

2023

NATIONAL ADAPTATION PLAN  
COMMUNITY ENGAGEMENT  
SUMMARY REPORT

Enewatak Atoll



**JO-JIKUM**  
Jodriokrik in jibañ ene eo ekutok maroro



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## OVERVIEW

The International Organization for Migration (IOM) was engaged by the Government of the Republic of the Marshall Islands (RMI) to lead community engagements on the National Adaptation Plan (NAP) in eight Atolls. The engagement team was comprised of IOM staff and three Non-Governmental Organization partners; Jo-Jikum focusing on youth, Women United Together Marshall Islands (WUTMI) focusing on women and inclusion, Marshall Islands Conservation Society (MICS) focusing on livelihoods. This Summary Report reflects the results of all agencies engagements that elevate and articulate the community members voices.

## COMMUNITY BACKGROUND

Enewetak Atoll lies in the Ralik chain of islands and is the most northerly and western island in the Republic of the Marshall Islands (RMI). It is therefore one of the most remote islands as measured by the frequency and cost of transport, with irregular and expensive flights, and a boat from Majuro that comes every three months.

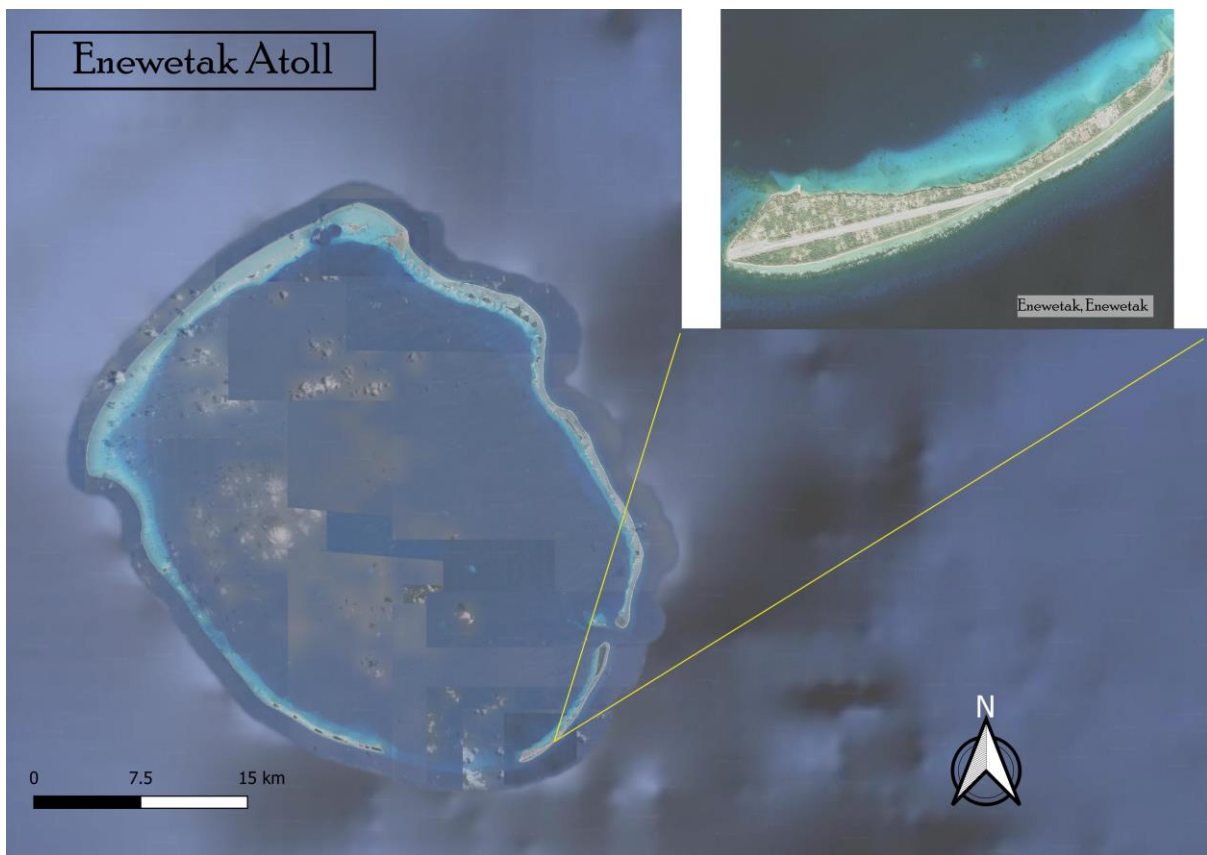


Figure 1: Map of Enewetak Atoll

Enewetak Atoll is also a former nuclear weapons testing ground, with tests conducted in 1948, 1951, 1952, 1954 and 1956. The population was relocated to Ujelang atoll in 1947 and did not return until 1980 when the island was declared decontaminated. There remains over 100,000 cubic yards (76,000 m<sup>3</sup>) of radioactive material deposited inside an unlined nuclear test crater on Runit islet, which is one of the 40 islets in the atoll, and which is covered by a large concrete dome (called 'the Runit dome') (see Figure 2).





Figure 2: the Runit dome

The preliminary 2021 census records a population for Enewetak Atoll of 296 people, living in 64 households with a mean density of 4.6 people per household. The population lives in one community on one of the 40 islets in the atoll. The main source of income for most households (74%) is wages and salaries (preliminary n2021 census).

The population recorded in preliminary 2021 census is less than half of that recorded in the 2011 census, though it is important to note data collected for the preliminary 2021 census may have been skewed by effect of the COVID 19 pandemic. The preliminary 2021 census shows that Enewetak Atoll's population is young – with 47% of the population under the age of 20 years, and only 3.8% aged over 65. There is also a gender imbalance, with 53.7% of the population being male. The percentage of people who reported a disability in the 2021 census is 2.7%. Community profiles collected during the consultations can be found in Annex 1. Prior to travel to the community, the team collected and learned as much as possible about the community, this information can be found in Annexes 2-3. Enewatak Atoll is considered a rural community.

