



**Convention on the Rights
of Persons with Disabilities**

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Committee on the Rights of Persons with Disabilities

**Initial report submitted by the Marshall Islands
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Acronyms

CDD	Community Development Division
CMI	College of the Marshall Islands
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organizations
DCO	Disability Coordination Office
DEC	Deaf Education Centre
DVPPA	Domestic Violence Prevention and Protection Act 2011
EHDI	Early Hearing Detection and Intervention Programme
EPPSO	Economic Policy, Planning and Statistics Office
FY	Fiscal Year
GDP	Gross Domestic Product
GRMI	Government of the Republic of the Marshall Islands
HRC	National Human Rights Committee
ICCPR	International Covenant on Civil Political Rights
ICESCR	International Covenant on Economic Social and Cultural Rights
ILO	International Labour Organization
MIDPO	Marshall Islands Disabled Persons Organization
MOCIA	Ministry of Culture and Internal Affairs
MOEST	Ministry of Education, Sports and Training
MOHHS	Ministry of Health and Human Services
MWIU	Ministry of Works, Infrastructure and Utilities
NGO	Non-government Organization
Nitijelā	Parliament
NPDID	National Policy on Disability Inclusive Development
PIFS	Pacific Islands Forum Secretariat
PSS	Public School Systems
PWD	Persons with Disabilities
RMI	Republic of the Marshall Islands
RPDA	Rights of Persons with Disabilities Act, 2015
SPC-EQAP	Pacific Community Secretariat, Educational Quality & Assessment Programme
SPC-RRRT	Pacific Community Secretariat, Regional Rights Resources Team
SPC-SDP	Pacific Community Secretariat, Social Development Programme
TPO	Temporary Protection Order
UN	United Nations
U.S.A.	United States of America
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
WUTMI	Women United Together Marshall Islands

Introduction

1. The Republic of the Marshall Islands (RMI) is made up of 29 low-lying coral atolls and five islands with a total land area of 181.3 square kilometres located in the North Pacific, between 4 degrees and 14 degrees north and 160 degrees and 173 degrees east. The atolls and islands form two groups: the *Ratak* Chain and the *Ralik* Chain (meaning ‘sunrise’ and ‘sunset’). Most of the islands’ land mass is at sea level.
2. The people of the Marshall Islands are Micronesian descendants of seafarers from Southeast Asia who migrated to the islands 2,000 to 3,000 years ago. Since the first settlers arrived, the Marshall Islands has remained a highly homogeneous society. The 2011 census showed that of the total population of 53,158 people, 90 per cent are Marshallese with the remaining 10 per cent from the United States of America (U.S.A.), the Philippines, China, New Zealand, Australia, other Micronesian countries, Kiribati, Korea, and Fiji. Of the total population, 27,243 are males and 25,915 females. Children aged 0 to 17 years comprise 46 per cent of the population. Two-thirds of the nation’s population lives on Majuro (the capital) and Ebeye. The annual population growth rate is 0.4 per cent due to high rates of outmigration rather than a decline in fertility.
3. Despite being under successive foreign control by Germany, Japan and the United States, the Marshallese people retain a strong sense of cultural identity. Marshallese continues to be the primary language of the country. The 2011 census documented a literacy rate of 95 per cent in the Marshallese language. English is taught as a second language in schools throughout the nation. Both Marshallese and English are used in official communications and in commerce, while English is used to a lesser extent on the outer islands.
4. The Marshallese custom is recognized and protected in the Constitution, specifically in relation to land tenure. However, as the social and economic context moved from a subsistence-based rural society to an urban, cash-based economy, traditional practices have eroded.

Political System

5. The Marshall Islands has undergone successive foreign domination by Germany, Japan and the United States. These foreign Powers ruled the islands for such advantages as trade, religious propagation, and exploitation of resources, strategic considerations and maintenance of sea routes.
6. In 1885, after a 25-year period of commercial contact with other nations through the copra trade, the Marshall Islands formally became a protectorate of the German empire. The Germans were followed by the Japanese, who seized the islands from Germany in 1914. The Japanese administered the islands under a League of Nations mandate from 1920 to 1935 and were expelled by American forces during the Second World War.
7. Kwajalein and Enewetak in the Marshall Islands were major battlefields of the American island-hopping campaign. At the end of the war, the United States assumed responsibility for administering the Marshall Islands under a United Nations trusteeship agreement. In the years following the war, two northern Marshall Islands became testing ground for atomic and nuclear weapons. Between 1946 and 1958, the United States exploded 67 atomic and nuclear devices at Bikini and Enewetak Atolls. Kwajalein Atoll continues to be used by the United States for testing the weaponry of the Space Age.
8. On 1 May 1979, the RMI became self-governing and the U.S.A. Trusteeship administration of the Marshall Islands came to an end. On 21 October 1986, the Compact of Free Association between the U.S.A. Government and the Government of the Marshall Islands came into effect. Under free association, the Marshall Islands is self-governing under its own Constitution and conducts its own domestic and foreign affairs, while the United States Government has authority and responsibility for defence and security matters. The Compact, as Amended will remain in effect until 2023.
9. The Constitution of the Marshall Islands incorporates a blend of the British and American constitutional concepts and consists of legislative, executive, and judicial branches. The legislature is a bicameral institution consisting of the Council of *Irooij*

(Chiefs) and the *Nitijelā* (Parliament). The main function of the Council of *Irooij*, which has a membership of 12, is to request consideration by the *Nitijelā* of bills affecting customary law, land tenure, or any traditional practice. The *Nitijelā* is the law-making body and consists of 33 members who stand for election every four years. The *Nitijelā* also elects from its ranks a President and, on nomination by the President, other members of the *Nitijelā* to serve with the President as the Cabinet. The Cabinet is the executive branch of the Government and directs the actions of the Public Service. The Cabinet is answerable to the *Nitijelā* for its actions. The judicial branch consists of a supreme court, a high court, a traditional rights court, district courts, and community courts.

10. There are 24 local governments that govern the affairs of the atolls and islands. Each local government consists of an elected council (except Ebon Atoll which has a hereditary council), an elected mayor, appointed or elected local officials, and a local police force.

11. In February 2016, for the first time in RMI history and the history of the Pacific Islands, except Australia and New Zealand, the Government elected its first female President, H.E. President Hilda C. Heine. An increase of women in leadership is reflected by 3 (three) current female members of *Nitijelā*. Prior to the election of 2015, there had been no more than one woman at a time in the *Nitijelā* since the start of the RMI Constitutional Government in 1979.

12. The RMI became a member of the United Nations in September 1991.

Economic System

13. The remoteness of the RMI from major markets historically has had a negative impact on the economy. Furthermore, the economy is small in relative terms, with a narrow export base and limited production capacities. As such, it is vulnerable to external shocks. The economy remains dependent on donor funding. Funding from The Compact of Free Association, as Amended, provides approximately 27 per cent of the Fiscal Year (FY)2016 budget (FY16 Ministry of Finance).

14. Employment data shows that the economy has generated several additional jobs amounting to 0.6 per cent per annum during the period of The Compact of Free Association, as Amended. Both the private and public sectors have grown, despite declines at the Kwajalein military base. However, the generation of additional jobs has been insufficient to provide gainful employment opportunities for those seeking work, and outward migration remains substantial, averaging 1.7 per cent annually since 2004. (USDA Graduate School 2012).

15. The RMI public sector continues to dominate the economy in terms of contribution to GDP (Gross Domestic Product) and overall employment. The primary commercial industries include:

- Wholesale/retail trade
- Construction
- Tourism
- Light manufacturing
- General business services
- Commercial fisheries

Table 1
Employment Data

	<i>Males</i>	<i>Females</i>	<i>Total</i>
Labour Market Activities (People Employed)	8 258	4 389	12 647
Employment/Population Ratio	51%	28%	39.6%

Source: 2011 RMI Census.

Table 2
Paid versus Unpaid Workers

<i>Paid</i>	<i>Unpaid</i>
11 932	715

Source: 2011 RMI Census.

16. Annual export values continue to increase primarily due to continued exports of tuna by locally based fishing operations. However, the RMI continues to rely heavily on imports and continues to run a negative balance of payments. The primary export products include:

- Frozen fish (tuna)
- Topical fish
- Ornamental clams and corals
- Coconut oil and copra cake
- Crafts

Key Land Characteristics

17. The total land area in RMI is 180.0 sq.km. Of this land area, a total of 130.0 sq.km is agricultural land. Just over forty percent (44.4%p) of RMI land area is permanent cropland. Arable land in the RMI totals 2000.0 hectares. This makes up 11.1% (percent) of the land area in the RMI.¹

RMI's interaction with the Rights of Persons with Disabilities

18. The Government of the Republic of the Marshall Islands (GRMI) has been concerned with and worked on disability issues prior to acceding to the Convention on the Rights of Persons with Disabilities (CRPD) in 2015. However, there is still a large gap to be filled in terms of Marshallese peoples' knowledge, understanding and protection of persons with disabilities and their rights.

19. The first major study and community project regarding disability in the Republic of the Marshall Islands (RMI) was conducted from 1996–1998 by the San Diego State University Rehabilitation, Research and Training Centre of the Pacific Project (SDSU-RMI). The project identified key priority areas to address disability issues in RMI and conducted a secondary review of data to develop estimates of national disability prevalence.

20. In 2012, a delegation from the GRMI attended a meeting in Papua New Guinea regarding the progress and implementation of the 2009 Pacific Regional Strategy on Disability, which provided a framework of six thematic areas to guide regional activities. In November 2012, the RMI endorsed the Incheon Strategy to Make the Right Real for Persons with Disabilities in the Asia Pacific Region 2013–2022.

21. In 2013, the RMI National Policy on Disability Inclusive Development (NPDID) 2014–2018 was developed with technical assistance from the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) Office and the Pacific Islands Forum Secretariat (PIFS). The policy development process involved researching documents and existing policies; conducting meetings with a range of government ministries and civil society organizations (CSO); and visiting service providers in August 2013. A consultation workshop was held in Majuro from 13–16 August 2013 that included members of Marshall Islands Disabled Persons Organization (MIDPO) from Majuro and Ebeye; government representatives; CSOs and parents of children with disabilities. This workshop built upon an earlier consultation convened by the Pacific Disabilities Forum and MIDPO that was held in December 2012. Although the GRMI had not yet ratified the CRPD, it was used as

¹ *Source:* World Bank Report 2012.

an overall guiding framework in addition to the Incheon Strategy and Pacific Regional Strategy on Disability to develop the NPDID (2014–2018).

22. The NPDID (2014–2018) aims for RMI to become ‘a barrier-free society that respects the rights of all persons with disabilities by empowering, including and providing them with the means of achieving their rights.’ The policy identified ten priority areas:

- Coordination
- Legislation
- Signature and ratification of CRPD
- Awareness and Advocacy
- Employment and Livelihoods
- Access to health
- Mainstream disability across RMI government and civil society
- Strengthen MIDPO
- Women with disabilities
- Youth with disabilities

23. The GRMI is working to revise and update the NPDID with the goal of endorsing this policy by 2020.

24. In 2015, following the ratification of the CRPD, the *Nitijelā* (Parliament) unanimously passed the Rights of Persons with Disabilities Act (RPDA). The RPDA is closely aligned with the CRPD. Currently a Rights of Persons with Disabilities Act (Consequential Amendments) Bill has been drafted for *Nitijelā* to review. This Bill revises over 100 (one-hundred) public laws of the GRMI to align the Marshall Islands Revised Code with the RPDA.

25. The RMI would like the Committee for the Rights of Persons with Disabilities to consider that Small Island Developing States are faced with unique obstacles. GRMI acknowledges that a lack of human, financial, and technical capacity is not a blanket excuse for not fulfilling its obligations to the CRPD. However, these setbacks are still barriers the GRMI works hard to overcome. At this time, the RMI would like to reiterate its commitment to the provision and protection of the rights of persons with disabilities. While full compliance to the CRPD may take time, the GRMI will continue working in creative, collaborative and conscientious ways to domesticate and implement the CRPD.

26. GRMI has taken into consideration the effects/implications of acceding to the CRPD Optional Protocol on a complaint’s mechanism. This Optional Protocol was first proposed to Cabinet in July 2018.

Methodology

27. This report is the result of combined efforts of government agencies to compile relevant and substantial information regarding Disabilities in the RMI. The Human Rights Office, as secretariat to the National Human Rights Committee (HRC), guided the work of a small team appointed by the HRC. Members of the small team included representatives from the Attorney General’s Office, Ministry of Health and Human Services (MOHHS), Office of the President and the Ministry of Culture and Internal Affairs (MOCIA).

