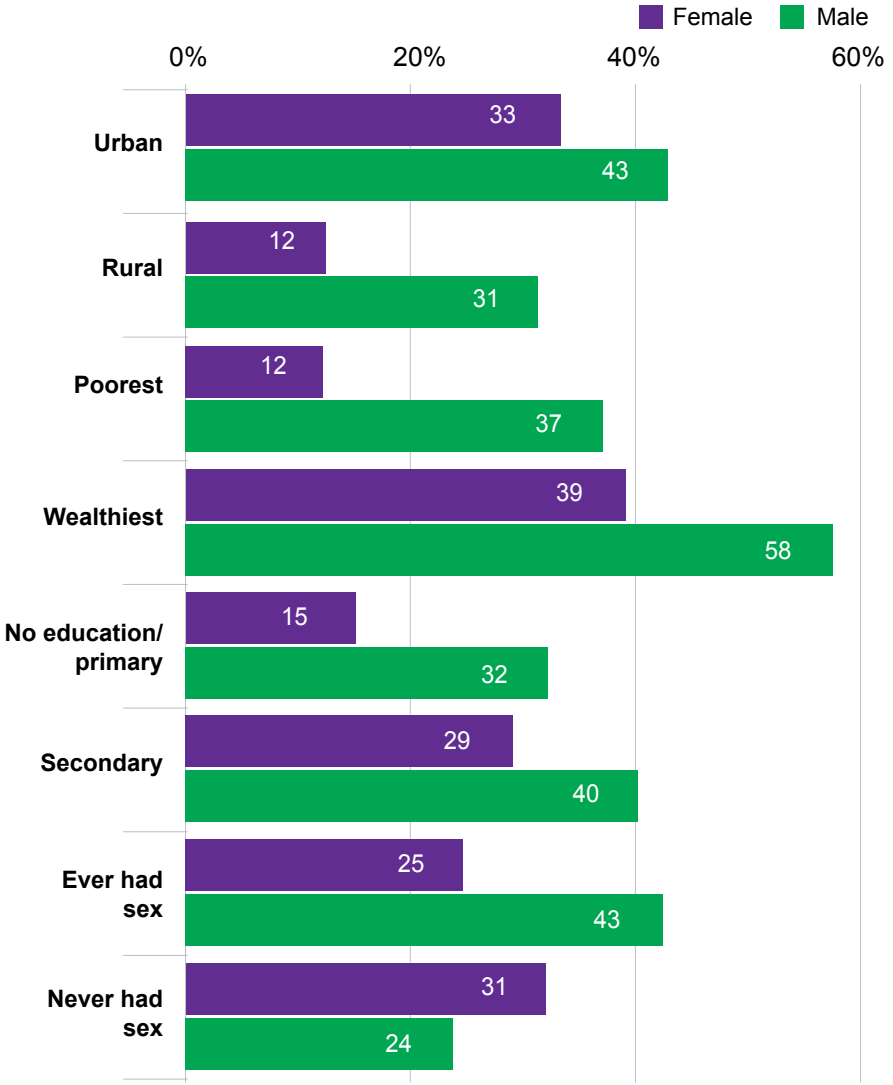
Knowledge of HIV prevention methods and rejection of misconceptions among 15-24 year-olds (%) by sex, 2007

% who knows that …	Females	Males
You can reduce risk by having sex with one uninfected partner	82	90
You can reduce risk by using condoms	70	88
A healthy-looking person can have AIDS	36	66
AIDS cannot be transmitted by supernatural means	75	80
A person cannot become infected by sharing food with a person who has AIDS	56	60

Source: 2007 DHS

Large disparities exist in comprehensive knowledge of HIV based on gender, location, wealth and education attainment

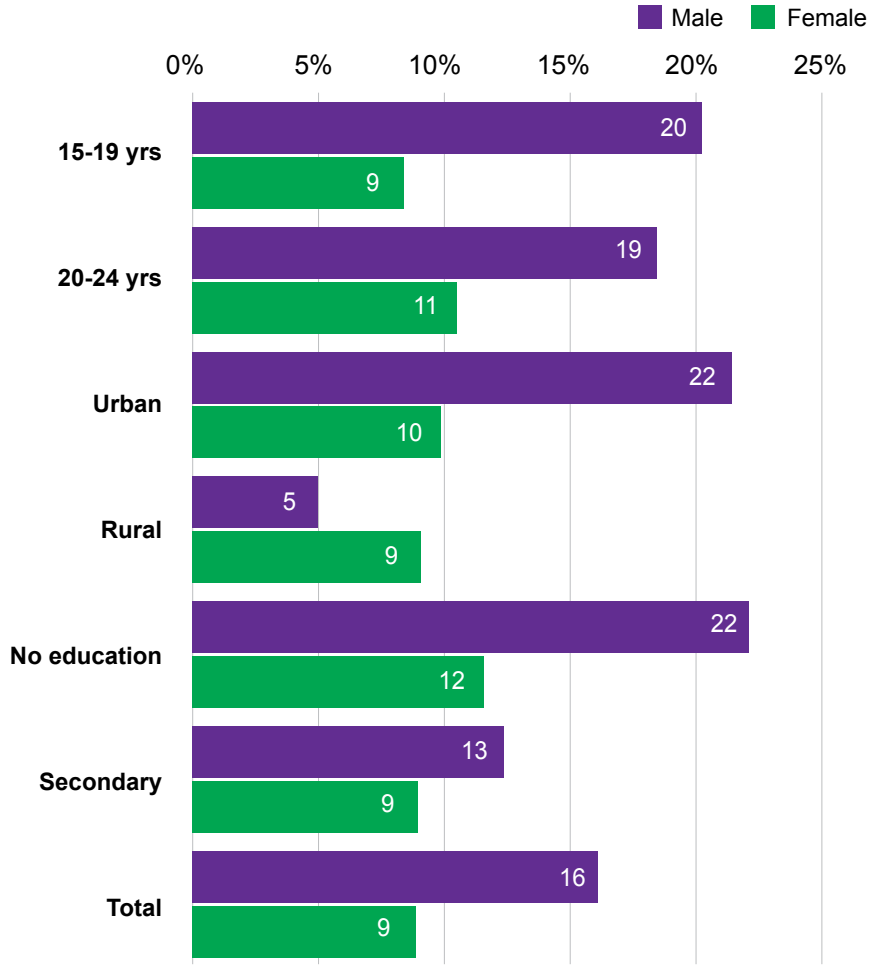
Comprehensive knowledge of HIV among females and males (aged 15-49 years) by background characteristics (%), 2007



Source: 2007 DHS

Young women's use of condoms during her first sexual encounter is consistently lower than young men's across a range of background characteristics. Unprotected sex combined with low knowledge of HIV transmission is a major concern.

Condom use at first sexual encounter among young men and women aged 15-24 years, 2007



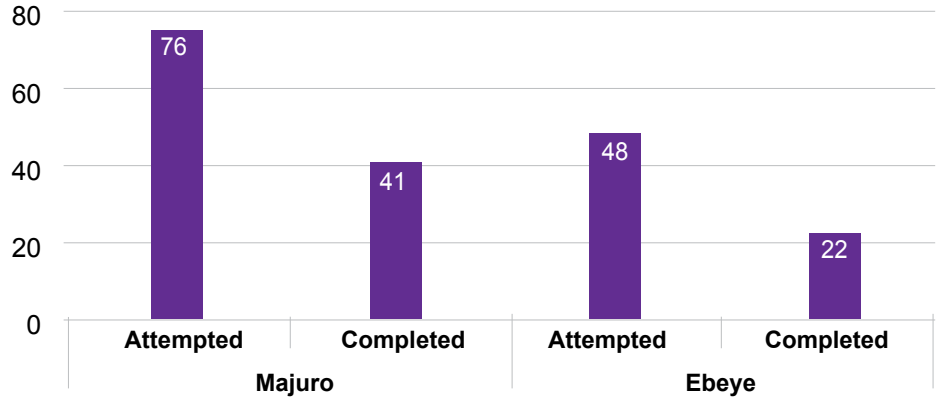
Source: 2007 DHS

Suicide

The incidence of suicide and attempted suicide among youth is a problem in the RMI. Alcohol and drug use play a role. Although the 1994 Alcoholic Restriction Act forbids anyone under the age of 21 to purchase, consume, or possess alcoholic beverages, use of alcohol among youth is widespread. The 2009 Youth Risk Behaviour Survey conducted among 1,847 high school pupils showed that 10.5 per cent of pupils had their first drink before 13 years and 41.4 per cent had had one or more drinks in the 30 days prior to the survey. Survey data show that alcohol and drug addiction is frequently cited as a reason for suicide, as well as family and relationship problems.

Between 2006 and 2011, 63 completed suicides were recorded; cases are probably under-reported.

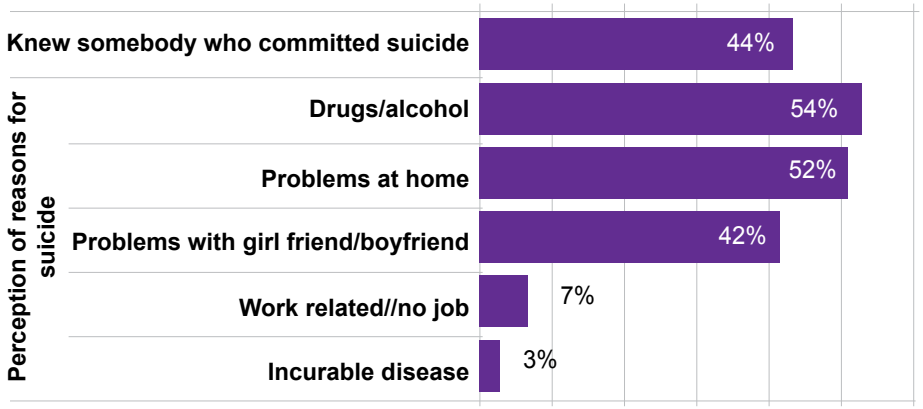
Number of attempted and completed suicides, Majuro and Ebeye, 2006-2011



Note: The figures refer only to those reported to the Majuro and Ebeye hospitals.
Source: Human Services Division of the Hospitals 2011

The primary reasons for suicide seem to include addiction, family issues and relationship problems. Economic pressures such as unemployment seem to play a relatively minor role.

Respondents who knew someone who committed suicide and perceived reasons for suicide, 2007



Source: 2007 DHS

Men, rural and poorer residents seem to be more affected by problems at home, while alcohol and drugs seem to play a bigger role for urban and richer residents.