Previous consultations and reports from Enewetak Atoll indicate that, as with all the northern islands of the RMI, drought is a recurring problem. Inundation during king tides has also previously been reported. There is concern among locals – and which is reported in international media – about the influence of sea-level rise and higher tides on the spread of radioactive waste from the Runit dome. In previous consultations people in Enewetak Atoll indicate that typhoons are a major risk and remember the 1979 typhoon and the damage it caused.



## THE CONSULTATION PROCESS

The consultation team visited Enewetak Atoll between in late January 2023.

The first thing to take place during the community consultations is the introduction meeting where information is provided to the community on the purpose of visit and what the NAP is and how it is going to support the community in the future. This first meeting also build off of the Hazard Vulnerability Capacity Mapping (HVCM) that took place the year before in March 2022. This is a vital step in setting the scene for the methodologies to follow. The consultation for the NAP involved six different data collection methods: a baseline survey to capture views on current and future adaptation; a Day in the Life (DIL) activity where participants were asked about their observations of environmental change, social impacts and how they anticipate daily activities to be affected in the future; focus group discussions from two targeted groups

(youth and women); semi-structured interviews with community members from targeted groups (women, youth, fishermen and/or farmers and landowners and community leaders); community profiles; Hazard Vulnerability Capacity Mapping (HVCM) (community leaders and Disaster Committee); and Youth and Arts Engagement. Some individuals participated in more than one methodology.



Participants on Enewetak Atoll complete the Day in the Life Activity. Photo: IOM, 2023

Method	Female	Male	Youth	Middle aged	Elderly	Undisclosed
Baseline survey						
Day in Life	9	17	n/a	n/a	n/a	n/a
HVCM 2022	5	25	n/a	n/a	n/a	n/a
Focus groups	22	18	n/a	n/a	n/a	n/a
Interviews	3	6	n/a	n/a	n/a	n/a
Youth and Arts Engagement						
<b>TOTAL</b>	<b>41</b>	<b>74</b>				

Figure 3: Participant demographics by research method

## GUIDING VALUES FOR ADAPTATION

Values can be expressed verbally, and by observing people’s daily actions (called ‘lived values’). People in Enewetak Atoll live very routine lives that revolve around community, home, and the environment.

Women in particular spend time inside cooking, cleaning, tidying up the house, washing clothes, and looking after children. These are time consuming tasks given 70% of households do not have refrigerators, 85% do not have stoves, and half do not have washing machines (preliminary 2021 census). Very few women report having free time in their days. No women report that they procure food either from animals, farming, or fishing. A small number of women make handicrafts, though this is not as common an activity in Enewetak as it is in other rural islands in the RMI.