Part I. General provisions

Articles 1 to 4

28. The absence of specific categories of rights for the Persons with Disabilities (PWD) the obligations and duties of the GRMI and prohibited grounds of discrimination which amount to breaches, denials, marginalization, abuse and neglect of the fundamentals right

and freedoms for the PWD in the CRDP may mislead people into believing that these rights and obligations are not applicable in the RMI. That they are not mentioned as Constitutional provisions may suggest that they are not provided in the Constitution but only *by the letter of the law*. However, *by the effect of the law* which is the more important of the two which is through a combination of application and interpretations of constitutional provisions, such a limited and exclusive view challenges the wisdom in the drafters of the RMI Constitution that gave the GRMI a very forward looking and developed Constitution.

29. Through a combination of the application of Constitutional provisions in Article 2 Sections 16[1],² 17[2]³ and Article XIII(1)(2)⁴ on the CRPD, the *development of human rights and the rights to development* could be read as Constitutional making the United Nations (UN) internationally recognised human rights and responsibilities as also, through application and interpretation, as having the supreme status of the Constitution in RMI. This wide application is supported further by the Interpretation provision of the Constitution in Article 1 Section 3(1)⁵ which allows for the adoption of regional precedence and Article 1 Section 3(2)⁶ which applies the common constitutional tests of an interpretation of human rights, as would be applied in a reasonable democratic society.

30. The Constitution of the Republic of the Marshall Islands states ‘All persons are equal under the law and are entitled to the equal protection of the laws’ (Article II, Section 12). Even though disability is not mentioned in the Constitution as grounds for non-discrimination, The Constitutional provision of Article 2 Section 12 provides a blanket protection of equality before the law so that discrimination on all persons and this would include persons living with disabilities, disabled children and women is prohibited. Under the requirement to legislate, RMI has enacted the RPDA (Rights of Persons with Disabilities Act, 2015) and has a Consequential Amendment Bill that was drafted in 2018 and is before *Nitijelā*.

31. The RPDA has adopted a definition of disability from the CRPD: ‘...a long-term physical, mental, intellectual or sensory impairment which, in interaction with various attitudinal and environmental barriers, may hinder full and effective participation of a person in society on an equal basis with others.’ GRMI and Civil Society Organizations (CSOs) have begun to use the definition of ‘disability’ provided in the RPDA more uniformly.

32. This report is the product of a wide national consultation/was informed by national consultation that included: the most recent RMI National Census (2011), records from the Ministry of Health and Human Services (MOHHS) and Ministry of Education, Sports and Training (MOEST), publicly available documents, and consultations with stakeholders including members and staff from the Marshall Islands Disabled Persons Organization (MIDPO), staff from the Special Education Program, staff from the Deaf Education Centre in Majuro, staff from the Physical Rehabilitation and Early Hearing Detection Intervention (EHDI) programs and staff from the College of the Marshall Islands (CMI).

33. Whilst the practice of using a uniform definition of the phrase ‘long-term’ within the RMI between ministries and organisations regarding disabilities is not uniform, the RPDA

² Section 16: Ethical Government; The Government of the Republic of the Marshall Islands recognizes the right of the people to responsible and ethical government and the obligation to take every step reasonable and necessary to conduct government in accord with a comprehensive code of ethics.

³ Section 17: Other Rights The enumeration in this Constitution of certain rights shall not be construed to deny or disparage others retained by the people.

⁴ 2. Any right, obligation or liability expressly acquired on behalf of the people of the Republic of the Marshall Islands acting through their elected representatives shall become, on and after the effective date of this Constitution, a right, obligation or liability of the Government of the Republic.

⁵ Section 3: Interpretation and Application of this Constitution: Constitutional interpretation. 1. In interpreting and applying this Constitution, a court shall look to the decisions of the courts of other countries having constitutions similar, in the relevant respect, to the Constitution of the Republic of the Marshall Islands, but shall not be bound thereby; and, in following any such decision, a court shall adapt it to the needs of the Republic, taking into account this Constitution as a whole and the circumstances in the Republic from time to time.

⁶ 2. In all cases, the provisions of this Constitution shall be construed to achieve the aims of *fair and democratic government*, in the light of reason and experience.

domesticates and very closely follows the definitions of concepts in Articles 1 and 2 of the CRPD.

34. The RMI National Census (2011) is the most recently available data regarding the prevalence of disability in RMI. The Census defined disability as ‘any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.’ Four questions based on the Washington Group short list of questions were utilized. Households were asked whether any household members had ‘any disabilities that prevented them from completing daily activities.’ Four types of disability were investigated: difficulties (1) seeing (2) hearing (3) walking, climbing steps or use of the arms; and (4) remembering or concentrating.

Table 3
Percentage of the National Population with reported types of disability by sex and age

Age (years)	Percentage of total population (%)									
	Walking		Hearing		Seeing		Memory		Total*	
	M	F	M	F	M	F	M	F	M	F
0–50	2.6	2.5	2.3	2.5	3.3	4.2	3.1	3.7	7.1	7.8
50–59	17.6	16.6	10.0	12.6	29.2	32.6	13.8	17.4	39.9	42.0
60–69	21.8	22.8	13.3	16.7	35.0	38.8	20.0	27.7	54.6	57.1
70–79	27.8	31.7	16.1	21.2	43.3	43.5	24.9	37.8	64.2	68.4
80 +	58.5	59.8	52.8	47.1	54.7	57.5	47.2	56.3	81.1	75.9

Source: RMI 2011 National Census Figures 7.5, 7.6 (a–d).

35. In 2015, following the ratification of the CRPD, the *Nitijelā* unanimously passed the RPDA, which is closely aligned with the CRPD. The Rights of Persons with Disabilities Consequential Amendments Bill 2018 was brought before the *Nitijelā* for its consideration in August 2018. The drafting of the RPDA Consequential Amendments Bill was two-pronged: to effectuate a wide range of consequential amendments arising out of the RPDA; and to meet the obligations under Article 4(1)(b) of the CRPD which require the review and modification or repeal of discriminatory laws. The review itself analysed approximately 300 pieces of legislation under the Marshall Islands Revised Code, resulting in the proposed amendments relating to the respect of the rights to equality and non-discrimination (Article 5), accessibility (Article 9), equal recognition before the law (Article 12), access to justice (Article 13), liberty and security of person (Article 14), education (Article 24), work and employment (Article 27) and participation in public and political life (Article 29). This is the first Bill of its kind to be developed in the Pacific.

36. Person(s) with disability (PWD) in the RMI often suffer discrimination and are thus often disadvantaged and marginalized, especially in regard to employment, general participation, inclusion in society. While the traditional Marshallese approach is to care for vulnerable family members, cases of neglect and mistreatment exist. Such attitudes and treatment mean that PWD are not able to fully enjoy their human rights as members of society. Considering these issues faced by PWD in the RMI, the government has taken steps to initiate discount services for PWD and senior citizens at government service institutions. This program is in its drafting stages but GRMI hopes to launch the full program by 2020.

37. Many words in the Marshallese language to describe disability or PWD have negative connotations that reinforce the stereotyped views of weakness, incompleteness, inadequacy or stupidity. The commonly used words ‘*mojno*’ and ‘*utamwe*’ imply weakness. Assumptions about the causes of disability generally relate to punishments for women for

actions during pregnancy; curses or punishment from God. Families with disabled family members are often embarrassed or ashamed.⁷

38. Pursuant to the RPDA ‘reasonable accommodation’ is defined as ‘appropriate modifications and adjustments, whether of a rule, a practice, an environment, a requirement or otherwise, in order to ensure the full participation by persons with disabilities in an activity, on an equal basis with others; the nature and limits of the duty to accommodate must be determined on a case by case basis and include factors such as the accommodation required, the size of the entity involved, and the resources available; and the duty must be reasonable and must not impose a disproportionate or undue burden.’

39. Reasonable accommodations have been specifically outlined in the RPDA to ensure access to education and employment for PWD. For example Section 1116(5) regarding the right to education states, ‘persons with disabilities are entitled to reasonable accommodation of their individual needs, including but not limited to: physical access to classrooms and other school buildings and facilities, accessible transport, and alternative modes of instruction and educational materials, including Braille and sign language; adequate support measures, including learning support assistants; adjustment of entry requirements, curriculum examinations and pass marks; instruction by teachers trained in inclusive education and qualified to teach alternative modes of instruction including Braille and sign language.’

40. Currently, the RMI has the capacity to only partially operationalize the RPDA due to constraints in human, financial and technical resources. GRMI is working with the non-government organization (NGO) MIDPO to improve the organization’s abilities to provide services and space for PWD to come together and to discuss/plan and implement programs, projects and campaigns to better the status of PWD in the RMI. The RPDA established a position within the Ministry of Culture and Internal Affairs to work on Disability issues and concerns on behalf of the GRMI. Since its establishment in 2015 the Disability Coordination Office (DCO) has Operated with a budget of around \$25,000 U.S. Dollars (USD) for staff and operational costs.

Table 4
Funding for the Disability Coordination Office FY15-19

<i>Fiscal Year (FY)</i>	<i>Budget Total</i>
FY2015	>\$23 000.00
FY2016	>\$23 000.00
FY2017	>\$21 000.00
FY2018	>\$21 000.00
FY2019	>\$22 000.00

Source: Annual Reports of the GRMI Ministry of Culture and Internal Affairs.

41. The general principles of Article 3 in the CRPD are core to the RPDA and the National Policy on Inclusive Development (NPDID) 2014–2018. The obligations of CRPD Article 4 are integral to the Ministry of Culture and Internal Affairs’ (MOCIA) strategy development for the implementation and realization of the RPDA.

42. The Economic Policy, Planning and Statistics Office (EPPSO) is rolling out a Household Income and Expenditure Survey (HIES) in mid-2019 and preparing the National Census for roll out in 2020. Both surveys will include the full list of Washington Group questions on disabilities. This information will be disaggregated and shared with relevant offices (such as the DCO) upon completion of data collection and analysis.

43. The GRMI endeavours to progressively enhance and protect the rights of persons with disabilities and to adapt for relevant modes of communication. The GRMI intends to implement programs for enhanced access of persons with disabilities to public buildings,

⁷ Riklon, Marshall Islands: Developing Policy for Persons with Disabilities (2015), <<https://www.hurights.or.jp/archives/focus/section3/2015/06/marshall-islands-developing-policy-for-persons-with-disabilities.html>>.

legal aid and protection, and participation in policy level discussions. The NPDID is due for review and update as of the end of 2018. The MOCIA Community Development Division (CDD) is beginning to draft consultation plans and activities to include PWD in discussion on the revision and implementation of a revised NPDID. Through the Consequential Amendments Bill (not yet passed), Government Boards will be required to have at least one PWD as a member to move towards inclusion and representation at decision making levels.

44. The DCO in the Community Development Division of MOCIA works closely with MIDPO to engage disabled persons in conversations that concern them. A representative of MIDPO, who also identifies as a PWD, is on the RMI Human Rights Committee (HRC). Members of MIDPO were consulted and asked about the issues that were most important to their wellbeing during the recent review which resulted in the subsequent amendment of RMI legislation to align with the CRPD.

45. The GRMI recognizes the legal obligations of the CRPD and every effort has been made to ensure that the RPDA (2015) and RPDA Consequential Amendments Bill are in line with and uphold the principles and obligations of the CRPD.

46. The geographic remoteness of outer island communities creates barriers to ensuring the enactment of all aspects of the Convention. GRMI currently struggles to provide adequate food, health and infrastructural supplies to some of these communities. GRMI is currently working on strategies to improve information sharing in cost effective and relevant forms such as translation of documents into Marshallese and creating radio broadcasts to read/share the information audibly.

Part II. Specific rights

Article 5

Equality and non-discrimination

47. Even though the Constitution does not specifically list disabilities as prohibited ground for discrimination, legal protection against discrimination is ensured to persons with disabilities on equal basis to others under the RPDA in much detail under Section 1107. Article II, Section 12(1) of the Constitution states that ‘All persons are equal under the law and are entitled to the equal protection of the laws.’ The right is recognized in Section 3(3) of the RPDA.

48. The RPDA Consequential Amendments Bill identifies and frames ‘reasonable accommodation’ to ensure that it is appropriately applied to all RMI laws and regulations. If the Bill is passed DCO will work to train/raise awareness on these new obligations with national stakeholders.

49. Article 6 of the CRPD is for the provision of special measures for women with disabilities. Section 1130 (1) of the RPDA provides for the adoption of appropriate measures to ensure the full and equal enjoyment by women and children with disabilities of all human rights and fundamental freedoms. Subsection (2) provides for the adoption of such measures. Subsection (3) provides specifically measures for women.