Perceived reason for suicide by background characteristics (%), 2007

Perceived Reason for Suicide	Sex		Residence		Wealth	
	Male	Female	Urban	Rural	Poorest	Richest
Drugs/alcohol	54.2%	53.3%	58.5%	45.5%	41.6%	57.7%
Problems at home	52.5%	42.7%	47.6%	60.5%	58.7%	42.0%
Problems with girlfriend/boyfriend	42.7%	31.7%	43.2%	39.6%	38.1%	38.8%
Work related/no job	7.4%	0.0%	9.4%	2.0%	1.0%	10.7%

Note: Male/female characteristics are those of the person who committed suicide. Perceived reasons are given by survey respondents. The urban/rural and poorest/richest dichotomies are the background characteristic of the respondent to the survey.

Source: 2007 DHS

The Government dedicated 21 per cent of its expenditure to the health sector

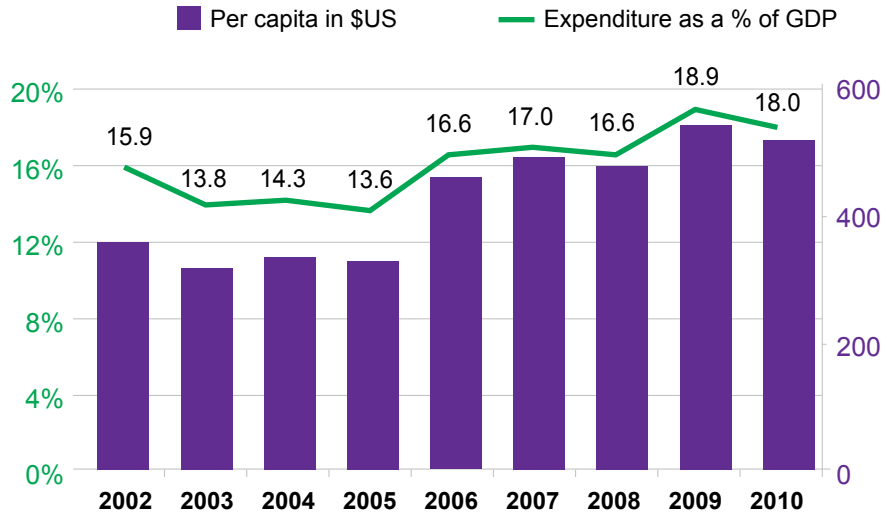
Government expenditure on health ($US and %), 2009 and 2010

	2009	2010
Health	$ 20,460,965.00	$ 20,612,117.00
Total government expenditure	$102,111,343.00	$ 98,820,034.00
% of total expenditure	20%	21%

Source: RMI Financial Statements 2010

The RMI dedicates around 18 per cent of its GDP to the health sector

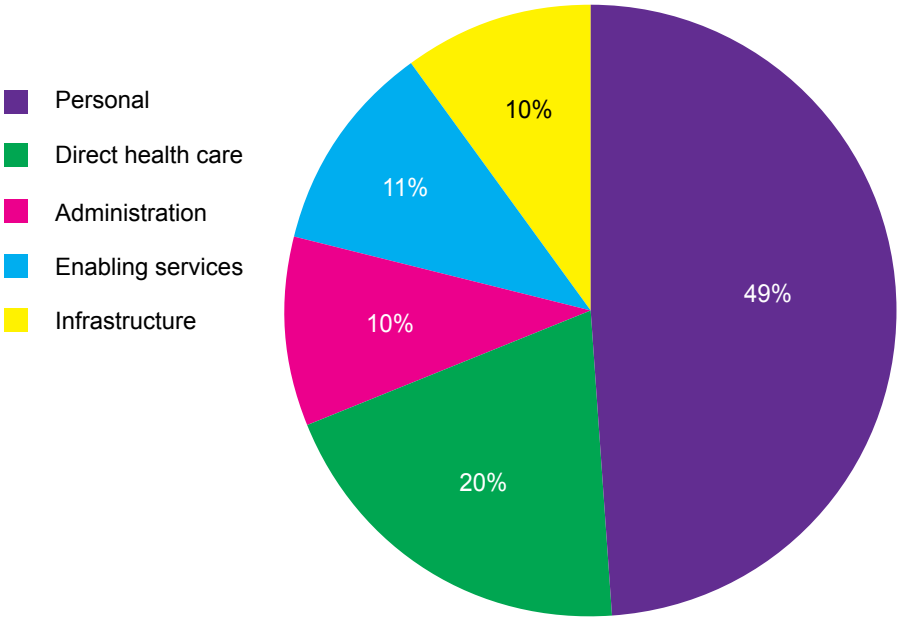
Health expenditure as a percentage of GDP and per capita, 2002-2010



Source: World Bank Indicators

Sixty per cent of the maternal and child health budget is spent on personnel and administration, while forty per cent goes to direct health care, enabling services and infrastructure

Distribution of Maternal and Child Health expenditure, 2010



Source: MOH 2010

CHAPTER 5 Children with Disabilities

The RMI has not signed the Convention on the Rights of Persons with Disabilities. However, the nation signed in 1997 the Proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region.

While the Constitution prohibits discrimination in general, specific dispositions to protect persons with disabilities are not provided. No specific government agency is charged with protecting the rights of people with disabilities. The RMI has not passed laws or adopted policies to ensure that persons with disabilities have access to public transport, buildings, education or information. In practice people with disabilities have difficulty not only in obtaining employment, but also in accessing health care.

The Ministry of Health is responsible for treating mental and physical disabilities, while the Ministry of Education is responsible for supporting special education for children with disabilities. The Special Education Programme, financed by the US Government, is the only specially funded programme that provides additional services to children with disabilities, particularly children with learning disabilities.

The Ministry of Health in collaboration with the Ministry of Education carries out "child find" surveys to identify children with special needs and refer those who need to attend special education programmes. The Ministry of Health provides visits to sick children in their home, and a range of other services for children and young people aged 0 to 21 years.

In a 2012 satisfaction survey, families expressed difficulties in meeting the needs of their children with special health care needs (CSHCN), in particular with costs related to medical equipment such as hearing aids, wheelchairs and glasses. Parents also expressed the need for more home visits and an increase in the provision of direct services. Parents felt ill-prepared to provide the care and services required for the children suffering with disabilities, particularly for children with limited mobility and requiring a sustained level of care and support.

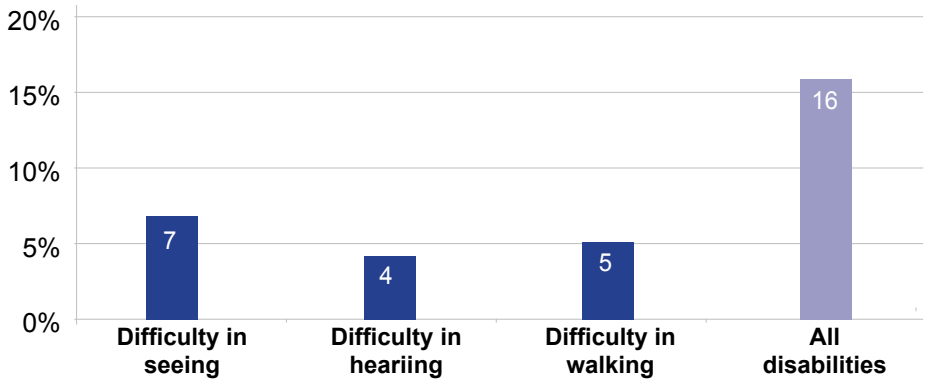
According to MOH data, the MCH programme is absorbing the hospital fee of US$5.00 per visits for families who cannot afford the fee, particularly for families from the outer islands. Improving accessibility to CSHCN services for children aged 0-21 years was identified in 2010 as a state priority.

In addition, the CRC committee identified other challenges notably the lack of physical therapy programmes, lack of follow-up care after constructive surgery, lack of early detection and preventive measures, the under-reporting of disability cases, limited access to specialized educational programmes and the absence of specialized programmes outside of the school environment.

The 2011 RMI Census included questions on general disabilities based on recommendations of the Washington Group on Disability for the inclusion of disability questions in censuses. The census captured whether a person had difficulty seeing, hearing or walking. It should be noted though, that this set of questions is not ideally suited to the population below the age of 18 years because the distribution of types of disability is different for children compared with adults. In adults, mobility, sensory, and personal care difficulties predominate, especially with advancing years. In children the main disabilities are related to intellectual functioning and behaviour – and these dimensions are not captured in the census questionnaire.

An estimated 16 per cent of the general population is living with a disability

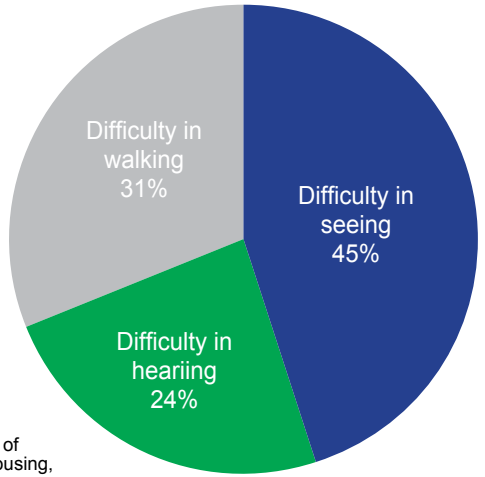
Percentage of the total population affected by disability by type of disability, 2011



Source: 2011 RMI Census of Population and Housing, EPPSO

Difficulty in seeing is the most prevalent reported form of disabilty

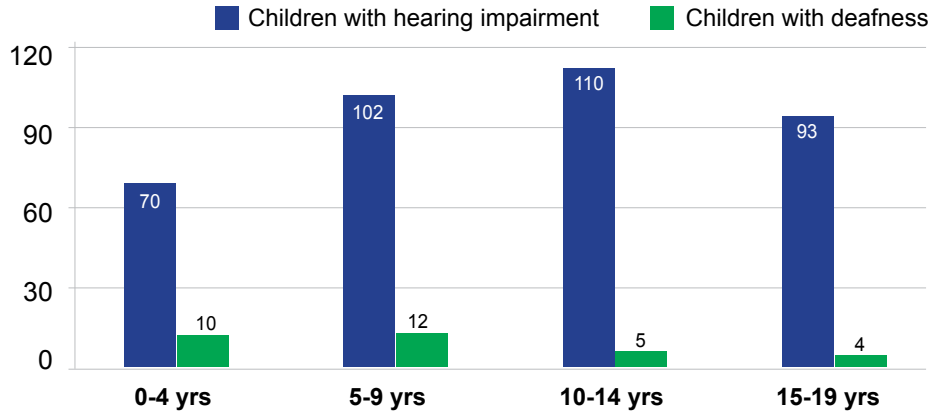
Distribution of persons with disabilities by sex, 2011