In contrast, few men report that they cook food, but almost all men report that they procure food in some way. Men are responsible for maintaining the family’s pigs and chickens, and fishing for food on a regular basis, and most men (even those with full time jobs) do this. Men also are responsible for cleaning up outside the house. Approximately one third of men report having some leisure time in their days.

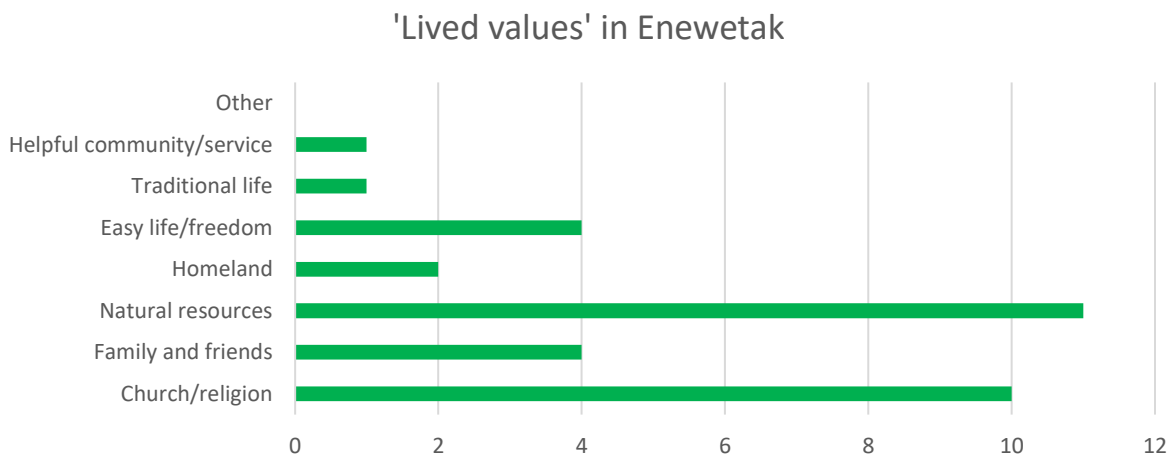


Figure 4: “Lived values” in Enewetak, as reported in ‘day in the life’ survey on Enewetak Atoll

People in Enewetak Atoll enjoy interacting with their islands and seas. Most people are religious, almost all report attending church on Sundays, and many say that they pray every day during the week. People in Enewetak Atoll also enjoy social interactions with family and friends, notably through the Church but also in more everyday encounters. They rely on animals, gardening and fishing for fresh food, and appreciate living in their customary lands and by their own rules. Those who remain in Enewetak Atoll express a strong commitment to remaining, and to working together and with government to adapt to climate change. These values are important in the context of climate change adaptation because they demonstrate that the community has a high reliance on having access to healthy natural resources, and a high level of place attachment. Adaptation should prioritise supporting these natural resources and recognise people’s deep attachment to Enewetak Atoll.

## CLIMATE CHANGE EXPERIENCES AND CONCERNS

The most common response to questions about environmental change was that air temperatures were increasing, which, together with observations of more drought itself, and more erratic rainfall accounted for more than 60% of the observations of climate change. This finding, that the main climate impact is drought, is consistent with earlier studies, and is a well-known (but not well-addressed) problem in the northern RMI.

The next more frequently cited problem was sea-level rise. Further, some people said ocean temperatures were rising, and a few people said typhoons were getting stronger (Figure 6).