50. Article 7 of the CRPD is for the provision of special measures for Children with Disabilities Section 1130 (1) of the RPDA provides for the adoption of appropriate measures to ensure the full and equal enjoyment by women and children with disabilities of all human rights and fundamental freedoms. Subsection (2) provides for the adoption of such measures. Subsection (4) provides specifically measures for children.

Article 8

Awareness-raising

51. The GRMI’s public awareness raising at the community level has been most widely spread through the government radio station V7AB. The Community Development Division (CDD) within MOCIA has a weekly radio segment that discusses human rights issues, including disability awareness.

52. The Disability Coordination Office (DCO) within MOCIA has worked with MIDPO and other relevant stakeholders in the past to campaign during National Education Week and 16 Days of Activism events. Continuity of the Disability Coordinator position has been difficult to maintain due to a want of human resources and the out-migration of Marshallese peoples. However, the Community Development Division works to keep all office activities of the Division operational.

53. The Marshall Islands Journal, the only public newspaper in the country, is inclusive and active in sharing stories of MIDPO and the Deaf Education Centre's activities and events.

54. The Pacific Community Secretariat (SPC) Regional Rights Resource Team (RRRT) has a Country Focal Officer who liaises with the CDD at MOCIA. SPC-RRRT, SPC-SDP (Social Development Programme), SPC-EQAP (Educational Quality & Assessment Programme) are currently working with the RMI Public School System (PSS) to develop a human rights-based curriculum that will include disability inclusive education/engagement in primary level public schools throughout the country.

55. MIDPO's two (2) part-time employees regularly visit the homes of PWD and hold conversations with family, friends and neighbours of disabled persons to increase awareness on the rights of PWD, informing about upcoming campaigns and events and to create a dialogue about the issues facing PWD between communities and service providers.

56. MIDPO members were consulted in the development of the RPDA and the RPDA Consequential Amendments Bill.

Article 9 Accessibility

57. As provided in the RPDA, 'Persons with disabilities are entitled, on an equal basis with others to live independently and participate fully in all aspects of life; live in a barrier-free and disability-inclusive environment; and enjoy access to the physical environment, transportation, and information, knowledge and communications, including information and communications technology and systems, and other facilities and services available to the public' (Section 1106).

58. Part III of the RPDA provides for the Obligations of Government provide the mechanisms for Section 16 of the Constitution which provides for Ethical Government: 'The Government of the Republic of the Marshall Islands recognizes the right of the people to responsible and ethical government and the obligation to take every step reasonable and necessary to conduct government in accord with a comprehensive code of ethics.'

59. The RPDA goes on to specific provisions in Part III, calling on the obligations of Government to respecting, protecting and fulfilling the rights of PWD by ensuring accessibility measures to be taken and monitored.

60. In practice, most buildings in the RMI are not physically accessible for those with physical disabilities, particularly wheelchair users. In Majuro, the public hospital, the lower floor of the court house, two (2) major grocery stores, two (2) hotels/restaurants and a community centre on Majuro are physically accessible for persons using wheelchairs. Accessibility to the physical environment is limited on the outer islands due to the absence of physical infrastructure including unpaved roads and the limited number of ramps at the entrance of most buildings that would enable wheelchair use. All new school buildings built since 2004 have included a paved ramp for wheelchair access to the ground floor. 12 such school buildings have been constructed in the urban centres (Majuro and Ebeye) and 26 on the outer islands.

61. There is one wheelchair accessible bus in Majuro, owned and operated by MIDPO, which facilitates access of members with a physical disability to attend rehabilitation appointments, MIDPO events and other community functions.

62. There are very limited accessible communication methods available for deaf persons. There are no formally available sign interpretation services to facilitate access of the deaf community to public services including health services and the justice system. There is a small group of people on Majuro who can sign due to the work of the Special Education

Teacher program at the College of Marshall Islands (CMI). Interpretation services are informal and subject to the willingness and availability of persons who can sign. Additionally, persons from the deaf community report high levels of stigma associated with signing in public, which discourages persons from accessing services and utilizing an interpreter.

63. There are currently no technical standards and guidelines for facilitating accessibility for PWD to the physical environment. The Ministry of Works, Infrastructure and Utilities (MWIU), has a Building Infrastructure Resilience project of which, a component is the development of the National Building Code Project that is being led by the Joint National Action Plan team at the Office of the Chief Secretary and the Project Management Unit at the MWIU. Part V of the *Planning and Zoning Act 1987* provides for the formulation and adoption of a building code. However, this will be the first building code to be enacted.

64. The building code team has not formally consulted persons with disabilities yet but there has been an initial meeting with the manager of MIDPO regarding a planned consultation. Other agencies that the MWIU intends to consult with include: MOHHS, Public School System (PSS) and Public Safety Department. The draft of the Building Code has been shared with other agencies and departments. MWIU consultations aim to discuss access to all public and commercial buildings and designated disability parking, restroom access, mechanical lifts [elevators], access ramps, etc. There are plans for Braille printed door signs to be incorporated in the draft code and for mechanical lifts, there will be requirements for braille sign and signalling tone for each floor level in mechanical lifts.

65. GRMI anticipates that this building code may become law as soon as 2019. Once passed, new buildings will have to comply with the code and existing buildings will have to be updated.

66. RMI recognizes that roads and pavements are generally not accessible for PWD, especially for persons with mobility impairments. The MWIU is aware of the issue and is working on a building code that includes aids and assistive measures for PWD.

67. Barriers to accessibility for PWD were identified within the community and government consultation process in development of the NPDID. The NPDID outlines measures to promote access of children and youth with disabilities to education (Priority Area 5); employment (Priority Area 6); and health services (Priority Area 7). Barriers to accessibility continue to pose challenges for PWD. The RMI continues to seek technical assistance and financial support for the implementation of a national accessibility plan.

Article 10

Right to life

68. While the Constitution does not mention the right to life, Article 3 Section 17 of the Constitution provide for other rights which provides that “The enumeration in this Constitution of certain rights shall not be construed to deny or disparage others retained by the people.” In law, this would mean that the people’s belief that all people have the right to live as provided under customs and traditions including the various international human rights instruments that the State of RMI has signed and ratified.

69. Article XIII of the Constitution in Section 1(2) provides that ‘Any right, obligation or liability expressly acquired on behalf of the people of the Republic of the Marshall Islands acting through their elected representatives shall become, on and after the effective date of this Constitution, a right, obligation or liability of the Government of the Republic’. This enabling provision makes the lodgement of the Document of Ratification of the CRDP at the UN automatically means that the Right to Life for PWD under Section 10 of the CRPD.

70. The Constitution specifically prohibits the death penalty. Section 1109(3) of the RPDA stipulates that ‘the existence of a disability does not justify a deprivation of liberty’.

Article 11

Situations of risk and humanitarian emergencies

71. The RMI's Country Preparedness Package (2017), developed by the GRMI with the Pacific Humanitarian Team, acknowledges the need to strengthen disability inclusive practices in times of disaster preparedness and has recommended extending the *Disaster Assistance Act 1987* to include specific provisions for the protection/assistance of persons with disabilities. The new emergency disaster management systems include a Gender and Protection Cluster that is intended to prepare for and address the concerns of vulnerable populations in times of disasters. Standard Operating Procedures and Terms of Reference are still being developed.

72. Currently, MOCIA is new to Disaster Risk Reduction and Management. As part of the GRMI's new Disaster Management system, MOCIA oversees the Shelter Cluster and the Gender and Protection Cluster. These clusters are most involved in the protection of the public in cases of emergency/disaster. In the development of the terms of reference for these clusters there is special emphasis on ensuring that PWD and other vulnerable groups are provided with relevant support throughout disaster/emergency situations. Review of the NPDID will also include an implementation plan that addresses the need to mainstream disability within disaster preparedness.

73. Within USAID's five-year Disaster Preparedness for Effective Response (PREPARE) Program, the International Organization for Migration (IOM) developed and co-ordinated a three-pronged AM/FM radio community-level project from 2016 to 2017. Radio broadcasts are an important information dissemination and disaster response method in RMI given the unreliability of mobile networks and internet coverage in most outer islands. Project activities included collaborating with the GRMI radio program, V7AB, to broadcast key information about preparing for and responding to natural disasters; conducting infrastructure improvements to the GRMI radio infrastructure; and distributing hand held solar and hand crank powered AM/FM radios to all communities in RMI to ensure key community members in outer islands can hear early warnings and disaster preparedness programs.⁸ Radio allocation utilized a participatory community-led process and PWD were included within 'targeted vulnerable populations.' Eighty-three (83) of the total Six-hundred (600) distributed radios were provided to a PWD, with at least one radio provided to a PWD in sixty-nine (69) of the seventy-one (71) targeted communities. The MIDPO office was also provided with a radio on Majuro.⁹

74. The RPDA Consequential Amendments Bill proposes to amend the *Disaster Assistance Act 1987* to ensure 'that disaster preparedness and responses, including evacuation plans, training, public information and communication protocols, recovery and relief efforts, are disability inclusive and comprehensively address any accessibility requirements and support needs of persons with disabilities including women and children with disabilities.' Further, when 'preparing the disaster plan, the Chief Secretary shall, as far as practicable, seek the advice and assistance of civic, and volunteer organizations and community leaders, including women's organizations and organizations representing persons with disabilities.'

75. Under the *Guardianship Act* of 1984, law enforcers may intervene in the case of a provider/decision maker abusing their powers. Furthermore, a guardian who is found to be abusing their powers may find themselves subject to investigation or prosecution under Child Rights Protection Act, Domestic Violence Prevention and Protection Act and/or the RPDA.

Article 12

Equal recognition before law

76. Equal protection before the law is guaranteed under the Constitution Article 2 Section 12 and echoed in acts such as the RPDA Section 1107. Legal Capacity for PWDs is required under Section 7 of the RPDA with no limitations based on 'a diagnostic

⁸ IOM, PREPARE Program 3-Pronged Radio Program Approach (n.d).

⁹ IOM, Solar AMFM Radio Distribution to Disability Groups by Atoll (n.d).

impairment, including a cognitive, mental or psychosocial impairment, or an actual or perceived difficulty in decision-making that may arise from a cognitive, mental or psychosocial impairment'. An open-ended list of the enjoyment of a PWD's legal capacity is under Section 7(3) of the RPDA and includes conducting one's own affairs, marry and found a family, own or inherit property, exercise sexual and reproductive health rights, and so forth. Notwithstanding the circumstances, including 'humanitarian emergencies and other situations of risk', legal capacity cannot be deprived from a PWD.

77. Many of Majuro's Government buildings are inaccessible for persons with mobility disabilities. Accommodations have been made on the first floor of the court house for those who cannot climb stairs to the second level. The Attorney General's office is on the second floor of a building with no elevator and so they make efforts to meet with persons who cannot make it up the stairs at different venues.

Article 13

Access to justice

78. Article 2, Section 12, of the RMI Constitution provides for equal protection and freedom from discrimination which is also provided under Section 1107 of the RPDA. Article 2, Section 14 (1) of the Constitution provides for 'Access to Judicial processes as a means of vindicating any interest preserved or created by law...' which is supported by Section 1108 of the RPDA.

79. Article 2, Section 15 of the Constitution recognizes the right of people to legal services universally. Furthermore, Article 2, Section 14 of the Constitution states that, 'every person has the right to invoke the judicial process as a means of vindicating any interest preserved or created by law.' The court was not able to offer information on the types of cases involving PWD. The Courts make what efforts are possible to accommodate the needs of those involved.

80. There is still a need for training of personnel in the justice system with respect to the rights of persons with disabilities. GRMI is working with partner agencies and stakeholders to find qualified trainers to deliver such training. A major barrier for deaf persons is that there are no available and qualified interpreters to facilitate access to and engagement with the justice system. GRMI is assessing our best options for creating such a network.

81. The RPDA Consequential Amendments Bill is anticipated to include reasonable accommodations for PWD to ensure access to justice. Under the Bill, the *All Atoll Access to Justice Act, 2006* will be amended to state, 'a person with disability who is involved in proceedings under this Chapter, whether as a claimant or a witness, must be provided procedural accommodation, as required'. 'Procedural accommodation' is defined as 'individually tailored and appropriate modifications and adjustments of any proceeding, investigation or enquiry that relates to a compensation claim to ensure the full participation of persons with disabilities on an equal basis with others'.

82. The RMI courts begun recording cases involving PWD in 2017. The Supreme Court saw two cases with persons of disabilities. The High Court also tracks cases with PWD and does its best to accommodate those needs. In most cases, physical disabilities prevent litigants from attending the main courtroom on the second floor. In these cases, the ground floor courtroom is used. None of the disaggregated data has shown trends in cases involving persons with disabilities. Court fees are waived for any persons who have reasonable proof of hardship.¹⁰

Article 14

Liberty and security of the person

83. Article 2, Sections 1-4;6-9;14-15 of the RMI Constitution are concerned with protecting the right to liberty and security. These sections pertain to ensuring the rights of persons in the following: Freedom of thought, speech, press, religion, assembly association and petition (Section 1); Slavery and Involuntary Servitude (Section 2);

¹⁰ Judiciary of the RMI, 2017 Annual Report.