Source: 2011 RMI Census of Population and Housing, EPPSO

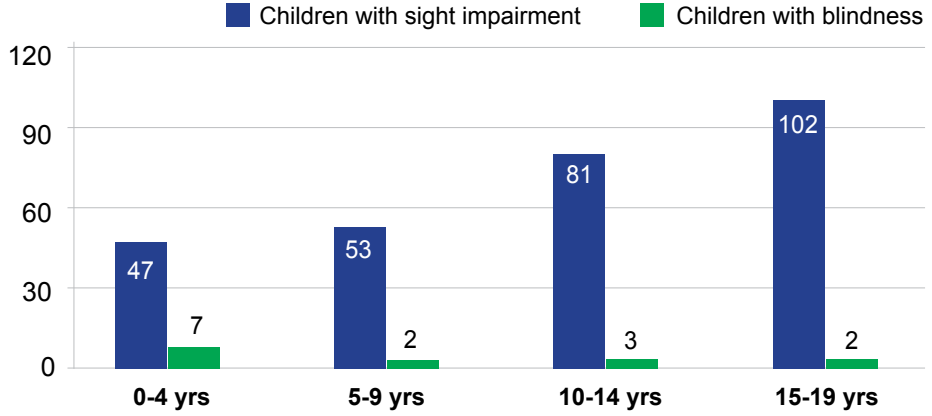
The 2011 Census identified a significant number of children with sight or hearing disabilities

Number of children aged 0-19 years with reported hearing impairment and deafness by age group, 2011



Source: 2011 RMI Census of Population and Housing, EPPSO

Number of children aged 0-19 years with reported sight impairment and blindness by age group, 2011



Source: 2011 RMI Census of Population and Housing, EPPSO

Students with Disability

The RMI carries out a Special Education Programme aimed at providing a conducive learning environment for students with disabilities. The programme offers Free Appropriate Education (FAPE) to eligible children with disabilities aged 3 to 21 years. It has a hearing and screening programme that assists teachers in screening school-age children for hearing deficiencies through the use of simple audiometers.

The Special Education programme is funded by the United States through the Individuals with Disabilities Education Act (IDEA). It provided specialized instruction to 735 children in school year 2008-09. In 2009, US$1,782,185 (or 5 per cent of the education budget) was budgeted for the special education programme.

The teacher ratio is favourable to adequate learning conditions

Number of special education teachers, students with disabilities, and student/teacher ratio, 2006-2009

	2006-07	2007-08	2008-09
Number of Special Education teachers	128	138	139
Number of enrolled students with disabilities	686	722	735
Student/teacher ratio	1:5	1:5	1:5

Source: MOE 2009 Annual Report

Nearly half of community members are aware of the existence of special education classes for children with disabilities, but less aware of other forms of support

Percentage of community members who know of institutional support for children with disabilities, 2010

Responses	Number of responses	Percent who know about support
None	3	6%
Special education classes	218	47%
Special vocational training and special rehabilitation services	58	13%
Health apparels, such as wheelchairs, hearing aid, special phones and/or other equipment	38	8%
Ramps, accessible facilities & washrooms	58	13%
Transitional work/employment	3	1%
Government financial support	38	8%
Other	6	1%
Don’t know	12	3%
Refused	1	0%
Total	462	100%

Source: 2012 UNICEF CPBR

Geographic disparities in the proportion of the population reporting sight disabilities

Percentage of the population reporting having difficulties in seeing by atoll island, 2011

Source: 2011 RMI Census of Population and Housing, EPPSO

CHAPTER 6 Protection of Children and Women

In the RMI child abuse and neglect are criminal offenses and the majority of children live in protective and loving homes. However, public awareness of children's rights remains low. Under the 1991 Child Abuse and Neglect Act, the Ministry of Health is required to maintain a registry of child abuse or neglect cases, but such a registry has not yet been established. While the law requires teachers, caregivers, and other people to report instances of child abuse, there were no prosecutions in 2011.

UNICEF recently collaborated with the Government of RMI to develop a Child Protection Baseline Research study. Although communities have traditional mechanisms for keeping children safe from harm, violence against children occurs in the home and at schools. In the Baseline Study, adults admit only to light spanking, while children report harsher forms of punishment. Children also suffer emotional abuse by being called 'stupid' or 'worthless', which damages self-esteem. The 2006 United Nations Secretary-General's Study on Violence Against Children calls for an end to the justification of violence against children, regardless of customs, traditions, or justified as a means to discipline children.

Some recommendations in the UNICEF study stress the need for a National Child Protection Policy for schools, including school protocols for reporting/referring child abuse cases. The Child Abuse and Neglect Act needs to be updated to ban the use of corporal punishment and to ensure that unlawful sexual activities against children are fully prosecuted. Overall, there needs to be more awareness of children's rights among service providers such as teachers, health personnel, and officials in the judiciary. Furthermore, the RMI needs to enact child protection laws to comply with the Convention on the Rights of the Child, and fully implement existing laws and policies.

Worldwide, and in particular through the CEDAW, domestic violence against women has been recognized as a violation of human rights. In the RMI, like elsewhere in the Pacific, acceptance of domestic violence is pervasive. Some 56 per cent of women and 58 per cent of men found violence justifiable. There is a lack of awareness among key stakeholders such as government officials, judicial and law enforcement officers and community leaders about the need to stop violence against women.

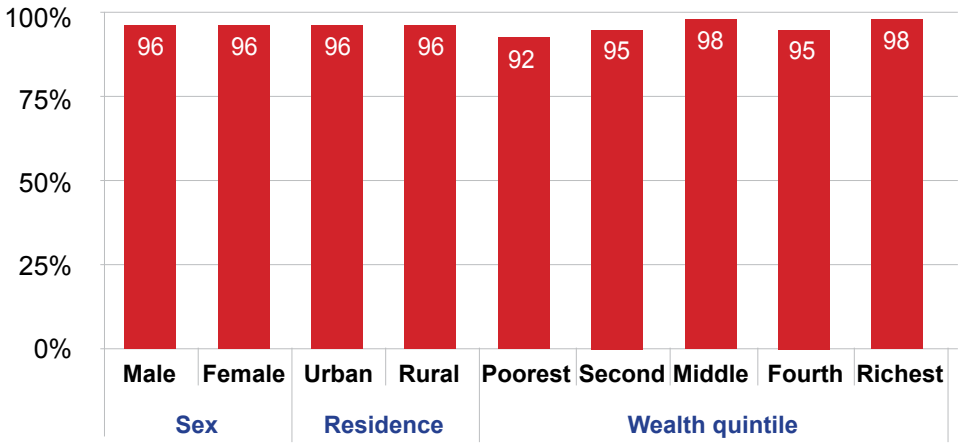
More than 50 per cent of women who experience physical or sexual violence, suffer in silence without reporting it to anyone. Women often remain in abusive relationships due to the lack of adequate legal protection, or shelters. In the RMI, half of women remain silent about domestic violence.

Birth Registration

The right to a name and nationality is one of the most fundamental human rights. Birth registration is a crucial step in ensuring that children are afforded the rights they are entitled to, including a name, nationality, proof of age, and protection. In the RMI, birth registration is the responsibility of the Vital Statistics office under the Office of Health Planning, Policy and Statistics in the Ministry of Health. Completed birth certificates are forwarded to the Ministry of Internal Affairs for final registration. Birth registrations completed one year after birth are considered late registrations requiring parents or guardians to secure a court order to finalize the birth registration.

Births are nearly universally registered regardless of gender, place of residence or wealth

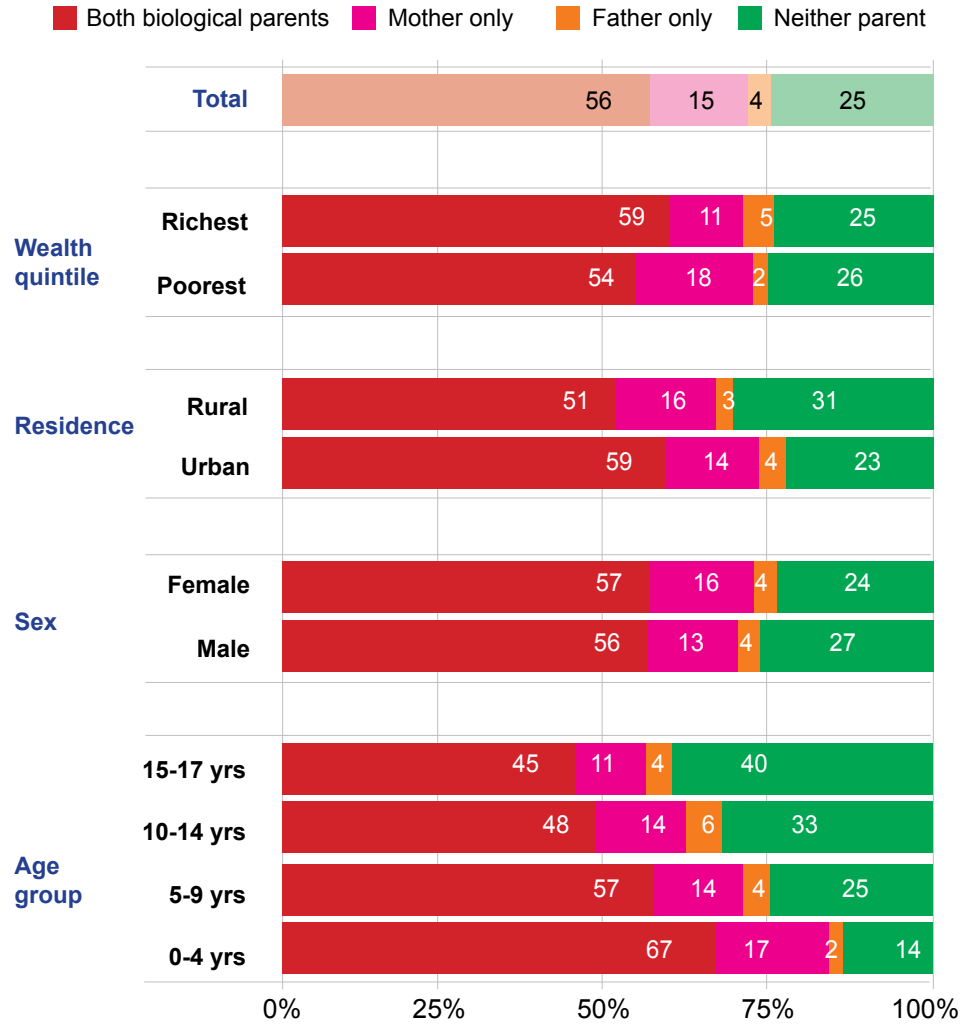
Percentage of children under 5 years whose birth are registered by sex, residence, and wealth quintile, 2007