### Current observations of climate change in Enewetak

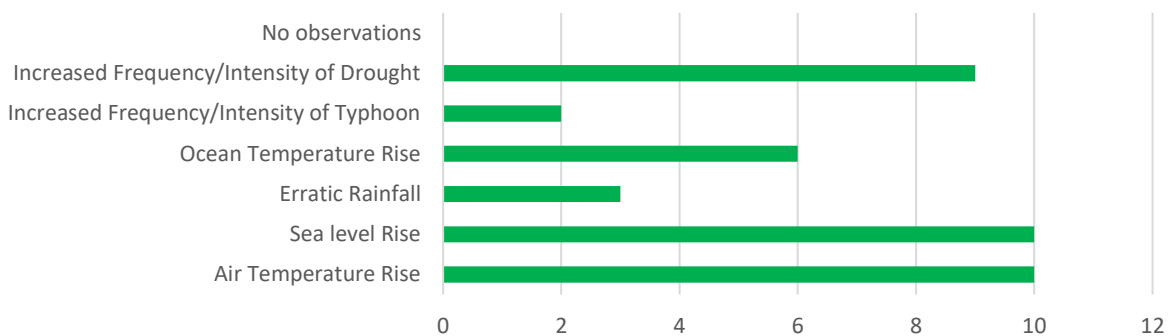


Figure 5: Main observations of climate change in Enewetak Atoll

Drought has several impacts in Enewetak Atoll. According to the preliminary 2021 census, three quarters of households rely on rainwater tanks for drinking water and cooking, with the balance largely relying on communal sources or wells. Drought affects the supply of clean water for drinking, cooking, and washing. Drought also causes health problems, including a rise in diarrhoea and conjunctivitis due to increased heat, dust, and declining availability of clean water for hand washing and bathing.

Drought also impacts on the quantity and quality of the main local crops of breadfruit, pandanus, and taro, as well as the growth of animals, and so reduces supply of fresh and nutritious foods. One farmer mentioned that whereas in the past bananas and watermelons were abundant on the island, now they are scarce.

Increasing heat is changing the timing of daily practices, for example women no longer do household chores in the middle of the day because it is too hot.

Sea-level rise was also observed. Respondents were able to identify places in the main island where shorelines were changing – which one respondent identified as being mostly on the northern side of the island. One fisherman observed that low tides were less low, while high tides were higher. Another mentioned that corals are shifting to deeper waters.





Figure 6: Community produced hazard map of Enewetak. Note the driest areas in the north west (yellow shading), areas of coastal inundation (purple lines), and coastal erosion (red line).

Women in particular were concerned about increasing flood risk during typhoons, expressing concern for the school and the safety of children given the school is close to the sea, close to sea-level, and on the northern side of the island where most erosion is occurring. Women especially remember past typhoons, including damage to houses, and the loss of many food plants and livestock.

During the Youth and Arts Engagement, it came out that younger people (elementary school age) were unaware of the topic of climate change, yet they were familiar with the effects of it in their surroundings. For example, they were aware of the fact that there have been many changes to their community, and that with extreme heat and drastic droughts, diseases like conjunctivitis and diarrhea become an issue. They just did not know the link between climate change and these observed occurrences.

Women and youth also expressed concern about the safety of eating local sea foods given the risk of contamination from the Runit dome. They continue to eat local fish despite this because there are few alternatives given imports are rare due to infrequent transport, which was even more pronounced during the COVID-19 pandemic.

Unsurprisingly, people’s concerns about the future impacts of climate change included the same problems they already experience: more heat, more erratic rainfall and drought were, taken together, the most common set of future concerns. However, people are also very worried about sea-level rise, and increasing frequency and intensity of typhoons, and warmer ocean temperatures (Figure 8).

## Concerns about future impacts of climate change in Enewetak

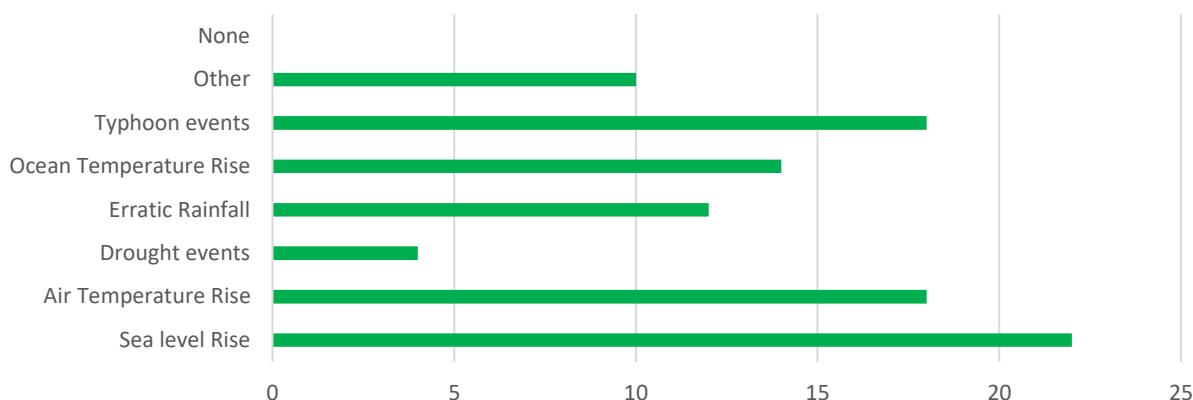


Figure 7: Concerns about future impacts of climate change in Enewatak Atoll

### OTHER COMMUNITY EXPERIENCES AND CONCERNS

There are several non-climatic factors that increase vulnerability to climate change in Enewetak Atoll. Many problems stem from a lack of connectivity with Majuro and beyond.