Unreasonable Search and Seizure (Section 3); Due Process and Fair Trial (Section 4); Cruel and Unusual Punishment (Section 6); Habeas Corpus (Section 7); Ex-post facto laws and Bills of Attainder (Section 8); Equal Protection and Freedom from Discrimination (Section 9); Access to Judicial and Electoral Process (Section 14); Health, Education and legal services (Section 15).

84. The GRMI faces significant limitations in financial and human capacity, which hinders our ability to best serve persons with disabilities and other marginalized/vulnerable groups. The GRMI is working to progressively implement the NPDID therefore ensuring the liberty and security of PWD. There is no institution for the detainment of persons with mental disabilities.

85. The RPDA Consequential Amendments Bill that was submitted to *Nitijelā* in August 2018 aims to remove any existing legislation that infringes on the liberty of persons with any form of disabilities.

Article 15

Freedom from torture or cruel, inhuman or degrading treatment or punishment

86. Section 6 of the Constitution prohibits Cruel and Unusual Punishment. The RMI does not currently have a Malpractice Review Board. MOHHS requires consent forms are required for any patients under the age of eighteen (18) years.

87. There is a National Taskforce on Human Trafficking (NTHT) that meets regularly and discusses methods of protecting all persons, including those with disabilities, from trafficking and abuse.

88. The National Human Rights Committee (HRC) is responsible for the implementation, monitoring and reporting on UN Treaties including the CRPD (acceded 2015) and the CAT (acceded 2018). The HRC is also mandated to receive, investigate and follow human rights violations, reports, and complaints in-country. HRC members, such as the MIDPO representative, are encouraged to bring up and discuss all matters that may pertain to human rights in the RMI.

Article 16

Freedom from exploitation, violence and abuse

89. Under the RMI Constitution, Article II, Section 2- People of the Marshall Islands are protected from Slavery and Involuntary Servitude. Section 13 Protects peoples' right to personal autonomy and privacy. The *Prohibition of Trafficking in Persons Act 2017* does not specify PWD however the protection measures of this legislation cover all people regardless of age, race, ability, sex, etc.

90. The RMI passed the *Rights of Persons with Disability Act (RPDA)* in 2015 to domesticate the CRPD. The RPDA Section 1110 provides PWD the right to freedom from exploitation, violence and abuse. The Act established a Disabilities Coordination Office (DCO) with one position in the MOCIA and a Disabilities Assistance Fund. The role of the DCO is to oversee the implementation of the NPDID, the RPDA, the RPDA Consequential Amendments Bill (if passed into law), and CRPD recommendations. Unfortunately, there have been difficulties keeping the Coordinator position filled due to a want of eligible applicants, funding for office activities and systematic support for the Coordinator position.

91. The NPDID recognises that women and children with disabilities are particularly vulnerable to violence. Priority area 10 specifically outlines activities to combat violence against women with disabilities.

92. Violence against women is a widespread issue in the RMI. 51% (fifty-one percent) of ever-partnered women have experienced physical and/or sexual abuse, however research has not explicitly investigated the experiences of women with disabilities.¹¹

¹¹ Republic of the Marshall Islands National Study on Family Health and Safety (2014).

93. The *Domestic Violence Prevention and Protection Act* (DVPPA) was adopted in 2011. The law defines domestic abuse broadly. Section 904 states that ‘a person commits an act of domestic violence if he or she assaults a family member; psychologically abuses or intimidates a family member; sexually assaults a family member; economically abuses a family member; continuously and unlawfully restrains the freedom of movement of a family member; stalks a family member; unlawfully behaves in an indecent manner to a family member; or unlawfully damages or causes damage to a family member’s property.’

94. An important inclusion in the DVPPA is the No-Drop Policy found in Section 924. The No-Drop Policy states that a police officer must immediately investigate and press charges if appropriate once a report of domestic violence is received. Furthermore, it provides that a prosecutor must proceed with a case in court as long as the prosecutor believes that an act of domestic violence has been committed and he has sufficient evidence to proceed with the case. The No-Drop Policy was included to relieve the family from cultural pressure that often prevents victims or witnesses from reporting domestic violence or following through if they do report. The DVPPA does not make explicit reference to persons with disability.

95. The Courts issue Temporary Protection Orders (TPOs), especially to survivors of violence and abuse, irrespective of situation and disability status.

96. The police have not received any formal training regarding how to engage with persons with disability. There is no formal translation service available for deaf persons and therefore police rely on family members to translate, if they can do so.

97. The MOHHS has developed a ‘Domestic Violence Protocol for Health Care Providers: Standard of Care’ (2014) which details measures and protocols to assist and support survivors of domestic violence. Measures and accommodations to facilitate access for PWD to services are not detailed in this protocol. This protocol has not yet to be formally operationalized.

98. Several policies and standard operating procedures within the GRMI acknowledge the increased risk of violence against PWD, specifically the Mental Health Service Standard Operating Procedure, the National Gender Mainstreaming Policy of the RMI, the Children Protection Policy of RMI Public School System, and the NPDID.

99. The Standard Operating Procedures for the Division of Human Services with in MOHHS recognizes, ‘that some groups within society, such as people who are older, people living with a disability... are made more vulnerable to abuse due to a variety of intersecting oppression.’ Furthermore, the Division of Human Services Standard Operating Procedure states, ‘services to abused clients are provided within an equity and inclusion framework that recognizes and incorporates the impact of factors such as race, culture, age, gender, ability, sexual orientation and economic status into work with clients, and is sensitive to the power dynamic/hierarchy in the counselling relationship.’

100. The Child Protection Policy (2014) of the RMI Public School System (PSS) adopts a rights-based approach to child protection. The Policy stresses the importance of the educational system and teachers to ‘care for and protect’ children with disabilities. The Policy recognizes that a child with disabilities is ‘potentially more vulnerable to physical, emotional or sexual abuse or neglect than other children.’ It also outlines a framework to assess and manage the risk to children participating in PSS programs. The Policy specifically outlines risk factors to abuse and neglect experienced by children with disabilities and indicators of abuse, in addition to universal indicators, for children with disabilities. The Policy outlines guidelines for the recruitment and induction of teachers and volunteers and requires that teachers working with children with disabilities are required to participate in induction training to increase awareness of risk factors and good practice when working with children with disabilities. Teachers are also required to sign a page detailing the Code of Conduct and their responsibilities towards enforcing the Child Protection Policy.¹²

101. There is no independent body established to monitor the services and programs serving persons with disabilities due to human and financial resource limitations in the RMI.

¹² Marshall Islands Public School System Child Protection Policy (2015).

102. The MIDPO scrutinizes community and government practices towards persons with disabilities and attempts to advocate for the rights of persons with disabilities, and challenge social and cultural norms or attitudes that discriminate against persons with disabilities.

103. The GRMI intends to create a set of protocols and inter-agency agreements to establish a strong and reliable system of prevention, reporting and monitoring of violence against PWD. At this time, should a case be reported (which is rare due to cultural sensitivities and low awareness of PWD's rights or services available) the government agencies do their best to organize themselves and cooperate in treating, assisting and caring for survivor(s).

104. The *Weto in Mour* (Safe Haven) program with Women United Together Marshall Islands (WUTMI) provides a case tracking program in Majuro for women and girls (13+ years old) who experience violence and abuse. Whilst the office of *Weto in Mour* is located on the second floor of a building with no elevators, the counselling program is available via telephone, enabling women with physical and visual impairments to access these services. This is the only program of its kind in RMI.

105. The NPDID recommends that WUTMI 'integrate women with disabilities into all programs including those on violence against women.' The program is currently developing a steering committee to guide its activities and is actively recruiting women with disabilities to be part of the committee.

106. Section 1110 of the RPDA states that, 'persons with disabilities, including women and children with disabilities, are entitled to be protected, both within and outside the home, from all forms of exploitation, violence and abuse. Persons with disabilities who are subject to any form of exploitation, violence or abuse are entitled to access justice and to receive appropriate counselling, rehabilitation, reintegration, and protection services. In practice, there is no formal support system to specifically identify, investigate and prosecute exploitation, violence and abuse against PWD, particularly women and children.

Article 17

Protecting the integrity of the person

107. The RPDA Consequential Amendments Bill aims to align all RMI legislation with the RPDA. This process scrutinized the procedures of the GRMI to ensure the provision of free and informed consent prior to any treatment or medical procedure.

108. According to the Division of Human Services Standard Operating Procedure for the Mental Health Care team, informed consent is a crucial aspect of service provision. Consumers receive explanations of any treatment or service being provided and are asked to sign a consent form (available in both English and Marshallese). Consumers have the right to withhold, limit or withdraw consent, and the verbal withdrawal of consent is documented in client records. Currently, the *Public Health, Safety and Welfare Act* allows a physician, justice of the peace or police officer to involuntarily detain a person for psychiatric assessment.¹³

109. The RPDA Consequential Amendments Bill proposes that the *Public Health, Safety and Welfare Act* be amended to state, 'No person with mental or psychosocial disability shall be committed on the basis of disability to a hospital or other institutional facility, or otherwise deprived of his or her liberty by a court of competent jurisdiction, regardless of whether any proposed commitment is based on a medical diagnosis or consent from a relative or other person'. The RMI does not have an institutional facility for such cases.

110. There is currently no law prohibiting abortions in the RMI, although it is only practiced where the mother's life is in danger.¹⁴

111. Bilateral tubal ligation and vasectomy are the two forms of sterilization performed in the RMI. All persons must be appraised by a medical professional, receive counselling to ensure informed consent is obtained and sign a consent form. Health workers are subject to

¹³ Division of Human Services Standard Operating Procedure (2014).

¹⁴ RMI Ministry of Health National Reproductive Health Policy and Strategy 2016–2018.

prosecution if they attempt to coerce a person to undergo a sterilization procedure. There are no reports of forced sterilizations in RMI⁸.

112. The RMI does not currently have a Malpractice Review Board for MOHHS, nor is there an independent review organization to ensure persons with disabilities are protected from forced sterilization.

Article 18 Liberty of movement and nationality

113. The right to freedom of movement may not be explicitly provided under the Constitution but it does not mean that freedom of movement is not enjoyed in the Republic of Marshall Islands. Under law, Section 16 of the Constitution¹⁵ creates for Government an obligation, a duty to ensure that there is freedom of movement with its accepted limitations and exceptions. The RPDA under Part III from section 1123 to 1130 specifies how these duties and obligations are to be carried out.

114. The citizens of RMI are also provided the right to freedom of movement under section 17¹⁶ through Article XIII 1 (2) of the Constitution and upon being a member of the UN Family through provisions of the Universal Declaration of Human Rights¹⁷ and GRMI's recent accession to the International Covenant on Economic Social and Cultural Rights (ICESCR)¹⁸ and the International Covenant on Civil and Political Rights (ICCPR).¹⁹

115. Furthermore, there are provisions under the Constitution pertaining to Citizenship in Article XI. The provisions there guarantee one's right to obtain citizenship by way of registration. This applies to all persons including PWD. The Citizenship Act last revised in 2010 confers citizenship through Naturalization (general and public benefit).

116. Section 1111(3) (a) of the RPDA stipulates that 'children with disabilities born in the Marshall Islands are entitled to be registered with a name and nationality under the Births, Deaths, and Marriages Registration Act 1988'.

117. The Births, Deaths and Marriages Registration Act 1988 requires that all births be registered and there is concerted effort to ensure that this takes place. The father and mother of the child or another qualified informant is required to report the birth within ten days of the birth. There are no costs associated with birth registration, whether late fees or otherwise.

118. On Majuro, all births are logged by nurses into a logbook and then reported to the Vital Statistics Office where they are logged into the Vital Records Information System. This information is then shared with MOCIA who file birth certificates. For Ebeye, births

¹⁵ *Section 16: Ethical Government*; The Government of the Republic of the Marshall Islands recognizes the right of the people to responsible and ethical government and the obligation to take every step reasonable and necessary to conduct government in accord with a comprehensive code of ethics.

¹⁶ The enumeration in this Constitution of certain rights shall not be construed to deny or disparage others retained by the people.