Source: 2007 DHS

Six out of ten Marshallese children live with their biological mother and father. Rural, male and older children are more likely to live away from their parents

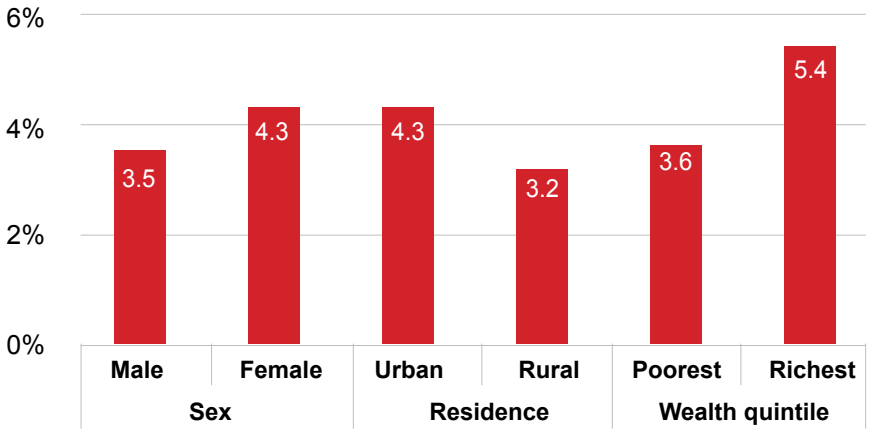
Percentage distribution of children by living arrangements by background characteristics, 2007



Source: 2007 DHS

Four percent of children have lost one or both parents

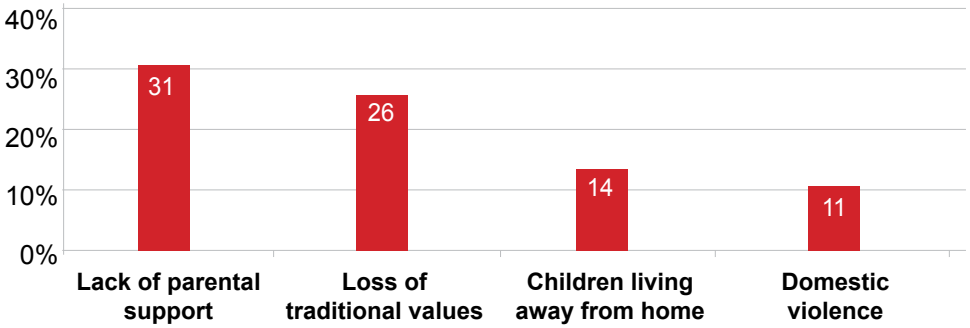
Percentage of children with one or both parents dead by background characteristics, 2007



Source: 2007 DHS

Some 14 per cent of key informants believe that living away from home is a contributing factor to child abuse

Factors contributing to child abuse, violence, and exploitation according to key informants, 2010

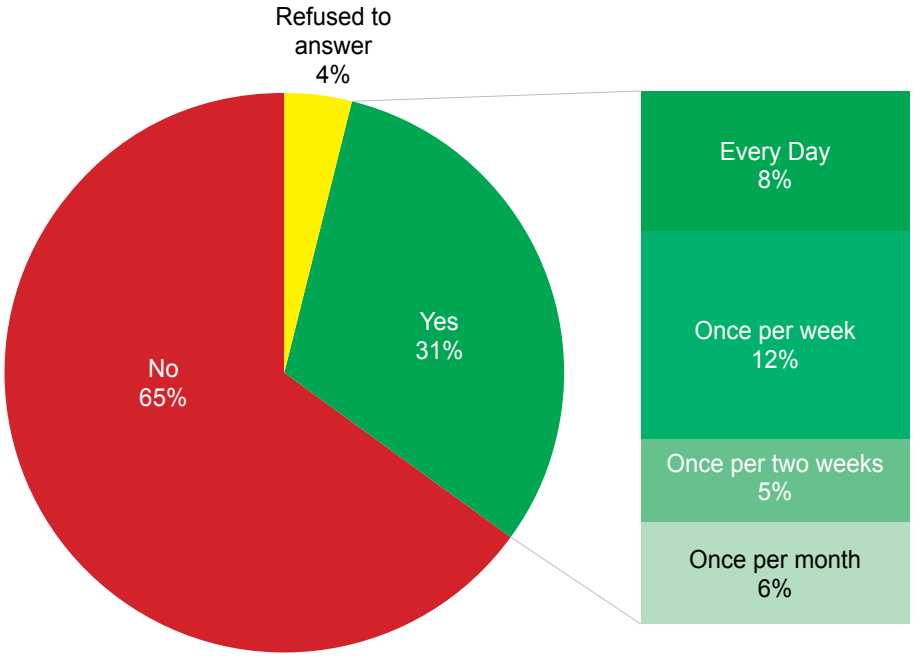


Note: key informants include justice representatives; police; religious leaders; educational representatives; health workers; civil society organizations (CSOs); social services workers; youth leaders; and traditional and community leaders.

Source: 2012 UNICEF CPBR

65 per cent of children do not report violent discipline at home, while one in three say they were physically hurt by an adult at least once in the past month

Percentage of child respondents (aged 16 -17 years) who have been physically hurt by an adult in the household within the past month, 2010

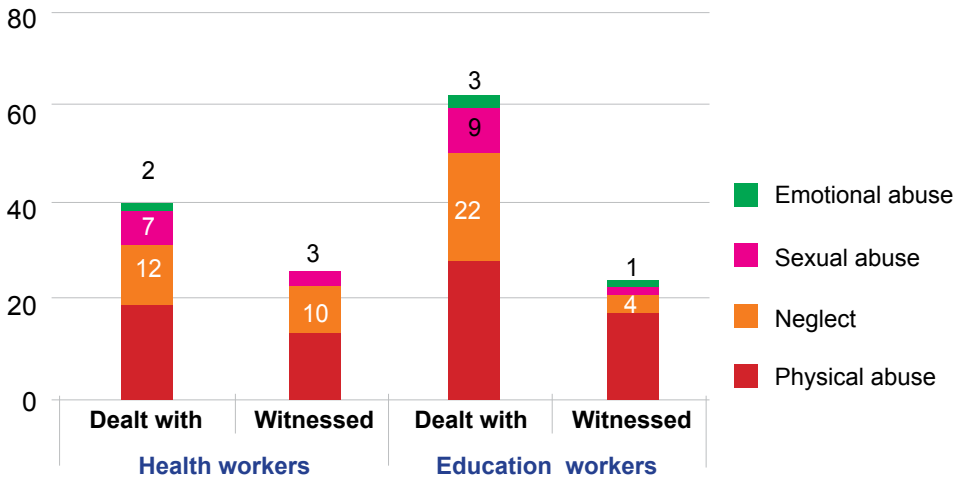


Source: UNICEF, CPBR 2012

The majority of children in the RMI live in loving and protective home environments. A small minority (8 per cent) experience violence on a daily basis indicating a need for greater protection.

Health and education workers most frequently deal with cases of physical child abuse, followed by neglect, and sexual abuse

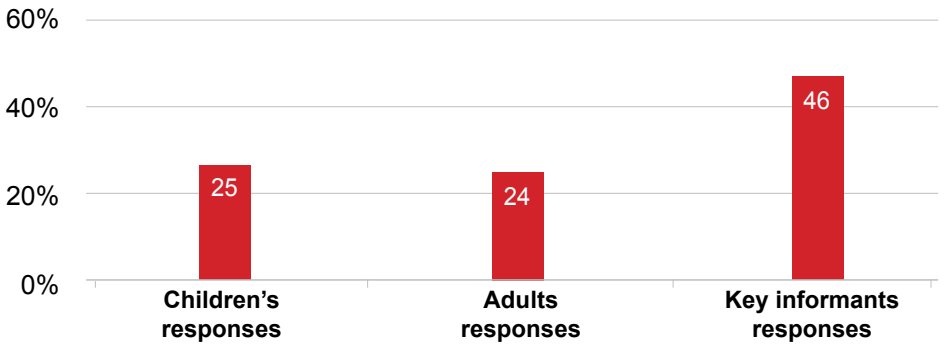
Child abuse/neglect cases dealt with or witnessed by health and education workers in the past year, 2010



Source: UNICEF, CPBR 2012

Nearly half of key informants admit corporal punishment occurs in schools, compared to a quarter of children and adults

Percentage of respondents who report that teachers physically punish, hit, smack, pinch, kick, pull or twist children's ears by type of respondent, 2010

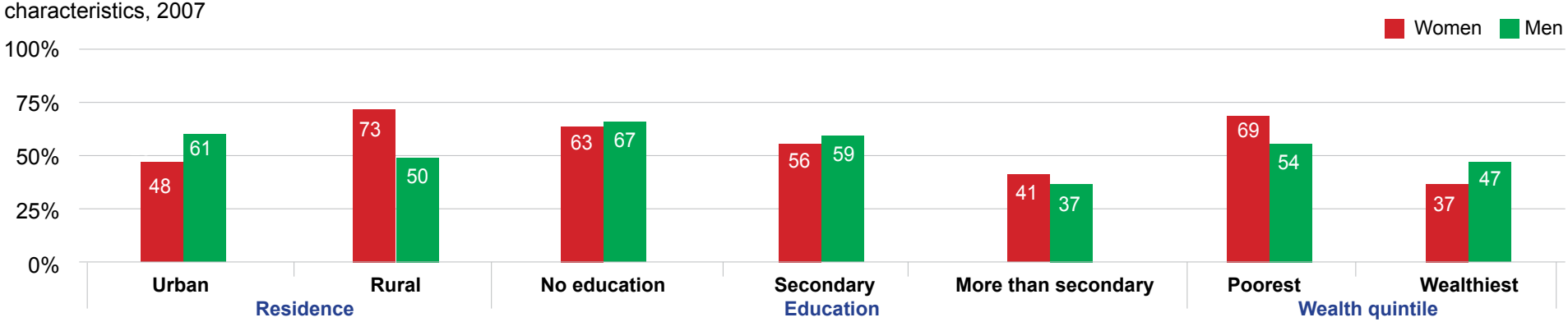


Note: Key informants include justice representatives; police; religious leaders; educational representatives; health workers; civil society organizations (CSOs); social services workers; youth leaders; and traditional and community leaders.