The lack of access to transport to Majuro and beyond limits the ability of the island's producers of fish, handicrafts, and livestock to sell those items to larger markets. The island's isolation also means its people have limited access to goods and services, including spare parts to maintain critical infrastructure such as the reverse osmosis unit and the water distribution truck, and to the equipment and services necessary to adapt food production to increasing dryness and drought. There is only one store, which reduces competition and leads to a perception of higher prices.

Access to basic health care and medicines is extremely limited. Medical services are limited to two medical assistants working in a clinic that is said to be not in good condition, and there is one dispensary, meaning people rely on traditional medicines, or must wait and/or pay high costs to travel to Majuro. This leads people who need more specialised health services to migrate, and this is typically older people (which helps to explain why the population of Enewetak is young). This in turn reduces the number of the people on island who can contribute to collective tasks such as gardening.

Remoteness also limits people's access to education, and technical support for agriculture and fisheries is limited and of concern to local people. This in turn drives migration as people leave to seek better access to education, healthcare, job, and social opportunities, and the rate of migration is seen by the resident community as a key social problem.

*"I can see the change through the social climate amongst the community. It used to be so peaceful and the atmosphere amongst the people was calm. Now there's more hatred and social isolation in the community. They don't take care of their siblings and they're arguing over land now. You can tell everything is starting to change" (Enewatak participant)*

## ADAPTATION PRACTICES AND IDEAS

In general, people in Enewetak Atoll did not report many adaptation practices or ideas about future adaptations. This may be because while people observe many impacts of climate change, awareness that climate change may be a cause of these changes is low, therefore awareness of solutions is likely to be low. Presentations made to the community during the consultations helped to raise awareness, and people began to see the connections between the changes they had observed and climate change. Nevertheless, while there was not an abundance of ideas about what adaptation actions were underway or might be possible, everyone said they are ready and willing to act on their own, in their households, and with their community and leaders.

After the Youth and Arts Engagement, the youth had a better idea of the links between climate change and the changes in their environment and created art works that demonstrated what the future will look like if they (and the world) do not do something to adapt and mitigate the effects of climate change.

In terms of drought, people are coping more than they are adapting. People in Enewetak Atoll rely on water from rainwater tanks and wells, both of which become depleted during droughts. In response, rationing of water is common, and at times clean water must be imported from Majuro. In 2018 a large reverse osmosis system was installed. This unit is solar and wind powered and can produce 5600 gallons of water per day, it also provides extra power for the airport. While this reverse osmosis system can serve as a backup source of water, it has been performing below expectations due to maintenance problems, and the system of distribution of this water results in losses during transport.

When local food crops fail people travel to Ujelang to get fresh food, which is a two-day trip. Otherwise, they consume larger quantities of imported foods which are less fresh and less nutritious. This may be indirectly related to a rise on non-communicable dietary related diseases such as diabetes.

Pine trees are being replanted to help protect against salt spray and waves during storms and typhoons. The community has built a small seawall to try and prevent wave damage to the school.