¹⁷ Article 13 of the Universal Declaration of Human Rights (UDHR) guarantees freedom of movement. You should be able to travel around your own country and choose where you live. This right is not absolute. Countries can limit the freedom of people on their territory, such as confining them to their village during an Ebola outbreak, or compel them to leave their homes if, for example, they are threatened by a typhoon or other natural disaster. But there has to be an overriding public interest: it's unlawful for a dictator to expel people from their homes to build a golf course. And evacuation of civilians during a war cannot be cover for ethnic cleansing. Available at <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=23916&LangID=E> https://www.google.com/search?ei=KPqWXLdkJemkmAWR6YGIAQ&q=The+Right+to+freedom+of+movement%3A+ICCPR+and+ICESCR&oq=The+Right+to+freedom+of+movement%3A+ICCPR+and+ICESCR&gs_l=psy-ab.12...32602.37613..41766...0.0..0.260.3201.0j3j12.....0....1..gws-wiz.....0i71j35i304i39j33i10.eK5doYgAci8.

¹⁸ CEDAW guarantees this right to all women, including women living in rural areas. 49. The ICESCR provides equal rights to the "highest attainable standard of physical and mental health."

¹⁹ The right to freedom of movement is protected under the Universal Declaration of Human Rights (UDHR)³⁷ and specifically in the ICCPR.

are also logged into the Vital Records Information System, and then the Vital Statistics staff in Majuro accesses the information and delivers it to the Registrar.

119. Most of births in RMI occur in either Majuro or Ebeye and the current system for registering attended births on Majuro and Ebeye is effective, though not perfect. Ensuring accurate and timely reporting of births on the outer islands is still a challenge. Some of the more remote island communities do not have Health Assistants and there may not be one nearby to assist in the reporting process. Furthermore, if the Health Assistant is not present at his duty station during the weekly radio calls, or there are technical difficulties, it is possible that births may not get reported for some time or at all. There are still some children whose births are only registered once they are attempting to enrol in school or acquire a passport. The GRMI recognizes the need to improve the Registration process.

120. The GRMI is committed to further improving this process and has endorsed the Asia Pacific Plan of Action on Civil Registration and Vital Statistics (CRVS). The GRMI has also established a taskforce to examine civil and vital registration practices. The taskforce will address issues regarding birth and death registration as detailed above.

Article 19

Living independently and being included in the community

121. Section 1112 of the RPDA provides for this right which can be linked to Articles 2, Sections 16 and 17 of the Constitution and to the empowering provision of Article XIII 1(2).²⁰ RMI recognizes that existing institutional facilities and community residential services for PWD must be developed and supported to meet the needs of the people. Following social and cultural practices, PWD tend to live in the community with their family or extended family network. There is currently no government funding to provide personal assistants or in-house support for PWD living in the community.

122. Due to resource constraints, the GRMI is working towards offering a wide array of accessibility for PWD. The GRMI works continuously to achieve what can feasibly be accommodated with the resources available and continues to also seek external support and technical assistance to aid these efforts.

Article 20

Personal mobility

123. The GRMI is working towards accessing the appropriate resources to facilitate the public physical mobility of PWD. The need for traffic regulations and enforcement is on the rise and the GRMI is working to ensure that consideration for PWD is a part of the new National Strategic Plan and development agenda.

124. The Disability Assistance Fund is referenced under Section 1140 and Section 1141 of the RPDA to financially contribute to ‘accessibility measures’ amongst other measures required under the Act. Due to funding constraints within the GRMI, MOCIA is currently pursuing ways of creating revenue for this Fund that does not depend solely on the GRMI’s General Fund.

125. There is a Rehabilitation Centre within MOHHS that offers several mobility Aid options for PWD.²¹ Access to assistive technology is reliant on availability of suppliers who will ship to the RMI. Due to the RMI’s remote location and the caustic environment of a sea-level island, many currently available technologies may prove not to be practical for long term use in the RMI.

126. A training regarding wheelchair prescription and mobility skills was provided to rehabilitation staff at Majuro public hospital in 2014. Access to professional development

²⁰ Any right, obligation or liability expressly acquired on behalf of the people of the Republic of the Marshall Islands acting through their elected representatives shall become, on and after the effective date of this Constitution, a right, obligation or liability of the Government of the Republic.

²¹ Majuro Hospital Rehabilitation Services (n.d).

for rehabilitation staff is limited but the MOHHS does its best to find, promote and provide staff training and professional development.

127. There are currently no entities that produce mobility aids, devices or assistive technologies located within RMI.

Article 21

Freedom of expression and opinion, and access to information

128. Article II, Section 1 of the Constitution allows for the ‘Freedom of Thought, Speech, Press, Religion, Assembly, Association and Petition’. No persons are discriminated under the Constitution.

129. Under Section 1113 of the RPDA, PWD ‘have the right to freedom of thought, speech, expression and opinion, and the right to access information on an equal basis with others. In accessing information, persons with disabilities are entitled to seek, receive, and impart information and ideas using any means of communication they prefer including accessible formats and technologies such as sign language, Braille, augmentative and alternative modes; and Internet services and the mass media in accessible formats.’

130. GRMI does not currently have a Braille machine that is accessible to or used publicly for the benefit of PWD.

131. Sign language interpretation service is still to be established in the RMI. The deaf community reports that a significant barrier to accessing education, health services and law enforcement, as well as obtaining information about local and international events and news is the absence of a formal interpretation service.

132. There are reports of low literacy rates amongst adults in the deaf community, which limits their engagement with written communication methods. Low literacy rates are attributed to communication deprivation amongst the deaf community, many of whom have not historically engaged with formal education and often do not have parents who utilize sign language. GRMI’s commitments can be seen in the facilitation and the establishment of the Deaf Education Centres (DEC) in Majuro and Ebeye, which are improving the literacy and formal education attendance rates of deaf students.

133. The RMI does not have a national television broadcast, however some international channels have subtitles available.

134. There have been no campaigns to urge private entities and mass media (radio broadcasts and national newspaper) to provide information and services in accessible forms.

135. The GRMI does not currently have a means of regulating internet sites.

136. MSL or Marshallese Sign Language is an indigenous form of sign language, however, is not currently recognized as an official language in RMI. A modified version of ASL (American Sign Language) is also utilized by the deaf community and within the Public-School System.

Article 22

Respect for privacy

137. The RMI recognizes the need and right to privacy as well as the responsibility of the GRMI to provide such precautions as it can to protect each person’s privacy. Article 13 of the Constitution speaks to Personal Autonomy and Privacy. Section 1114 of the RPDA prescribes special measures towards PWD.

138. The Ministry of Health and Human Services (MOHHS) Mental Health Service Standard Operating Procedure ‘reserves the right to breach confidentiality to notify authorities, persons who know the client and/or persons who are at risk of harm in situations where the individual presents a significant and imminent risk of harm to himself/herself or others. This right is known as ‘duty to warn’. Employees are not under a

duty to voluntarily inform authorities regarding a client's past or intended criminal act, except where there is a risk of imminent physical harm'.²²

139. In practice, privacy and confidentiality is difficult to maintain within the small communities of the RMI where it is common to be related to service providers or other users of public services and organisations. The MOHHS and other entities are seeking systematic methods of addressing this concern.

140. No specific measures have been taken to ensure PWD are not concealed on the pretext of protection of privacy.

Article 23

Respect for home and the family

141. The Constitution of the GRMI provides for everyone a right to freedom from Search and Seizure in Article 2, Section 2. Subsection 2(1) provides further that 'The right of the people to be secure in their persons, houses, papers and effects, against unreasonable searches and seizures, shall not be violated, ...'.

142. Section 1115(1) of the RPDA states that PWD, 'on an equal basis with others, have the right to marry, retain their fertility, and exercise full sexual, reproductive and parental rights'.

143. The MOHHS is committed to improving sexual and reproductive health services for PWD. The National Reproductive Health Policy and Strategy (2016-2018), commits to 'strengthen[ing] existing health infrastructure to improve physical access for PWD (Strategic Area 1.2) and to 'support initiatives aimed at creating reproductive health awareness among youth in difficult circumstances' (Strategic Area 3.4.2).

144. Pursuant to Section 1115(5) of the RPDA (2015), PWD, 'are entitled to receive support, including reproductive health and child care information and services, to exercise their sexual, marital, reproductive, and parental rights'.

145. There are currently no formalised systems to specifically support PWD family planning, assistive reproduction and adoption programs. Formalised fostering programs are currently not established in the RMI.

146. There are currently no formal social support programs available for parents with disabilities beyond what the MOHHS, Women United Together Marshall Islands (WUTMI) or MIDPO may be able to informally offer. The GRMI recognizes this as an area of great need and is endeavouring to create a program that may be able to address such situations.

147. Under Section 1111(3) (c) of the RPDA, 'children with disabilities born in the Marshall Islands are entitled to be cared for by their parents, unless this is not in the best interests of the child or for any other lawful reason'.

148. The RMI courts take the best interest of the child seriously and unless the parent is deemed unable to care for the child, a child will not be legally removed from their parents.

149. Within Marshallese culture, children are a link between families. The practice of *kajiriri* (cultural adoption) is where children are taken in/cared for by uncles, aunts, cousins, or grandparents. It is common to share the child-rearing duties amongst family members. If parents of a child with disability is having trouble providing for the child, family members may assist or *kajiriri* (adopt) the child. While many of these cases go through the Courts system, there is still many *kajiriri* cases that are undocumented. GRMI is currently working to develop a mechanism to monitor cultural adoptions.

150. The Early Hearing Detection and Intervention (EHDI) program at the Majuro and Ebeye public hospitals has three components: New-born Hearing Screening, Audiological Diagnostic Evaluations and Early Intervention. The early intervention component is run as a 'family-centred program' which provides services and support for children identified with

²² Division of Human Services Standard Operating Procedure (2014).

hearing loss to ‘reach their full potential.’ Most services are provided in the home, where family members can learn strategies to support their child.²³

151. The EHDI program also runs a twice weekly group session at Majuro hospital - an infant group (0-18 months) and a toddler group (18 months to 4 years). Group sessions are open to children with various types of disabilities ranging from hearing loss, Downs Syndrome, cerebral palsy, deaf blind, delayed speech, and cleft lip and palate. Group sessions are attended by children and their parents. There is not only a focus on supporting children within sessions, but also to support parents through conversations with the coordinator and each other.²⁴

152. Teachers from the Deaf Education Centre (DEC) regularly attempt to engage with parents of children who are deaf (irrespective of whether they are enrolled in the school) to raise awareness regarding the importance of attending school and utilizing sign language as a means of communication.

153. The RMI is unable to develop the infrastructure or resources to institutionalize persons with disabilities. In cases where parents are unable to provide care for children, cultural adoption may occur, as discussed above.

154. There have been a limited number of persons experiencing mental illness observed to roam the streets of Majuro and take shelter with extended family. There has been no research or formal support services developed due to the limited infrastructure and capacity within RMI for such provisions. GRMI realizes there is need for improvement in this area and intends to address this by the next reporting cycle.

155. Section 1115(2) of the RPDA protects PWD from forced sterilization or any other interference with their reproductive health without their free and informed consent. There are no anecdotal or documented reports of such practices.

Article 24 Education

156. Article 2 Section 15 of the Constitution provides for the right to freedom of health care, Education and legal services. The provisions add that the GRMI has the obligation to take every step reasonable and necessary to provide these services. The RPDA goes on to provide PWD this right to Education.

157. Under the *Individuals with Disabilities Education Act 2004* of the GRMI, the Public-School System (PSS) receives federal funds from the United States of America (U.S.A.) under U.S. Public Law 108-446, to ensure that Free Appropriate Public Education (FAPE) is provided to children with disabilities.

158. The *Education Act 1991* was enacted by the *Nitijelā* in August 1991. Part IV, Division 7 – Special Education, of the Act established a statutory framework for the education of children with disabilities. This Act has been repealed by the *Marshall Islands Public School System Act, 2013* although the Special Ed program continues.

159. Special Education Teachers in Private Schools have historically been hired and funded by each school. A review is currently being conducted regarding the way in which the RMI Public School System (PSS) Special Education program provide services to private schools and may effect changes to the hiring and funding processes of private school special education teachers.

160. ‘A child with disabilities’ as defined by U.S.A. Public Law 108-446, includes children with disabilities age three (3) to graduation from high school with a regular diploma or through age twenty-one (21) as determined by the PSS as being disabled and requiring special education to receive FAPE. U.S.A. law is used given that funding for this program is designated under the Compact of Free Association.

161. The Consequential Amendments Bill adds and elaborates on ‘Inclusive Education’. It addresses this in the College of the Marshall Islands Act, Marshall Islands Public School

²³ EHDI Program Annual Report (2016).

²⁴ EHDI Program Annual Report (2016).

Systems Act, Ministry of Education (Teacher Certification) Act, National Training Council Act, and Historic Preservation Act. The Public Schools System has a Special Education Office that works with students who have learning Disabilities.