Source: UNICEF, CPBR 2012

Acceptance of domestic violence is widespread in the RMI, with rural and poor women more likely to accept it. Men and women with higher education as well as those in wealthier households are least likely to justify domestic violence.

Percentage of men and women aged 15–49 who responded that a husband or partner is justified in hitting or beating his wife under certain circumstances by background characteristics, 2007

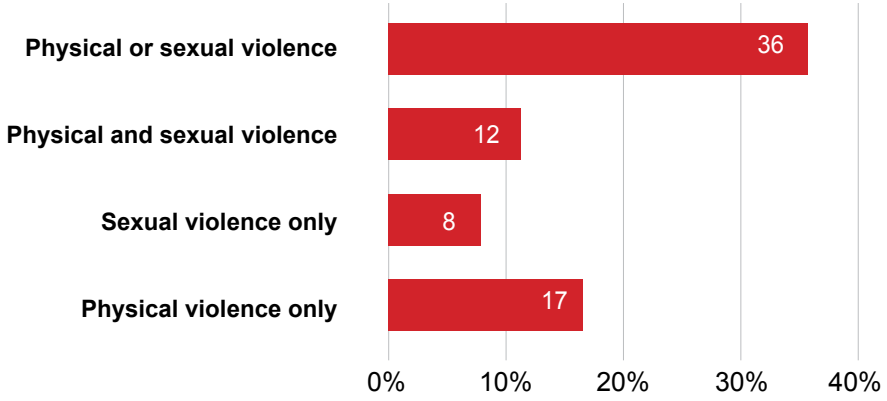


Note: The acceptable reasons that were given for wife beating include burning the food, arguing with the husband, going out without telling him, neglecting the children, and refusing to have intercourse.

Source: 2007 DHS

Nationwide, more than three out of ten women have experienced physical or sexual violence

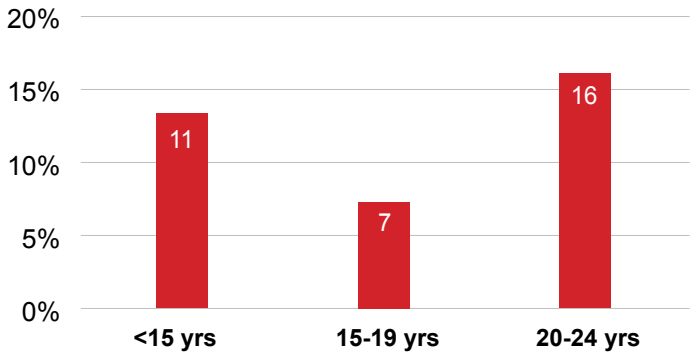
Percentage of women aged 15–49 who have experienced different forms of violence, 2007



Source: 2007 DHS

Eight per cent of women report that their first sexual intercourse occurred against their will

Percentage of women aged 15–24 who have ever had sexual intercourse who say that their first experience of sexual intercourse was forced against their will, by age at first sexual intercourse, 2007



Source: 2007 DHS

The likelihood of experiencing violence decreases with a women's educational attainment and wealth status

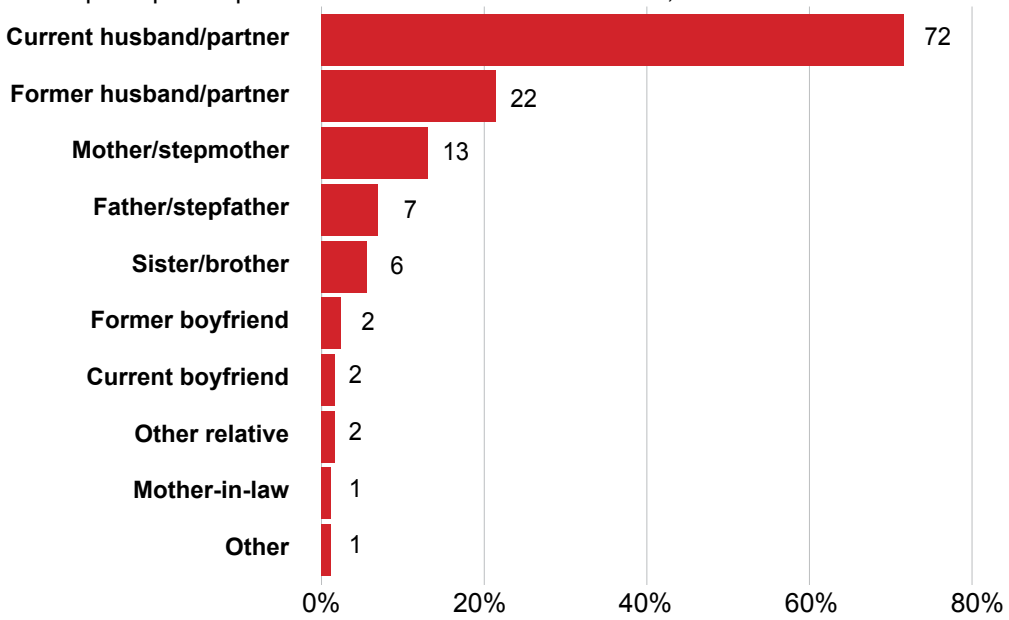
Percentage of women aged 15–49 who have ever experienced physical/ sexual violence by background characteristics, 2007

	Physical violence	Sexual violence
Residence		
Urban	29	19
Rural	27	21
Education		
No education	29	24
Secondary	29	20
More than secondary	23	10
Wealth quintile		
Poorest	28	20
Wealthiest	24	16
Total	**28**	**20**

Source: 2007 DHS

Violence against women is overwhelmingly perpetrated by husbands and intimate partners

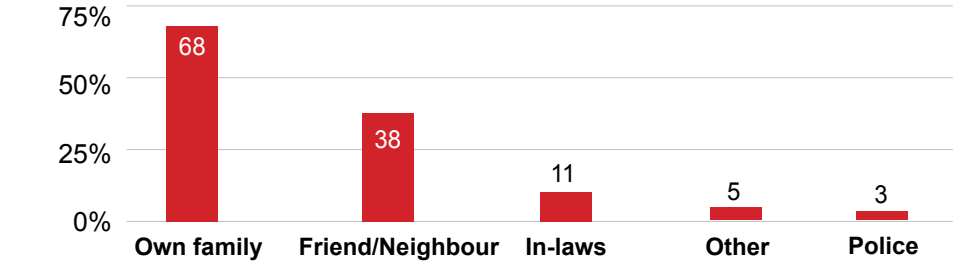
Among women aged 15–49 who have experienced physical violence; percentage who report specific persons who committed the violence, 2007



Source: 2007 DHS

Women who seek help are most likely to turn to their own family to help end the violence

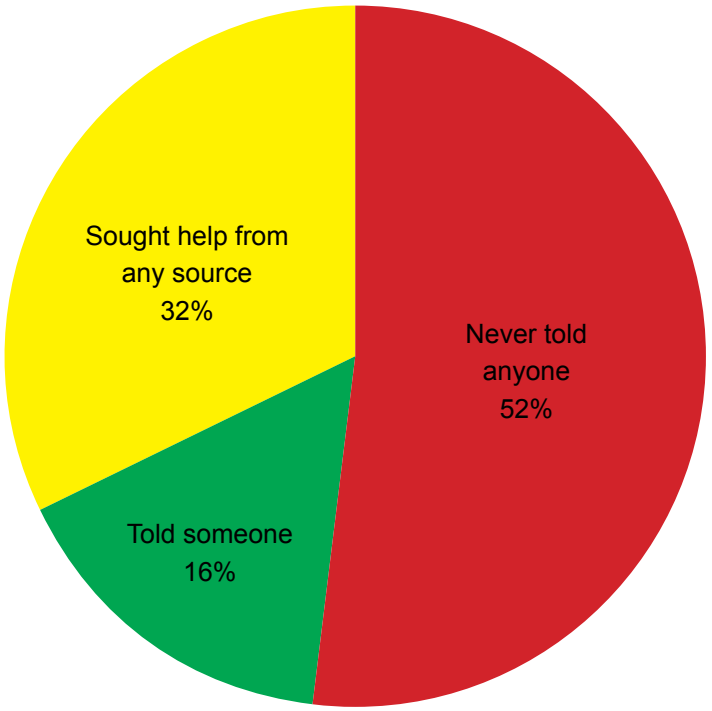
Percentage of women aged 15–49 who have ever experienced physical or sexual violence and sought help according to source from which help was sought, 2007



Source: 2007 DHS

More than half of women who experience physical or sexual violence do not report it to anyone

Percent distribution of women aged 15–49 who have ever experienced physical or sexual violence by whether they have ever sought help to end the violence, 2007



Source: 2007 DHS

CHAPTER 7 Environment and Disaster Risk Reduction

Access to water and sanitation are fundamental to human life, and are now recognized as human rights by the UN General Assembly. Globally, the lack of access to clean and sufficient water contributes to death and illness; children are particularly vulnerable. Access to safe water has proven crucial to reducing mortality and morbidity in children under five, especially the reduction of diarrhoeal diseases.

While the RMI is on track to achieving MDG 7 on water access, many issues remain unresolved in regards to water quality and quantity. The water system has long been contaminated with faeces or other pollutants. In 2011 the RMI Environmental Protection Agency reported that 40 per cent of the 30 water samples taken from the fresh water supply in Majuro were contaminated. Sanitation remains overall inadequate with 4 per cent of urban and 24 per cent of rural households using open defecation. The combination of poor water quality and inadequate sanitation has caused an increase in gastroenteritis cases. On Ebeye, people live next to open landfills creating unsanitary living conditions.

Like many Pacific islands, the RMI is extremely vulnerable to climate change because of its geography. The RMI's low-lying atolls and coral islands are susceptible to natural hazards such as typhoons, sea surges, and droughts which could have a devastating impact, particularly in densely populated urban areas. In addition, because of overcrowding, the people are also vulnerable to human-made disasters such as fires, epidemics, water-borne diseases as well as sanitation-related problems.

Increased population pressure in Majuro and Ebeye has had a tremendous impact on the land and the islands' ability to deal with climatic impacts. As a result of over-population, water security has emerged as a fundamental problem in the RMI.

The Marshall Islands have taken steps to strengthen their capacity to prepare for disasters. For instance, a National Plan of Action for Disaster Risk Management has been completed. RMI has a relatively well developed base of data and knowledge to deal with disasters. However, data in general has not been fully utilized for planning and emergency preparedness. Some identified needs include the mapping of coastal changes, coastal erosion as well as the identification of hazardous and other vulnerable areas.