Ideas about adaptation in Enewetak

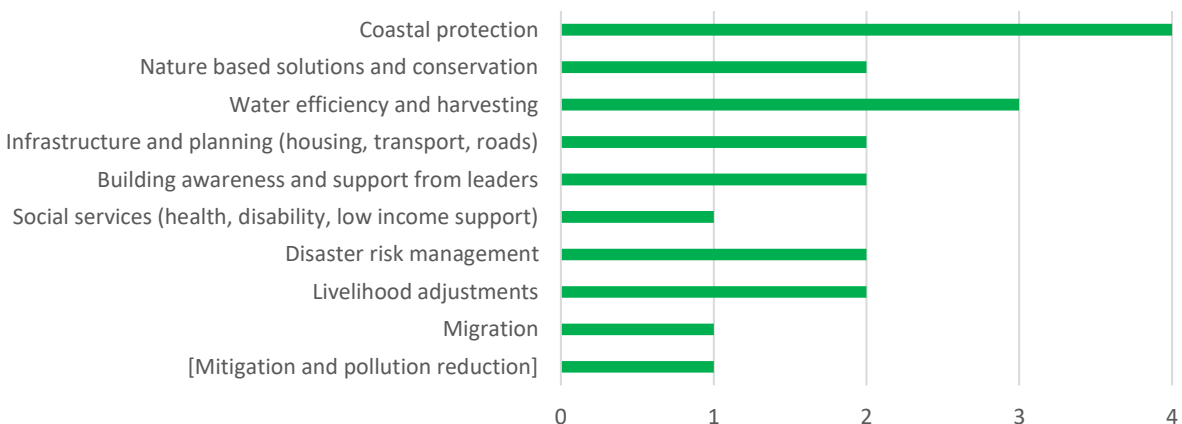


Figure 8: Ideas about adaptation in Enewatak Atoll



When asked about ideas for future adaptation the most common response was ‘be prepared’ and ‘plan ahead’. The most frequently mentioned specific action was coastal protection (Figure 9). Many in the community expressed a desire for seawalls made from stone, though less obtrusive nature-based measures were also mentioned, including the use of rocks and corals in the reef to dissipate wave energy, and planting native vegetation along the shorelines to stabilise shorelines and dissipate wind and wave energy during storms.

Ideas for adapting to drought took two directions. One of these was improve water quality and supply to households. Ideas to do this included: more pumps water quality testing kits and purification systems for groundwater; small reverse osmosis units for households; training in using and maintaining reverse osmosis units, and a reliable supply of spare parts for them; construction of concrete water catchments; a new vehicle better suited to transporting water from the reverse osmosis unit, and improvements in the surface of roads.

Second, ideas to improve food security in the face of drought and drying focussed on improving equipment knowledge and practices for drought resilient agriculture, including: better composting, seed stores, drought tolerant varieties, small scale irrigation systems, more equipment and materials for gardening, improving food preservation, and training.

Concerns about the effects of sea-level rise and high tides on contamination from the Runit dome suggests the need for independent monitoring of radiation levels in fresh water and marine species throughout the atoll.