Table 5
Children with Disabilities (IDEA) Early Childhood (School Year: 2017–2018)

<i>Sex</i>	<i>Student Count</i>	<i>Percentage</i>
Male	14	56.00%
Female	11	44.00%

Source: Public School System Special Education Program.

Table 6
Children with Disabilities (IDEA) School Age (School Year: 2017–2018)

<i>Sex</i>	<i>Student Count</i>	<i>Percentage</i>
Male	213	36.66%
Female	368	63.34%

Source: Public School System Special Education Program.

Table 7
Qualifications of Special Education Teachers employed by PSS

<i>Age of Students</i>	<i>Numbers of *Highly Qualified* Teachers employed by PSS</i>	<i>Numbers of **Not Highly Qualified** Teachers employed by PSS</i>	<i>Total</i>
3–5 years	7	5	12
6–21 years	54	59	113
Total	61	64	126

Source:

* ‘Highly qualified’ is defined as a teacher with an Associate Degree or higher.

** ‘Not Highly Qualified’ is defined as a teacher with a High School Diploma.

162. The RMI Special Education program develops an Individualized Educational Plan (IEP) for each student, which is followed by the special education teacher for that student. The program adopts a flexible approach to providing support to students, adapting to the contextual, geographical and resource constraints of each school. The ratio of students to teacher, particularly in outer islands, is dependent on the number of teachers that can be attracted to working in a location or school. The number of special education teachers within a school, the ratio of teachers to students and the needs of students’ further influences if teachers sit in on mainstream classes and provide additional assistance or if students are taken out of classes throughout the day for additional support.

163. Braille and mobility instruction and basic Augmentative Communication can be provided to students as needed and specified in their Independent Education Plan. In practice, limited augmentative communication is utilized within classrooms, due to the limited awareness of Special Education teachers and the unavailability of Augmentative Communication technologies.

164. There are two Deaf Education Centres (DECs) in the RMI, one in Majuro, established in 2013, and one in Ebeye, established in 2014, for students who are deaf or deaf-blind. The DECs teach the RMI PSS K-8 curriculum in American Sign Language (ASL) and Marshallese Sign Language (MSL). The centres also teach English and Mathematics subjects Levels 9–12. For all other subjects, deaf high school students are mainstreamed into high school classrooms. There is only one, not officially qualified, sign language interpreter supporting deaf high school students resulting in limited engagement with education material. Additional tutoring and assistance are provided by the DECs to

support to high school students where possible. The GRMI acknowledges that further support for deaf students, particularly high school students, is required.

165. The RMI Special Education Program under the Ministry of Education, Sports and Training reports annually to the Office of Special Education Program, U.S. Department of Education as part of the funding parameters under the Compact of Free Association.

166. The Ministry of Sports, Education and Training does not currently collect post-secondary data regarding numbers of children with disabilities disaggregated by gender and fields of study, however, is currently in the process of developing a database to collect and monitor this data.

167. Specific skills training services for eight Special Education teachers is currently provided via the Navigating Student Success in the Pacific (NSSP) project. The NSSP project is a collaboration between PSS, College of the Marshall Islands, and the University of Hawaii, providing a bachelors' level degree for selected teachers in two streams: instruction for students with Severe Disabilities or in Deaf Education.

168. The Special Education Program aims to identify, locate, and evaluate children with disabilities, including children with disabilities attending private schools. Activities include public awareness, referral, and screening activities to identify those students who may need special education. Typically, mainstream or Special Education teachers identify and refer children once they are enrolled in regular classes to the Special Education Program. Before referring a child for special education services, every attempt is made to meet the needs of the child within the regular school program.

169. The PSS aims to improve teacher qualification standards including Special Education teachers and staff. In 2016–2017 the Special Education Program had 126 Special Education teachers.²⁵ Teachers were categorized as 'highly qualified', or had obtained an Associate Degree or higher, whilst 64 teachers were categorized as 'not highly qualified,' or those with a high school diploma. The Special Education program conducts an Annual Summer Institute, which gathers all Special Education teachers within the country (including outer islands) to focus on areas of need for the program and provide professional development for teachers. There are also conferences funded by the US Office of Special Education Program to update and provide technical assistance for entities providing Special Education Services funded by the USA Individuals with Disabilities Education Act (IDEA).

170. The Child Protection Policy (2014) of the PSS specifically mentions that all teachers and staff must treat children with respect 'regardless of... disability'.²⁶

171. There are no known PWD, or persons identifying as a PWD, engaging in tertiary education as students. The Ministry of Education, Sports and Training does not currently collect data regarding numbers of PWD engaged in tertiary education however is currently in the process of developing a database to collect and monitor this data. The NPDID (2015) identifies the need for greater inclusion of PWD in tertiary education and training programs. GRMI hopes to develop several capacity building projects for youth of the RMI. It is hoped that PWD will be included in these projects and access for PWD to tertiary education will be monitored and improved throughout these programs.

Article 25

Health

172. Section 1117(1) of the RPDA provides that 'Persons with disabilities are entitled to equal access to quality health services to maintain and improve their health and quality of life'.

173. Under the *Senior Citizens Act, 2018*, PWD are entitled to various privileges and benefits that are now offered to Senior Citizens. Under Section 106(1), these include a minimum 25% discount on medication and other essential supplies, accessories and equipment purchased from the MOHHS; and medical and dental services provided by the MOHHS upon presentation of a Senior Citizen card. There is currently no formalized

²⁵ PSS, Special Education SY 2016–2017.

²⁶ Marshall Islands Public School System Child Protection Policy (2015).

mechanism established for a PWD to be recognized as experiencing a disability, the GRMI is aware of the need to establish such a mechanism.

174. The public hospital in Majuro offers rehabilitation services.²⁷ Over half the population of RMI live in Majuro. A one-time fee of \$5 USD is required to access the public hospital to obtain a referral to rehabilitation services. The cost of accessing the hospital is reported amongst PWD as a barrier to accessing services. Hospital staff report hospital admission fees are occasionally waived if a person declares they do not have the financial means to pay for services. There is no formalised process to ensure rehabilitation services are free for PWD.

175. The MOHHS runs a public outreach program in outer islands and community to promote awareness of Non-Communicable Diseases (NCDs), particularly regarding diabetes and foot care to prevent diabetes-related amputations and blindness.

176. The ‘Wellness Centre’ is a program funded by Canvasback Missions Inc. in collaboration with the MOHHS and located at the public hospital in Majuro. The Wellness Centre aims to prevent and address diabetes and other NCDs through lifestyle intervention, education and agricultural development. The centre has several successful initiatives including an intensive education program, a physically and financially accessible cafeteria serving locally grown produce, a local farmers market, developing community gardens and a free public gym facility.²⁸

177. Public health campaigns are typically disseminated via posters, radio, mass text message, social media and newspaper. No specific measures have been taken to ensure campaigns, including HIV/AIDs and Malaria prevention are accessible for persons with disabilities. The Tuberculosis screening program on Majuro in 2018, adopted a ‘house to house’ approach, with the aim of visiting and reaching every household member for the first test. Household members are then asked to visit the hospital for a second follow up test, with the program offering to visit households if a member is unable to attend the hospital for any reason (including disability).

178. There have been no comprehensive measures to train doctors and other health professionals on the rights of persons with disabilities.

179. The RPDA Consequential Amendments Bill include clauses to ensure that informed consent is made prior to any procedures or treatments.

180. There are currently no mandatory health insurance requirements under RMI law to enable access to health care. Primary healthcare is provided with a nominal five-dollar fee (\$5 U.S. Dollars) per visit, which includes medication and there’s the Referral Program which includes an escort fund to patients going off-island.

181. The Building Code being developed by MWIU includes plans for ensuring that accessible bathrooms are a part of every public building.

Article 26

Habitation and rehabilitation

182. Section 1118 of the RPDA provides an entitlement, to habitation and rehabilitation. The RPDA stipulates that these be voluntary, accessible, tailored to individual needs and made available at the earliest opportunity when the need arises.

183. The public hospitals in Majuro and Ebeye are the only establishments providing physical rehabilitation health services. The rehabilitation services include a diabetes foot care clinic, amputee rehabilitation, prosthetic and orthotic services, neurological rehabilitation, orthopaedic and musculoskeletal rehabilitation, paediatric services, wrist and hand therapy and physical conditioning/weight loss services.²⁹

²⁷ Majuro Hospital Rehabilitation Services (n.d).

²⁸ Canvasback Missions Inc., Impact Report (2016).

²⁹ Majuro Hospital Rehabilitation Service (n.d).
Standard Operating Procedure, Ministry of Health, Ebeye.

184. The physical rehabilitation department is in direct communication with St. Luke's Medical Centre in the Philippines, where patients may be referred for off-island treatment. St. Luke's Medical Centre coordinates rehabilitation services with the Majuro rehabilitation team. Anecdotally, many PWD access medical and rehabilitative services in the USA, particularly in Hawaii, accessed under the Compact Agreement however there is currently no mechanism to document the prevalence of such practices.³⁰

185. Currently the rehabilitation ward in Majuro has five employees, including two registered physiotherapists, (trained to bachelor level), two physical therapist assistants (have obtained a two-year practical nursing training at the CMI and provided addition to in-house training) and one prosthetic technician (undertaken three training courses in Taiwan in addition to the two-year practical nurse training). The rehabilitation team in Ebeye has three employees including one registered physiotherapist (trained to a bachelor level) and two physical therapist assistants. There is currently no occupational therapist, speech therapist or social worker's supporting the rehabilitation teams.

186. PWD from outer islands must travel to Majuro or Ebeye to access most rehabilitation services. The rehabilitation team conducts an outreach program on outer atolls, primarily focused on diabetes foot care, providing rehabilitation advice where possible and making referrals to Majuro hospital when necessary.³¹ Due to resource limitations, the outreach team is not well equipped for these trips and so some services are not as effective as they could be.

187. Rehabilitation services provided by the public hospital are voluntary. There have been no reports of patients being forced or coerced to engage/receive treatment from rehabilitative services.

188. Formal mechanisms to provide training for professionals and staff working in the rehabilitation programs still must be put in place. The RMI continues to seek assistance and opportunities to develop the capacity and skill of rehabilitation staff.

189. A limited number of assistive devices and supports are available through the RMI public hospital rehabilitation program. Specialised assistive devices are subject to the availability of donated supplies. The MOHHS purchases essential assistive devices from Orthotics Australia and provide these devices at a subsidized rate. Available essential assistive devices include wheelchairs, crutches, and standard walkers, walkers with wheels, quad canes and single canes.

190. The rehabilitation program has a training program for both clients and caregiver/family members to learn how to use assistive devices prior to discharge from the program.

Article 27

Work and employment

191. Even though there may be no specific provision in the Constitution providing for the right to work, Constitutional provisions in Article 2, Sections 16³² and 17³³ as well as Article XIII(1) (2)³⁴ provides an application of the Constitution that would provide at the highest law of the land the right to employment that is recognised through the Universal Declaration of Human Rights, ICESCR and the ICCPR as well as the International Labour Organization Convention 169.

³⁰ Majuro Hospital Rehabilitation Service (n.d).

³¹ Majuro Hospital Rehabilitation Service (n.d).

³² Section 16: Ethical Government; The Government of the Republic of the Marshall Islands recognizes the right of the people to responsible and ethical government and the obligation to take every step reasonable and necessary to conduct government in accord with a comprehensive code of ethics.

³³ Section 17: Other Rights The enumeration in this Constitution of certain rights shall not be construed to deny or disparage others retained by the people.

³⁴ 2. Any right, obligation or liability expressly acquired on behalf of the people of the Republic of the Marshall Islands acting through their elected representatives shall become, on and after the effective date of this Constitution, a right, obligation or liability of the Government of the Republic.

192. The RPDA outlines specific measures in Section 1119 to ensure the protection of PWD, including women, against discrimination in employment and to earn a living on an equal basis with others.

193. Section 1119(2) of the RPDA protects the right of PWD to ‘enjoy just and decent work, including equal remuneration for work of equal value, a safe and health working environment, and protection from harassment.’

194. Moreover, Section 1119(4) of the RPDA (2015) states that ‘an employer must make any workplace adjustment that may be reasonably required to accommodate the employment of persons with disabilities and to facilitate their effective work performance.’ The RPDA outlines various adjustments that may fall under the definition ‘workplace adjustments.’ The RPDA Consequential Amendments Bill further incorporates the definition and application of ‘reasonable accommodation’ in specific acts to best reflect expectations of inclusiveness by that legislation.

195. The GRMI Public Service Commission (PSC) reported in 2015 after the NPDID and RPDA were enacted that in 2014 there were 9 PWD employed and that in 2015 there were 15 PWD employed between MOHHS, PSS, and Local Government Staff. Between 2016 and the present, information on PWD working for the government has not been tracked. The PSC is considering the best methods of collecting this information for future reporting. In the Consequential Amendments Bill are provisions for PWD to be included/represented on Government boards. Should the Bill pass, each board will be expected to include a PWD in its membership.