Children are particularly vulnerable to disasters. Globally, children represent 50 to 60 per cent of those affected by disasters, including death, injury, psychological trauma, nutritional challenges, and the disruption of schooling. Because of underdeveloped immune systems and physiology, children are more vulnerable than adults to climate change, disease, vector-borne infections, temperature changes and water quality.

Child-centred disaster risk reduction frameworks and strategies are crucial to protect children. They need to be used as change agents in their families and communities. The 2011 Children's Charter for Disaster Risk Reduction, with the input of more than 600 children worldwide, calls for a stronger commitment from governments and development partners alike to provide safe schools, to protect children before, during and after disasters, to meet the right to safe community infrastructure, and to support children's rights to participation in disaster risk reduction programmes. Beyond the identification of vulnerable populations, a child-centred approach to disaster risk reduction fully engages children and involves them in the adaptation process, to capitalize on their skills, awareness of climate change, and risk to their safety.

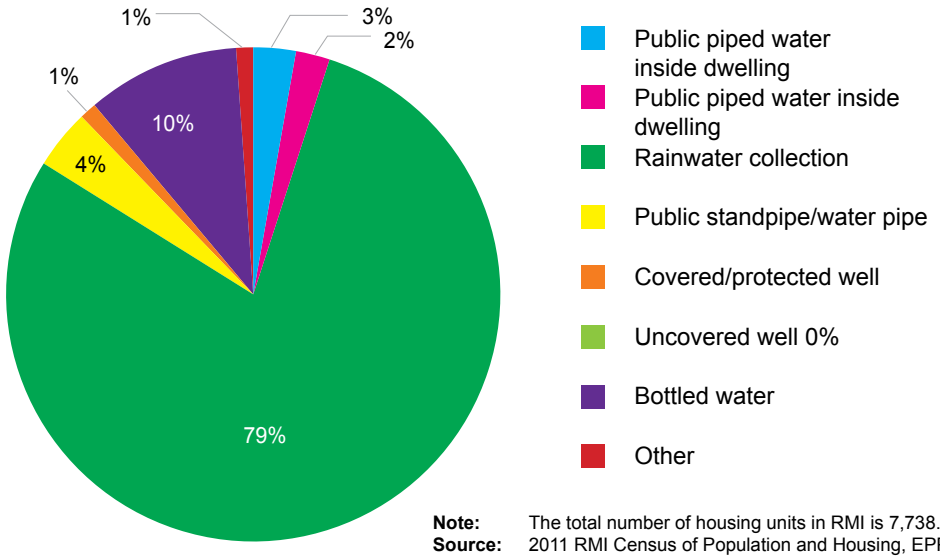
Water and Sanitation

The provision of safe drinking water and access to adequate sanitation remain essential strategies for child survival. The combination of poor hygiene and unsafe drinking water contribute to a high burden of diarrhoeal diseases in the RMI. Piped public water inside or outside the dwelling is only available in urban areas. Outer Island households rely almost exclusively on rainwater collection, leaving them vulnerable to droughts.

Sanitation has long-term impacts on children's lives because it sustains health, growth, education, and self-esteem. People in households without proper sanitation facilities are more exposed to the risk of disease such as dysentery, diarrhoea, and typhoid fever. The proper disposal of children's stools is essential in preventing disease, but in the RMI, only 34 per cent of children's stools are disposed of safely.

Rainwater collection is the main source of drinking water for 80 per cent of Marshallese

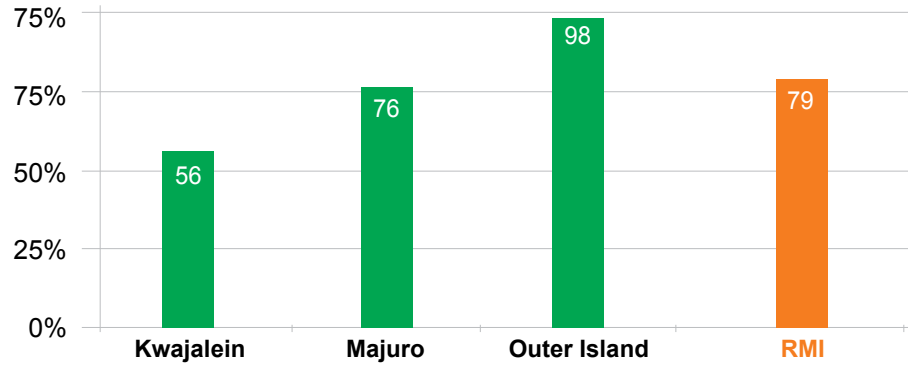
Number and percentage of housing units by source of drinking water, 2011



Note: The total number of housing units in RMI is 7,738.
Source: 2011 RMI Census of Population and Housing, EPPSO

Rainwater is almost the only source of drinking water on the Outer Islands

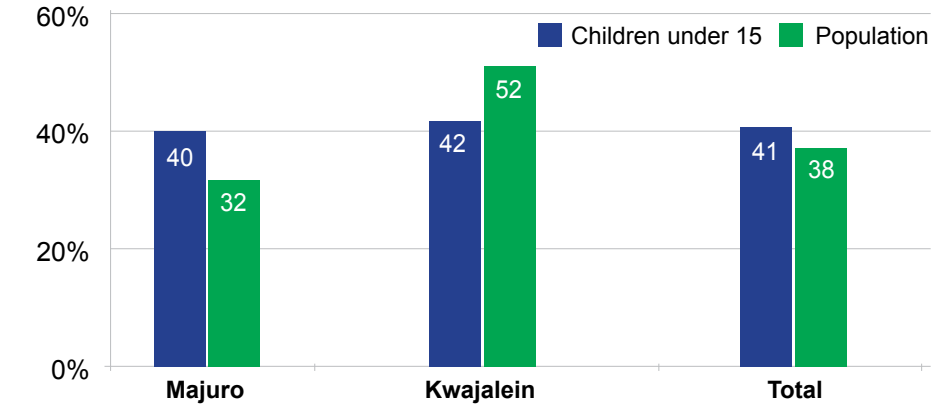
Percentage of housing units relying on rainwater as source of drinking water by location, 2011



Source: 2011 RMI Census of Population and Housing, EPPSO

Children are somewhat more likely to live in households without water catchment compared the total population

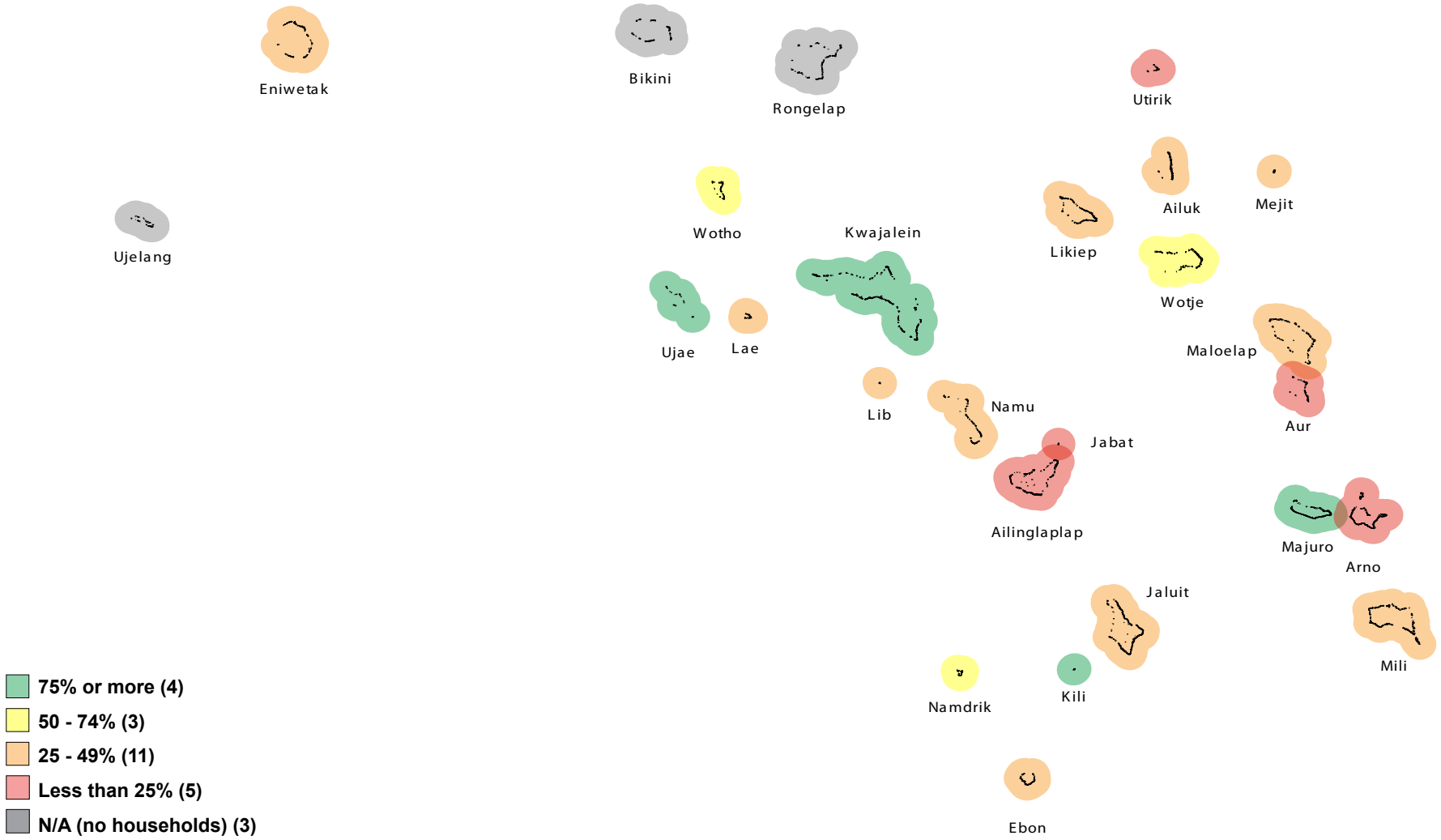
Percentage of population and children under 15 years in households without water catchment, Majuro and Kwajalein, 2010