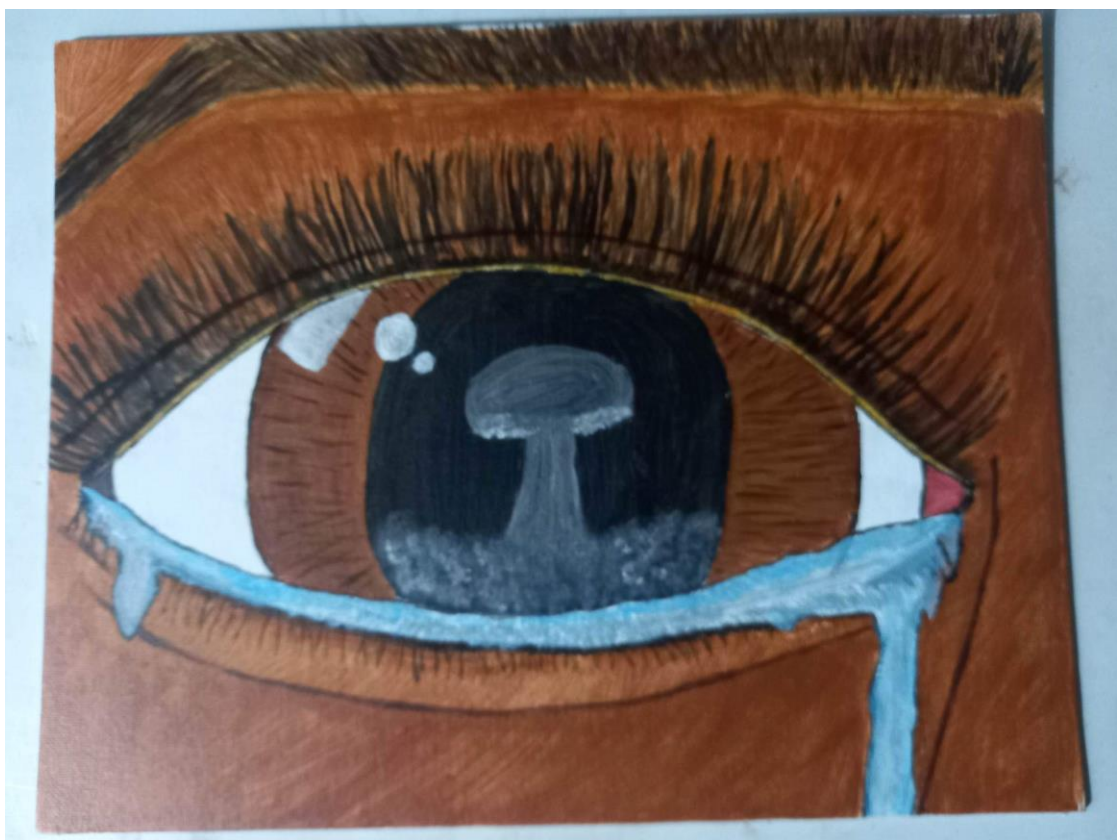


Figure 9: Youth art created during the youth and arts engagement on Enewatak Atoll

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Because awareness of climate change was low, there was a suggestion for the provision of educational materials about climate change, including for use in the elementary school curriculum. Concerns about typhoons lead to a suggestion for improvements in radio communications and training in radio systems and technologies.

Migration was rejected as an adaptation option by all but one respondent (who had only been in Enewetak Atoll for a short period of time). If migration was raised, it was in terms of past and present migration. This migration was largely linked to community members seeking better health care and respondents implied that increased rates of out-migration would increase social problems in Enewetak Atoll, not decrease them. Migration was not mentioned as a future response to climate change because people value living on their own lands and living by their own rules, and do not wish to live on other people's lands and according to other people's rules. Indeed, people's main concern about climate change is that it may give them no choice but to leave.

## BARRIERS, OPPORTUNITIES, AND IMPLICATIONS FOR ADAPTATION

People in Enewetak Atoll are experiencing climate change. Drought conditions are impacting on their health and food security, which is a problem exacerbated by inadequate water supply systems that are difficult to improve and maintain due to a lack of training and materials, which is in turn a problem of poor transport services to the island. Sea-level rise is also observed, causing erosion, and concern about contamination from radioactive waste stored in the nearby Runit dome.

These changes threaten the rights and well-being of peoples that were displaced by nuclear testing for 33 years, and which, on return, have struggled to maintain their community and valued ways of life in a very remote island that receives few services or goods. Despite this, the people of Enewetak Atoll are determined to adapt to climate change to continue living in the homelands.

The list of adaptation options below reflects the ideas actions the communities have expressed, but it is limited by their awareness of options. Beyond these actions there are systemic changes that can both better support the well-being and sustainability of people of Enewetak Atoll as well as reduce their vulnerability to climate change, for example: substantial improvements in the frequency and (lower) cost of air and sea transport; access to the internet; and a long-term solution to secure the population from radioactive contamination from the Runit dome.

When discussing adaptation options, one responded stated:

*“I would say if its relocating within just Enewetak, I think there wouldn't be any problems because the people of Enewetak are kind to each other. They should easily be managing and distributing lands equally and fairly. But if the government relocate us to outside of Enewetak it would be very hard because there are landowners everywhere and I don't know whether or not they will like the idea of this.” (Enewatak participant)*

<b>Adaptation activities that could begin immediately (identified by community and low risk of regret)</b>
Increase the sustainability of the community's reverse osmosis unit through training and a stockpile of spare parts
Improve access to groundwater through pumps, water quality testing kits, and water purification systems
Small reverse osmosis units for households, training in their maintenance, and a supply of spare parts.
Tree planting to help protect shorelines, reduce heat, and increase food supply
Improving equipment, knowledge, and practices for drought resilient agriculture, including better composting, seed stores, drought tolerant varieties, and small-scale irrigation systems.
Provision of educational materials about climate change, including for use in the elementary school curriculum
Improve radio communications and training in radio systems and technologies
Improve medical services, including regular access to a doctor, and better supply of medicines
Establish independent monitoring of radiation levels in fresh water and marine species throughout the atoll.

<b>Adaptation activities that could begin in the next five years (identified by community and require further consultation and planning)</b>
Double the frequency of shipping services without increasing the cost
Site assessments to determine the most technically appropriate adaptation to sea-level rise and erosion, and engagement with the community on coastal adaptation options.
Connect the community to the internet

## KEY OBSERVATIONS FROM THE FIELD ENGAGEMENT TEAM

During a final debrief and workshop session with project team members shared their naturalistic observations that were observed in the field. These are key takeaways from each community and key action points for each community provided by IOM, Jo-Jikum, WUTMI, and MICS.