196. The NPDID highlights a need for data surrounding employment of PWD. The policy discusses that a program to train PWD for employment was implemented in the 1990’s. The program was not repeated due to funding constraints. GRMI acknowledges the need for consultations and redrafting of the NPDID, to fully incorporate the scope of needs and gaps in support that PWD are currently facing. In this regard, GRMI is working to endorse a new Disability Policy by the end of 2020.

197. Unemployment rates are high in RMI, particularly for women and youth. According to the most recent National Census (2011), 51% of men and 28% of women were employed nationally. National unemployment was highlighted as a key development challenge for the RMI, particularly for PWD in the National Strategic Plan (2015–2017).

198. The NPDID states that ‘there are currently no technical and vocational education training opportunities targeted to youth with disabilities.’ Considering these insights, Priority Area 5 ‘Education and Training’ and Priority Area 6 on ‘Employment and Livelihoods’ were outlined in the policy.

199. The NPDID highlights that women with disabilities are less likely to be employed or educated. It is a key priority area of GRMI to improve the access of women with disabilities to employment opportunities. In March 2019 GRMI launched the *Kora in Kil* Fund, an initiative which will offer grants and small loans to groups and organizations working to achieve outcomes that accelerate progress towards gender equality. This may include flexible and responsive program initiatives, with accessible mechanisms to support innovative initiatives to promote gender equality and women’s human rights.

200. MOICA is planning the NPDID review and the RMI anticipates that it will be re-introduced in early 2019. There are currently no services to specifically facilitate re-employment/job-seeking for adults or youth with disabilities in RMI. The GRMI hopes to include such topics as part the revised scope of the NPDID.

201. Limitations on financial resources and technical expertise, combined with stigma regarding PWD hinder the provision of reasonable accommodations and the promotion and establishment of co-operatives to facilitate employment for PWD. The NPDID review is intended to re-assess the priorities of PWD and ways that GRMI and other stakeholders can support better opportunities for training and employment, health services, reasonable accommodation by service providers/employers, and more.

202. The GRMI has yet to establish practices that actively encourage and promote the employment of PWD in the regular labour market.

203. There is currently no formal process of identifying the most vulnerable amongst PWD, GRMI recognises the need for systematic data collection and employment support

available for PWD. The GRMI notes that without quality data, fulfilling reporting obligations is difficult and is therefore working to address this complication. As the main unit for statistics collection EPPSO has included the full set of Washington Group questions on disabilities into the Household Income and Expenditure Survey (HIES), and the 2020 National Census as a base measure of disability prevalence. MOCIA is also pushing for any group, government or not who conducts surveys/assessments or collects data on customers/patrons to include disability disaggregation to their collection and analysis.

204. The RMI does not have a trade union movement to monitor. There are currently minimal services for the retention and retraining of workers who suffer work place injuries resulting in a disability. It should be noted, however, that there is a Bill before *Nitijelā* to adopt the Workers' Compensation Act, which provides for the compensation and rehabilitation of workers in respect to work-related injuries or fatalities. There is also the Bill to adopt Labour (Collective Bargaining) Relations Act before the *Nitijelā*, which provides a legal framework for employees in the RMI to engage in collective bargaining and enter in collective bargaining agreements. If adopted by the *Nitijelā*, both Bills will address this issue while allowing employees to ensure proper implementation through the collective bargaining arrangements.

205. Data is currently unavailable regarding the participation of persons with disabilities in the informal economy.

206. The RPDA provides a legal safeguard to protect workers with disabilities from unfair dismissal. Section 1119(3) Act states, 'it is unlawful to discriminate against a person, directly or indirectly, based on disability including... decisions about dismissal, demotion, or retrenchment'. Section 1119(2) further states that PWD 'be protected from forced labour and exploitation'.

207. There are currently no formalised processes to ensure PWD, including students, who have technical and vocational skills are empowered to enter the labour market, including through mechanisms offered by new communication technologies. This is a priority area for GRMI and will be reflected in the new NPDID.

Article 28

Adequate standard of living and social protection

208. Section 1120(2) of the RPDA states that 'persons with disabilities, in particular those who are poor, children, women, and older persons, have the right to enjoy social protection, poverty reduction support, and any financial assistance, pension, welfare or other benefit scheme that is made available to the general population, on an equal basis with others'. Section 1120(3) further provides that, 'Persons with disabilities have the right to special allowances, benefits, and services in addition to other forms of social protection schemes available to the general population'.

209. Through Constitutional provisions Article 2, Sections 16,³⁵ 17³⁶ and Article XIII(1) (2)³⁷ the right to adequate standard of living and social protection could be drawn as Constitutional provisions that provide the highest law of the land drawn from the Universal Declaration of Human Rights, ICESCR and the ICCPR³⁸ as well as the ILO Convention 169.

³⁵ Section 16: Ethical Government; The Government of the Republic of the Marshall Islands recognizes the right of the people to responsible and ethical government and the obligation to take every step reasonable and necessary to conduct government in accord with a comprehensive code of ethics.

³⁶ Section 17: Other Rights The enumeration in this Constitution of certain rights shall not be construed to deny or disparage others retained by the people.

³⁷ 2. Any right, obligation or liability expressly acquired on behalf of the people of the Republic of the Marshall Islands acting through their elected representatives shall become, on and after the effective date of this Constitution, a right, obligation or liability of the Government of the Republic.

³⁸ The right to an adequate standard of living is contained in article 11(1) of the International Covenant on Economic, Social and Cultural Rights (ICESCR) available at <https://www.google.com/search?ei=zgWXXPa3E4j90gSAgbSoBw&q=Adequate+standard+of+living+and+social+protection%3B+ICCPR+and+ICESCR&oq=Adequate+standard+of+living+and+social+>

210. While in effect, carry out and compliance with the RPDA has been hard to monitor as the DCO (responsible for most of the monitoring of this Act) has been understaffed for most of its existence due to a shortage of interested and qualified personnel. GRMI, particularly MOCIA and the HRC are continuing to discuss methods of improving the monitoring of human rights acts and UN Human Rights Treaties that RMI is party to. Two social worker positions were approved and funded for FY19 and job descriptions have been developed for advertisement. It is hoped that these social worker positions will be able to carry out home visits and assessments to understand the needs and abilities of vulnerable persons so that work with in the ministry is targeted, and its impact is measurable.

211. Currently, a 'disability benefit' is available for eligible claimants of the National Social Security System. Eligibility criteria includes: 'must be or have been unable to engage in any substantial gainful activity because of any medically determinable physical or mental impairment(s); The period of disability is expected to result in death or to last for a continuous period of at least 12 months; and the Claimant must have been both fully and currently insured at the time of becoming disabled. A claimant is defined as 'currently insured' if they have 'earned at least six (6) quarters of coverage during the forty (40) quarter period ending with the quarter of retirement, disability or death, whichever first occurs.' The minimum disability pension is US\$128.99 a month. The Disability Benefit amount is reduced by US\$1.00 for every US\$3.00 earned in a quarter in excess of US\$1,500 for claimants under the age of sixty-two (62). Disability Benefits terminate the month before the month in which the Claimant recovers from the disability or dies, whichever occurs first. 'Recovery from disability' is defined as when the claimant can 'once again engage in substantial gainful activity'.³⁹ There is also optional insurance available for public servants. This measure qualifies as life insurance, but one may receive benefits after sustaining injuries in the workplace such as loss of limbs.

212. PWD who have never been employed or contributed to the fund are ineligible for the 'disability benefit.' Given the high unemployment rates in RMI and barriers PWD face in accessing employment, it appears that many PWD are ineligible for this funding. Poverty and the need for improved financial resources are reported amongst PWD as a significant barrier to accessing medical services, adequate nutrition and engaging in social and community events. The Senior Citizens Benefits program that is established under the Senior Citizens Act 2018 allows for persons with disabilities to register and benefit from the same offers.

213. The GRMI does not have the ability to provide housing programs for vulnerable groups, including PWD, currently. Cultural land practices have made it hard for land to be procured outside of family structures and residential use. Further discussions with traditional leaders, law makers and land owners need to be had in order to determine methods of moving past such barriers. The recent *Senior Citizen Act, 2018* provides for the protection of the rights of senior citizens; the well-being and participation of senior citizens in society; the invigoration of Marshallese custom of demonstrating respect, dignity and care towards senior citizens; and actively seek the partnership of the private sector in the well-being of citizens. The *Senior Citizens Act, 2018* also mandates that a Senior Citizen Affairs Office be established within MOCIA. The Community Development Division is currently working to accommodate this.

214. Section 1103(5(b) of the RPDA (2015) recognises the connection between poverty and disability. The Act was developed to achieve the strategic objective of 'disability-inclusive development as part of a rights-based approach to development and poverty reduction'. Furthermore, the NPDID recognizes the link between poverty and disability, with Priority Area 6 aiming to improve access of PWD to employment and sustainable livelihoods.

protection%3B+ICCPR+and+ICESCR&gs_l=psy-ab.12...29993.42682..44832...0.0..0.330.4593.2-15j3.....0.....1..gws-wiz.....0i71j0i22i30j33i299j33i160j33i10.j3-aW6Bbf4A.

³⁹ Marshall Islands Social Security Administration, Disability Benefits, <<http://www.rmimissa.org/Benefits/disabilitys.html>>.

Article 29

Participation in political and public life

215. As stated above in Part I: General Provisions, the absence of these specific terms like the right to freedom from Participation in political and public life may mislead people into believing that these rights and obligations are applicable in the RMI as they are not recognised as Constitutional provision. This limited and exclusive view challenges the wisdom of the drafting of the RMI Constitution that gave the document a very forward looking and developed Constitution through the combination from the reading of Constitutional provisions Article 2, Sections 16,⁴⁰ 17⁴¹ and Article XIII(1) (2)⁴² the right to adequate standard of living and social protection could be drawn as Constitutional provisions that provide the highest law of the land drawn from the UN Conventions and Covenants that the GRMI ratifies. This is supported further by the Interpretation provision of the Constitution at section 3(1) which allows for the application of regional precedence and subsection (2) which applies the common constitutional tests of human rights.

216. Under the RPDA, the rights of PWD are protected, on an equal basis with others, ‘to participate in all aspects of political and public life’ (Section 1121.1). The RPDA, under Section 1121(1)(a), (b) and (c), outlines the ‘enjoyment of political rights’ to include the rights to ‘vote by secret ballot; stand for election; or be elected or appointed to public office; be actively involved in political parties and other non- governmental organizations and associations concerned with public and political life; and form and join organizations representative of persons with disabilities’.

217. The RPDA states that PWD are entitled to ‘reasonable accommodation of their individual needs, including, if requested, voting with the aid of a personal assistant of their choice; and accessibility measures, including the following: access to public buildings; access to information in accessible formats in buildings and facilities open to the public; access to mobility aids, devices and assistive technologies; access to appropriate training opportunities; polling stations at ground level; wheelchair access to and within polling stations including polling booths; voting procedures and materials including voter lists and ballot papers in accessible formats; tactile and other assistive voting devices’ (Section 1121.4a-b).

218. Postal ballot voting in national elections is available for Marshall Islands residents who are eligible voters but unable to attend a polling place due to disability or illness. While more needs to be done to ensure that all persons can access and confidently vote in a move that best accommodates their needs. The Electoral Office does it’s best to meet voters needs with in the Office’s available capacities.

219. Under the RPDA Consequential Amendments Bill, it is proposed that ‘An election conducted under this Chapter shall: (a) provide reasonable accommodation and any support as may be required, including a personal assistant of choice, to an eligible voter with disability or an eligible candidate with disability; (b) be conducted in premises that are accessible to all eligible voters, including persons with disabilities; (c) ensure election, campaign, and voting materials, including ballot papers and voter lists, are available in accessible formats such as Braille, audio, easy to read language, alternative or augmentative modes of communication, and sign language interpretation; (d) provide tactile and other assistive voting devices as may be required by persons with sensory impairments; (e) provide appropriate training for electoral officials; and (f) provide any other accommodation or support required to ensure the full and effective participation of all eligible voters or candidates with disabilities in an election.’

220. The GRMI does not currently capture data to measure the participation of PWD in political and public life.

⁴⁰ Section 16: Ethical Government; The Government of the Republic of the Marshall Islands recognizes the right of the people to responsible and ethical government and the obligation to take every step reasonable and necessary to conduct government in accord with a comprehensive code of ethics.

⁴¹ Section 17: Other Rights The enumeration in this Constitution of certain rights shall not be construed to deny or disparage others retained by the people.