Source: 2010 Majuro and Ebeye Atolls Water Survey, RMI

Significant geographic disparities exist in access to sanitation facilities

Percentage of households with access to a flush toilet by atoll island, 2011



Source: 2011 RMI Census of Population and Housing, EPPSO

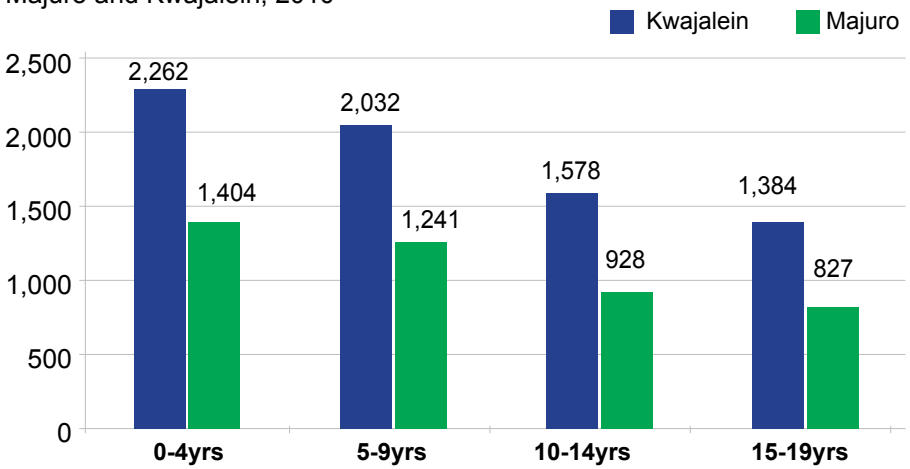
On most atoll islands, households use rain water as the main source of drinking water, leaving them vulnerable to drought

Percentage of households using rainwater as source of drinking water by atoll island, 2011

Source: 2011 RMI Census of Population and Housing, EPPSO

Overall, children on Kwajalein are 1.6 times more likely to live in households without water catchment than children in Majuro

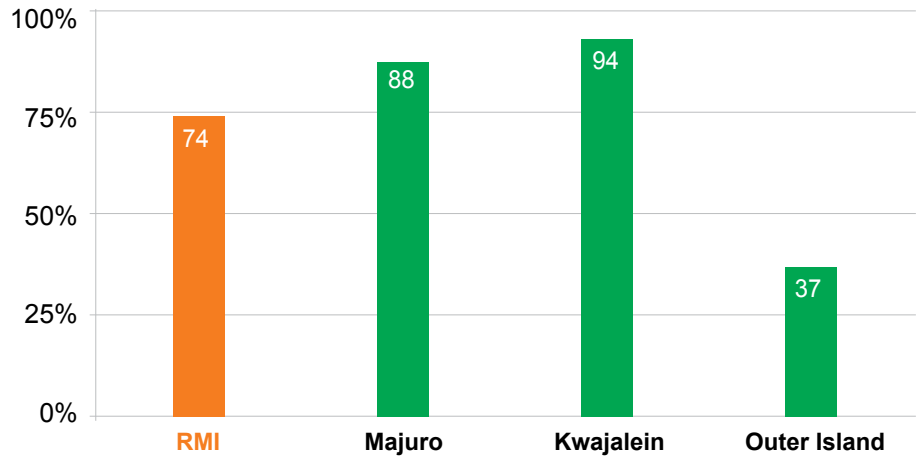
Number of children aged 0-19 years living in households without water catchment, Majuro and Kwajalein, 2010



Source: 2010 Majuro and Ebeye Atolls Water Survey, RMI

Only 4 in 10 households on the Outer Islands had flush toilets

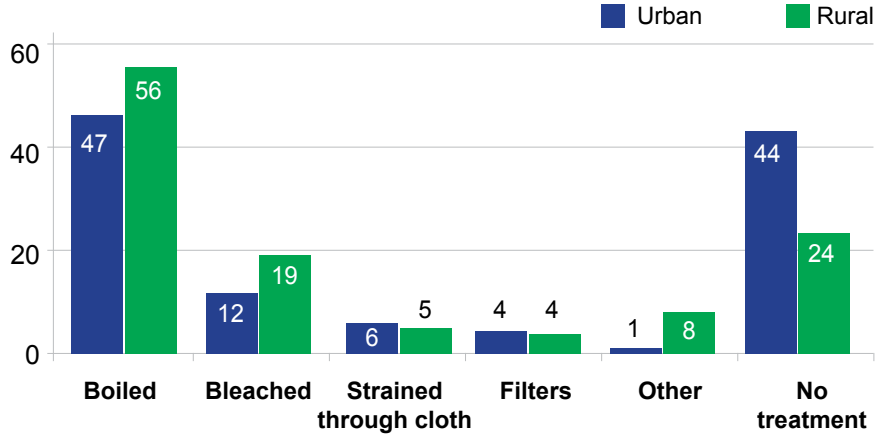
Percentage of households with access to flush toilets, 2011



Source: 2011 RMI Census of Population and Housing, EPPSO

Urban households are twice less likely to treat water before drinking than rural households

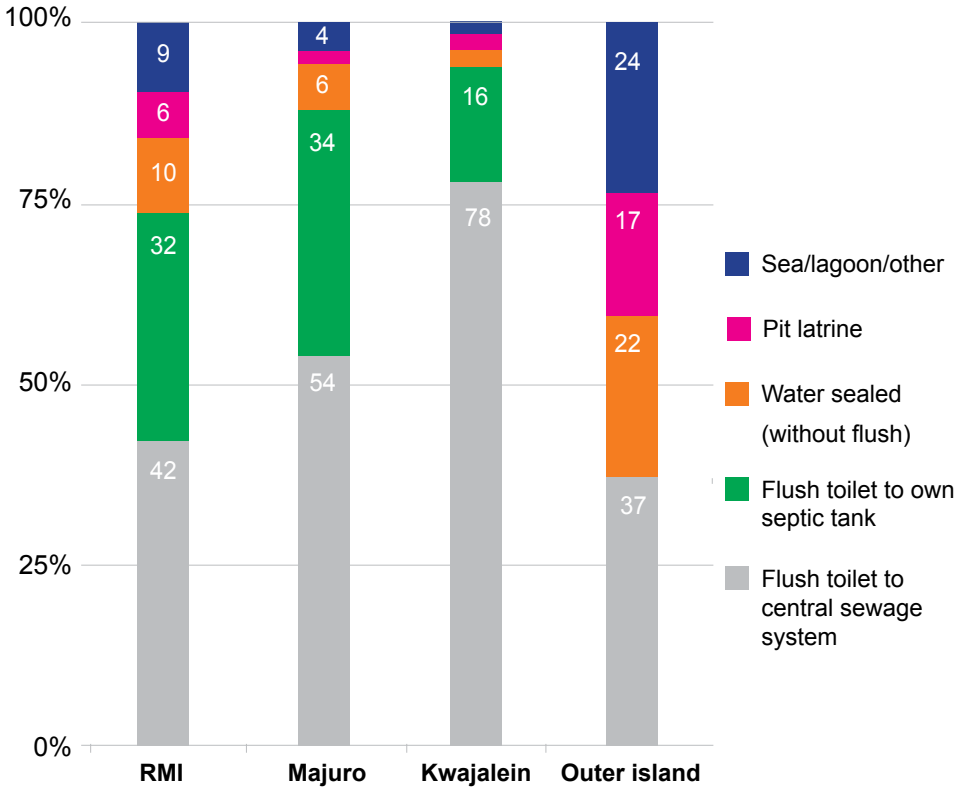
Percentage of households that treat water before drinking, 2007



Source: 2007 DHS

A quarter of households on the Outer Islands had no access to toilet facilities of any kind

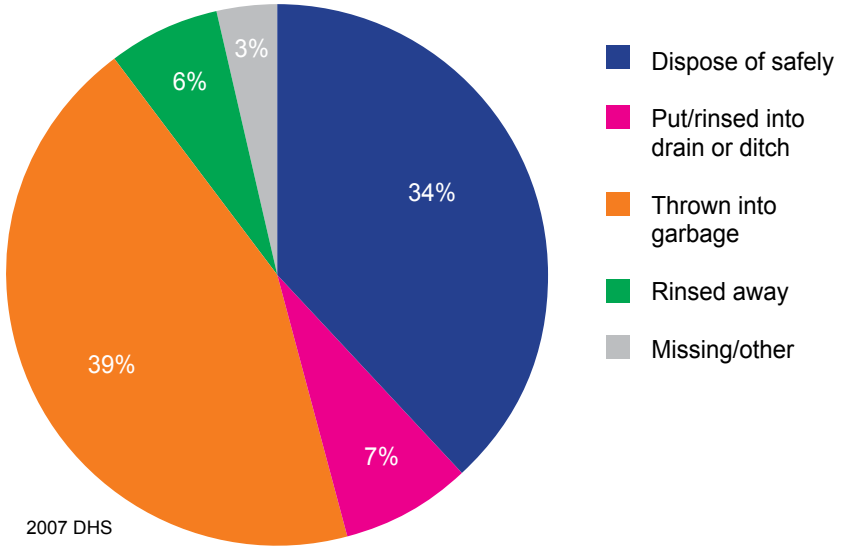
Percentage of households by access to toilet facility type, 2011



Source: 2011 RMI Census of Population and Housing, EPPSO

Only one-third of children's stools are disposed of safely, creating an environmental hazard, particularly in overcrowded urban settings

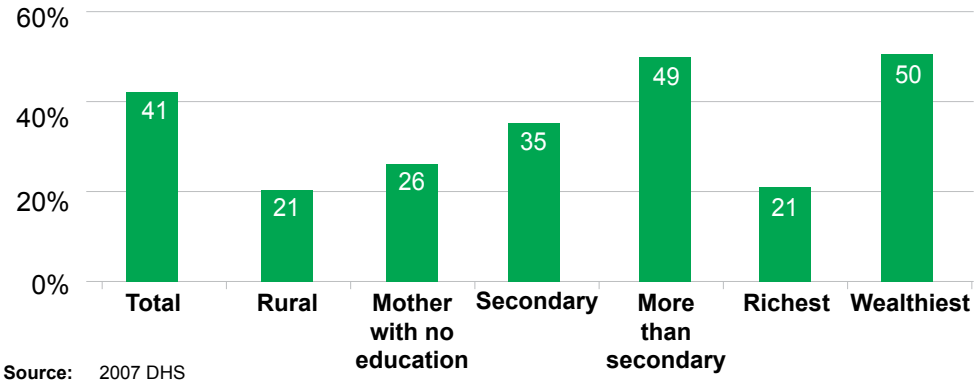
Disposal of children's stools (children under 5 years), 2007



Source: 2007 DHS

Urban mothers as well as mothers with higher education were twice more likely to dispose of children's stools safely

Percentage of children under 5 years whose stools are disposed of safely by background characteristics, 2007



Source: 2007 DHS

Disaster Risk Reduction

Disasters result in huge losses, including the loss of lives, livelihoods, assets, and health status. Evidence suggests that children are disproportionately vulnerable to disasters because their under-developed immune systems hamper their ability to cope with increased exposure to disease. Children are more affected by disasters, bearing a higher burden of death, injury, and malnutrition. Moreover, children may be forced to miss school either because schools have been destroyed or to help their families recover from disasters.