⁴² 2. Any right, obligation or liability expressly acquired on behalf of the people of the Republic of the Marshall Islands acting through their elected representatives shall become, on and after the effective date of this Constitution, a right, obligation or liability of the Government of the Republic.

221. A representative from MIDPO sits on the national HRC which oversees the status, provision, and protection of human rights in the RMI. MIDPO works closely with the Disability Coordination Office at MOCIA to raise the issues identified by PWD within the community at a national level. The RPDA (Consequential Amendments) Bill includes provisions that will require government boards to include representation of PWD.

Article 30

Participation in cultural life, recreation, leisure and sport

222. Section 1122(1) (a) of the RPDA states that ‘persons with disabilities have the right, on an equal basis with others, to participate in cultural life, recreation, leisure and sporting activities.’

223. RMI recognizes ‘International Day of People with Disabilities.’ In 2017, the chosen theme was ‘Transformation Towards Sustainable and Resilient Society for All.’ The President gave a key-note presentation alongside presentations from persons and children with disabilities.

224. There are very few sporting and leisure facilities in RMI. Sporting areas, such as fields and basketball courts, are outdoors and physically accessible. There have been no explicit measures taken to ensure access of PWD to facilities.

225. There is currently no law on intellectual property. The RMI became a member of the World Intellectual Property Organization (WIPO) in 2017, and the RMI’s acceded to the Marrakesh Treaty to Facilitate Access to Published Works for Persons Who are Blind, Visually Impaired, or Otherwise Print Disabled and the Beijing Treaty on Audio-visual Performances in 2019.

226. Under Section 1122(1) (b) of the RPDA, ‘persons with disabilities have the right, on an equal basis with others, to have their specific cultural and linguistic identity, including sign languages and deaf culture, recognized and supported’.

227. There is a large deaf community in the RMI. There are Deaf Education Centres (DECs) in Majuro and Ebeye, supported through the Special Education Program and in past years Deaf WorldTeach, an NGO which sends volunteers to teach at schools in low income countries. In 2017, four (4) deaf volunteers were placed in the RMI to support the DECs. The GRMI is currently working on strategies to carry on the work of the DECs without WorldTeach’s support.

228. There are high levels of stigma associated with the deaf community in RMI. Teachers from the DECs and active persons within the deaf community attempt to engage with families of deaf students to encourage them to learn sign language and engage with the DECs and deaf community.

229. The DECs regularly collaborate with the Marshall Islands Journal to promote positive stories about students and deaf community in RMI.

230. At the 2017 ‘International Day of People with Disabilities,’ children experiencing deafness presented in sign language around the message ‘we are deaf, but we are proud, we can do the same things you can’ alongside other presentations from PWD and the President of the Marshall Islands.

231. Section 1122(2)(f) of the RPDA states that the rights of persons with disabilities include, opportunities to organize, develop and participate in disability-specific sporting and recreational activities, including national and international sports events. Currently, there are no organizations that have effectively initiated such activities for PWD. GRMI is open to working with stakeholders and partners to ensure that this is implemented.

232. The RPDA states that the rights of persons with disabilities include, ‘access to mainstream public recreational, sporting, leisure and tourism activities, venues, and services; and opportunities for children with disabilities to participate in play, recreation, leisure and sporting activities, including recreational and sporting activities in the school system’ (Section 1122(2)(h)). The GRMI continues to work towards realizing access to these activities for PWD.

233. In practice, there are limited opportunities for children with disabilities to engage in national and recreational sporting activities. The DEC's report that a mainstreamed school events are not inclusive, and which often result in the exclusion of deaf children from events. The GRMI recognizes that participation in sporting and recreational activities are an important right. Proposed initiatives within the upcoming NPDID include the inclusion of students from the Special Education Program and DEC's in all sporting, cultural and summer events.

Part III. Situation of boys, girls and women with disabilities

Article 6

Women with disabilities

234. The RPDA was developed with the recognition that RMI shall 'adopt appropriate measures to ensure the full and equal enjoyment by women...with disabilities of all human rights and fundamental freedoms' (Section 1130.1), 'with particular regard to the importance of empowering women with disabilities given the multiple forms of discrimination they face' (Section 1130(2)(a)).

235. The RPDA specifically mentions women when discussing the right to be protected from exploitation, violence and abuse (Section 1110(1); Section 1130(3)(a)), equitable access to mainstream development opportunities (Section 1130(3)(b)), participation in national action plans on gender equality and empowerment of women (Section 1130(3)(c)), ensure their representation in Government decision making bodies (Section 1130(3)(d)), access to sexual and reproductive health services on an equal basis with other women (Section 1130(3)(e)), the right to work and living on an equal basis with others (Section 1119(1)), the right to enjoy social protection, poverty reduction support, and any financial assistance, pension, welfare or other benefit scheme that is made available to the general population (Section 1120(2)).

236. Furthermore, Section 1123(5) of the RPDA makes a commitment to, 'review, consult and actively involve persons with disabilities, including women...with disabilities' ... 'in all policy and program design, development, implementation'.

237. The NPDID identifies a range of areas in which women are particularly disadvantaged including accessing sexual and reproductive health, experiencing violence and accessing employment and education. Whilst the policy has highlighted these as particular issues facing women with disabilities in the RMI.

238. There is limited information regarding the experiences and rights of PWD in the RMI. To date, no gender disaggregated research has been conducted on the specific needs and experiences of PWD.

Article 7

Children with disabilities

239. The RPDA was developed on the principles of 'respect for the evolving capacities of children with disabilities and their right to preserve their identities' (Section 1103(2)(h)). Section 1113(5)(a) and (b) states that 'in all actions concerning children with disabilities, the best interests of the child must be the primary consideration; and the wills and preferences of children with disabilities must be respected on an equal basis with other children'. In adopting the measures outlined in the RPDA that particular regard is given to 'the need to protect children with disabilities' (Section 1113(2)(b)).

240. The RPDA specifically mentions children when discussing the right to be protected from exploitation, violence and abuse (Section 1110(1); Section 1113(4)(a)); be registered, know who their parents are and be cared for by their parents if in their best interests (Section 1111(3), Section 1115(3) and (4)); freely express their views (Section 1113(4)(b), (c) and (d)), including the right to complain (Section 1143(2)); to education (Section 1116); early identification and intervention (Section 1117(2)(b)); social protection (Section 1120(2)); participate in play, recreation, leisure and sporting activities (Section 1122(2)(h));

be included in policy and program development (Section 1123(5)); and to be respected (Section 1131(2)(b)).

241. Section 1113(4)(b), (c) and (d) of the RPDA requires that the RMI ‘ensure they have the right to express their views freely on all matters affecting them; provide them with disability and age-appropriate assistance to exercise the right to express their views freely on all matters affecting them; and give their views due weight in accordance with their age and maturity, on an equal basis with other children’.

242. The Early Hearing Detection and Intervention Programme (EDHI) is the only screening process aimed to identify and refer children with disability in RMI. The EHDI Program aims to ensure early identification of children with hearing loss. The program implements a two-stage screening protocol where initial screenings are done 12–24 hours after birth, preferably before discharge. New born babies who fail the hearing test are scheduled to have an outpatient re-screen by two weeks old. A new born failing the hearing screening for the second time or at two weeks old will then be put on a list to be seen by the audiologist who visits on a quarterly basis. Both inpatient and outpatient screenings are done by local nurses. Audiological diagnostic evaluations are done on a quarterly basis by a visiting/itinerant Audiologist. Over the years the number infants referred for diagnostics has been declining. This is due to the major improvement in the screening process. Infants and toddlers who have been diagnosed and identified with a permanent hearing loss (as well as other special health needs) are referred and enrolled in the EHDI program. Infants/toddlers with a conductive hearing loss are referred to the Ear, Nose, and Throat Specialist who visits twice a year to both Majuro and Ebeye.

243. The coordinator of the EHDI program also endeavours to identify children in Majuro with developmental delays and who may require further diagnosis and services and will refer them to the appropriate medical professional. There is currently no trained occupational therapist in RMI to work with children with disabilities. Children with Attention Deficit/Hyperactivity Disorder (ADHD) are referred to the only psychiatrist in RMI within the mental health care team at Majuro hospital, and children with developmental delays and cerebral palsy are referred to the physiotherapist at Majuro hospital.

Table 8
Number of children identified with hearing loss 2015–2018

<i>Year</i>	<i>Middle ear or conductive hearing loss</i>	<i>Inner ear, neural or sensory-neural hearing loss</i>
2015	9	3
2016	4	11
2017	1	6
2018	5	4

Source: EDHI Program, MOHHS.

Table 9
Number of children with Hearing Loss currently receiving Early Intervention Services

<i>Year of birth</i>	<i>Majuro</i>	<i>Ebeye</i>
2015–2018	9	3

Source: EDHI Program, MOHHS.

244. No research has been conducted to date on the experiences of children with disabilities in the RMI to explore their perceived freedom of expression and their differences in situation amongst boys and girls with disabilities. There are reports of children with disabilities not being sent to school, particularly amongst children with complex needs or children with visual and hearing impairments. An increase in early intervention services and community education is slowly making changes.

245. The GRMI is working in partnership with the World Bank to develop an Early Childhood Development Program focused on reversing the effects of childhood malnutrition and stunting. This program is taking a multisectoral approach to encouraging creative, active, and lasting solutions to child malnutrition and stunting issues in the RMI. The Disability Coordination Office of MOCIA is advocating that the specific needs of children with disabilities are considered within this program.

246. Section 1130(1) of the RPDA recognises ‘the full and equal enjoyment by...children with disabilities of all human rights and fundamental freedoms.’

Part IV. Specific obligations

Article 31

Statistics and data collection

247. Under Section 1138(1), the RPDA affirms that the relevant ministries ‘must collect appropriate information, including reliable and internationally comparable statistical and research data, to enable Government to formulate and implement policies.’ GRMI continues to work with stakeholders to improve the collection and analysis of such data. Trainings with SPC have taken place to better understand Human Rights indicators and their use, as well as several meetings of the GRMI to discuss how RMI can use indicators that cover the reporting needs of our international, regional, national commitments without overburdening or duplicating work. The HRC is also working with the UN Office of the High Commissioner for Human Rights (OHCHR) Fiji to be a part of the piloting the National Human Rights Recommendations Tracking Database (NRTD). This would offer an opportunity to consolidate GRMI’s human rights tracking of the UN Recommendations that RMI has received.

248. A national consultation on disability statistics was organized by UNESCAP for the RMI in 2016. The consultation reviewed progress made towards obligations under the CRPD, reviewed the current national statistical system and drafted a national action plan for operationalizing Incheon Strategy Indicators.

249. The most recent National Census in 2011 collected national data using a variation of the Washington Group questions to obtain gender disaggregated data regarding disability prevalence in the RMI. A table of data on Disabilities in the Census in Section I, Articles 1 to 4.

250. The 2011 National Census is available online and in hard copy version in English. The document was not translated into Marshallese or Braille, nor has an audio recording of the document been made.

251. Limited research has been conducted regarding PWD in RMI. PWD (including women with disabilities) were involved in workshops to elicit experiences of disability and rights of PWD in RMI to inform this report.

Article 32

International cooperation

252. The GRMI works in partnership with many entities to make the activities and efforts for the rights of persons with disabilities possible. Most notably, collaboration with a team from UNESCAP and PIFS has enabled the RMI to develop the National Policy on Disability Inclusive Development (2014–2018), create the *Rights of Persons with Disability Act 2015* and draft the RPDA Consequential Amendments Bill 2018.

253. Following the Busan Declaration on Development Effectiveness of 2011, the GRMI works with donor organizations like UNESCAP and PIFS, and Regional & Local Civil Society Organizations and the Marshall Islands Council of Non-Governmental Organizations (MICNGOs). As development effectiveness provides an evidence informed human rights based approach to development, development partners and donors that were not traditional development partners of RMI will fulfil their development obligations and

duties to the international citizenry and in particular those from RMI in the spirit of cooperation to fulfil the fundamental rights and freedoms of their PWD.

Article 33

National implementation and monitoring

254. The National HRC is responsible for ensuring the implementation of the CRPD recommendations when issued. The HRC established a team to work on the CRPD report, this team was led by MOCIA. MOCIA, as Secretariat to the HRC and housing the DCO, is anticipated to carry on the monitoring and evaluation of implementing the RPDA, the RPDA Consequential Amendments Bill once passed, and the CRPD Recommendations once published.

255. There was a scoping study done by SPC in 2017 on the possible establishment of a National Human Rights Institution (NHRI) being established within the RMI. This proposal was a part of the RMI's Constitutional Convention and was shared with Parliament. The National HRC is now working with SPC RRRT to plan and execute a series of community consultations on the establishment of a NRHI/Ombudsman's Office.