Child-centred disaster risk reduction is also an opportunity to reinforce principles laid out in the Convention on the Rights of the Child by educating a child on disaster risk and empowering children to use that knowledge (supports Article 6, life, survival, and development) and ensuring the participation of children upholds Article 12 (respect of the child's views).

Human-induced hazards are heightened by urbanization, overcrowding, and unsanitary living conditions

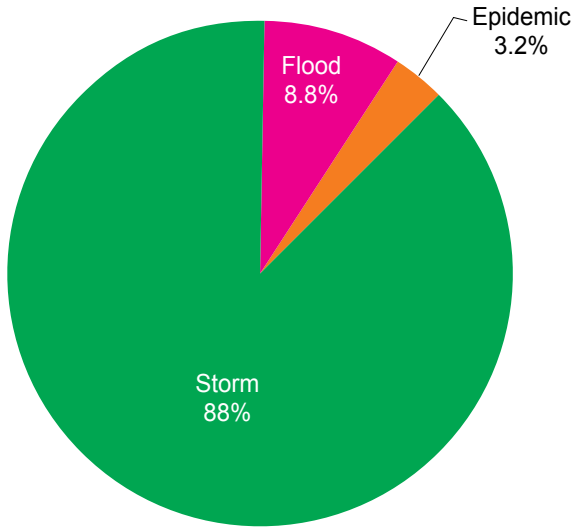
Key hazards to RMI, 2009

Natural hazards	Human-induced
Tropical storms and typhoons	Fire
High surf	Contamination of water supply
Drought	Outbreak of epidemic diseases
	Commercial transport accidents

Source: World Bank 2009

Storms affect more people than floods or epidemics

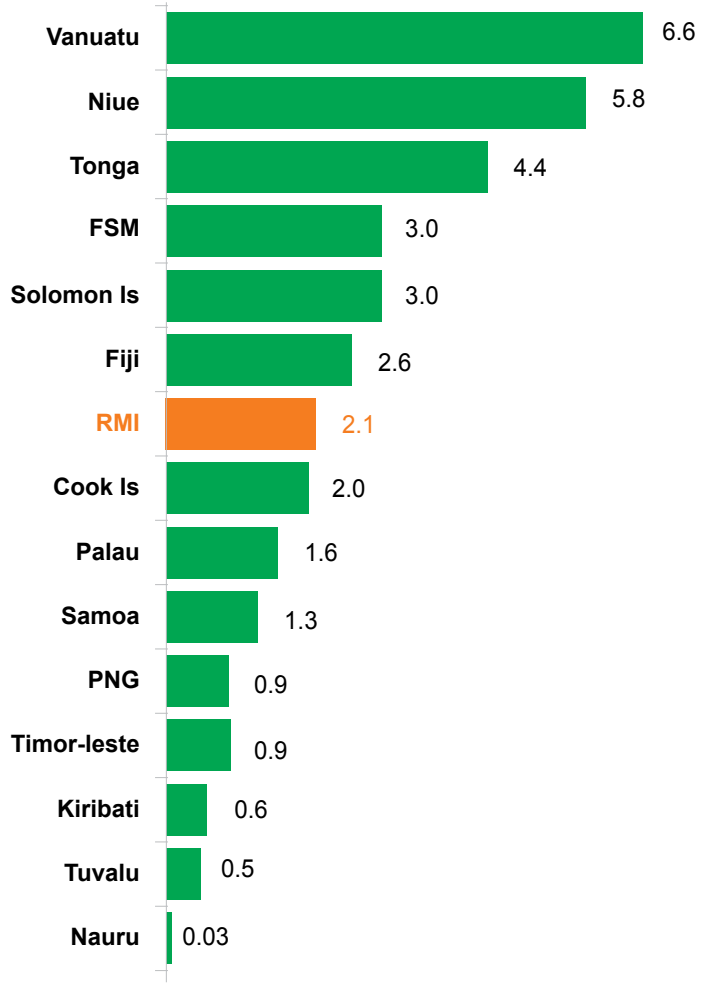
Percentage of reported people affected by disaster type, 1980-2010



Source: EM-DAT: The OFDA/CRED International Disaster Database 1980-2010

Economic losses due to natural shocks were estimated at 2.1% of RMI's GDP, much lower than Vanuatu at nearly 7%

Average annual economic losses due to tropical cyclones, earthquakes,and tsunami, (% of GDP) 2011



Source: World Bank, Pacific Catastrophe Risk Assessment and Financing Initiative, Summary Report, Forthcoming

Key informants are largely unaware of disaster risk reduction plans

Responses by RMI key informants (n=442) regarding existence of plans in the community to help families address climate change and disasters, 2010

Responses	Percentage
There are none	24%
Economic analysis of climate change carried out/climate change has been mainstreamed into national economic development policy	10%
Climate change trust fund set up / funding available to deal with climate change	10%
Plans to deal with tsunami, heavy rains and flooding	5%
Plans to deal with earthquake	0%
Emergency early warning systems in place	7%
Food security program	4%
Relief plans and shelters	2%
Rising tide problems	4%
Refused to answer	11%
Other	6%
Don't know	17%

Source: 2012 UNICEF CPBR

References

Abbott and Polard, Hardship in the Pacific, 2004
ADB, Asian Development Outlook, Confronting Rising Inequality in Asia, 2012
ADB, Republic of the Marshall Islands Social and Economic Report, 2005
ADB, Strengthening Fragile Pacific States, The Example of the Marshall Islands, 2009
AusAID, Pacific Economy Survey, Engaging with the World, 2009
Economic Policy, Planning, and Statistics Office, the 2011 RMI Census of Housing and Population Summary and Highlights
ESCAP, Economic and Social Survey of Asia and the Pacific, 2012
IMF, 2011 Article IV Consultation, Republic of the Marshall Islands
Pacific Institute of Public Policy, Managing Urban Growth, 2011
Pacific Islands Forum Secretariat, Review of Disability Legislation in the Pacific
Reimers, T.K. Understanding Teenage Pregnancy in the Republic of Marshall Islands. Suva: SPC and UNFPA, 2006
RMI, Global AIDS Progress Report, 2010-2011
RMI, UNGASS Country Report, 2010
RMI, Convention on the Rights of the Child Report, 1998
RMI, Convention on the Rights of the Child, Concluding Comments, 2007
RMI, Ebeye Stabilization Program, 2008
RMI, Financial Statements Year Ended September 30, 2010
RMI, Health Performance Review, 2007
RMI, Household Income and Expenditure Survey, 2002
RMI, Jenrok Survey, 2004
RMI, Majuro and Kwajalein Atoll Household Water Survey, 2010
RMI, Millennium Development Goals Report, 2009
RMI, Ministry of Education, the Portfolio Budget Statements 2008-2009
Secretariat of the Pacific Community, Pocket Statistical Summary, 2010
Secretariat of the Pacific Community, RMI Population Atlas, 1999
SPC/RMI, Demographic and Health Survey, 2007
UNDP, Human Development Report, 2011
UNDP, Pacific MDG Tracking Report, 2010 and 2011
UNICEF, Republic of Marshall Islands, A situation analysis of children, women and youth, 2003
UNICEF, Children and Urbanization in the Pacific, 2010
UNICEF, Children's Vulnerability to Climate Change and Disaster Impacts, 2011
UNICEF, Protecting Pacific Island Children and Women during Economic and Food Crises, 2009
UNICEF/Republic of the Marshall Islands, Child Protection Baseline Research, Marshall Islands, 2012
United Nations, Common Country Assessment, 2011
USA Government, State Title V Block Grant Narrative: Marshall Islands, Application Year 2012
United States Government Accountability Office, Micronesia and the Marshall Islands Face Challenges in Planning for Sustainability, Measuring Progress, and Ensuring Accountability, 2006
United States Government Accountability Office, Trust Funds for Micronesia and the Marshall Islands May Not Provide Sustainable Income, 2007
United States State Department, Human Rights Report, Marshall Islands 2011
WHO/UNICEF, Joint Monitoring Programme for Water Supply and Sanitation, Estimates for the Use of Improved Drinking Water Sources, Marshall Islands, 2012
World Bank, Opportunities to Improve Social Services in Pacific Islands, 2006
World Bank, Assessment of National and Regional Efforts to Reduce Natural Disaster and Climate Change Risks in the Pacific, 2009
World Bank. Reducing the Risk of Disasters and Climate Variability in the Pacific Islands, RMI Country Assessment, 2009

Acronyms

ADB	Asian Development Bank
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
BNPL	Basic Needs Poverty Line
BPHC	Bureau of Primary Health Care Services
CBN	Cost of Basic Needs
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CPBR	Child Protection Baseline Research
CRC	Convention on the Rights of the Child
CSHCN	Children with special health care needs
DHS	Demographic and Health Survey
ECE	Early Childhood Education
EPI	Expanded Programme on Immunization
EPPSO	Economic Policy, Planning, and Statistics Office
FPL	Food Poverty Line
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
GPI	Gender Parity Index
HDI	Human Development Index
HIS	Health Information System
HIV	Human Immunodeficiency Virus
ICESCR	International Convention on Economic, Social, and Cultural Rights
IMR	Infant Mortality Rate
IP	Incidence of Poverty
LBW	Low Birth Weight
MCH	Maternal and Child Health
MDG	Millennium Development Goal
MISAT	Marshall Islands Standardized Achievement Test
MMR	Maternal Mortality Ratio
NCDs	Non-Communicable Diseases
NER	Net Enrolment Rate
NFBN	Non-Food Basic Need items
ORT	Oral Rehydration Therapy
RMI	Republic of the Marshall Islands
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
US	United States
WHO	World Health Organization
WUTMI	Women United Together Marshall Islands

“Children make up almost half of the population in the Republic of the Marshall Islands. They are now our country’s greatest treasure.

We believe in investing in our children and young people by giving them equal opportunities and services to help them reach their full potential.

This Children’s Atlas of Social Indicators presents evidence of our achievements to date, but it also reveals disparities and areas where progress is lagging behind. It is my hope that this publication will be used as a reference text to assess the state of Marshallese children, address the gaps in policies and service delivery programmes, and project the way forward to improve the situation of children, especially the most vulnerable.”

Honorable David Kabua
Minister of Internal Affairs

unicef
unite for children