### Key Takaways

- Droughts affect both plant and human health
- The community's awareness on how changes in climate can start an epidemic
- The community does not rely on copra like how other atolls heavily do.
- In Enewatak Atoll, women proposed changes to the law, which can promote gender equality in the climate change adaptation agenda and advocate for those less fortunate.
- Need for community cohesion through community resilience projects that aid to adjust to climate change



## Key Actions

1. RO unit, one for each side of the island.
2. Installing toilets for every household for hygiene purposes.
3. More training on gardening, followed by the supplies, materials and tools to work the gardens over time.
4. More transport services to get people and supplies to and from the atoll, right now just Airport (when there are 15 or more, maybe once a month) and ships (supposed to be quarterly but not always).
5. Need climate change education materials for the school.
6. Renovation for the schools, the school is old and leaking, some of the textbooks getting wet and cannot be used.
7. Need to demolish unsafe old Japanese buildings.
8. Workshops around GBV, these should extend to all sectors of the community – men, teenagers, and more. Important for all community members to equally gain the information.
9. Coastal protection, both sea walls and nature-based solutions.



Field Engagement Team Enewatak Atoll. Photo: IOM, 2023

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## Annex

1. Enewatak Atoll Community Profile
2. Enewatak Atoll HVCM Report 2022
3. Youth and Arts Engagement
4. IOM GBV Directory FINAL Oct 19 2021

# Community Profile

Name of your community? (Etan jukjuk in bed in am?)

*Ex. Enejalar, Ailuk*

Enewetak, Enewetak

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About how many people live in your community? / Emaron jete armej ilo jukjukin pad in am?

*To your knowledge*

322

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Has the population increased, decreased, or stayed the same over the past 10 years? (Umwin 10 iio emootlok, elon lok k, edik lok k, elakar baj jonan eo ot oran armej ie?)?)

*From your perspective*

- Increased (Elon lok)
- Decreased (Edik Lok)
- Stayed the same (Elakar Jonan Eo Ot)

If increased (Elon lok) or decreased (Edik Lok), by how much?

800

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Does your community have any vulnerable populations? (Elon k armej ro im romojno im raikuj jiban ilo jukjuk in bed in am?)

- Physically disabled (Ejoreen Anbwinin)
- Mentally disabled (Ejab lukun eman kamlij eo an)
- Deaf (Jaronron)
- Blind (Jab loe lak ijen)
- Elderly (in need of assistance) (Elukun rutto [aikuj jiban nan jabdewot])
- Those that do not speak Marshallese / Foreign nationals (Ro rejab maron kajin majol ak kajin ko jet)
- None (Ejelak)

If so, how many of which? (Ne elon, Jete uwaer innem kain mojno rot ko rej ioone?)

*Ex. We have 2 hearing impaired (1f, 1m), 1 physically disabled (male), and a Chinese foreign national*

More information needs to be obtained

---

What are the major occupations of community members? / Jerbal ta ko ekka an armej ro ilo jukjukin pad in kommani?(Jerbal ko rej kommani nan mour jani)

*Ex. Local government is the largest employer but many of the population receive income from copra and handicrafts*

Local government, agriculture program by us government,

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What local resources does your community depend on? Explain why./Ta ko ewor ilo jukjukin pad eo am me ro ilo jukjukin pad eo remaron bok tokjan jani? Jouj im komelele.

*Ex. Reef fish for eating and selling; copra for income; pandanis for handicrafts*

Fish, local Marshallese foods- pandanas,coconut, breadfruit,crab etc

---

What services does your community have available - select all that apply (Ewor k jikin ko im rej jiban armej in jukjukin bed in am? kelet kajojo men ko im ewor ilo jukjuk in bed in am.)

- MIMRA Fish Base (Jikin Wia/Wiakake EK)
- Post Office (Jikin ebbok mweik ko jen aelon ko jet)
- Bank (Jikin kakon ak kadiwoj jeen)
- Copra processing facility (Jikin Komman Waini ko)
- Elementary school (Jikin jikuul kilaaj juon nan jijno)
- High school (Jikin jikuul kilaaj ruatimjuon nan jonoul ruo)
- College or University (Jikin jikuul ko im kwoj ebbok am pepa in jerbal)
- MISCO Markets (Mon Wia)
- Hospital (Mon Takto)
- Community center (Mon kabbed/ippen doon)
- Churches (Mon Jar)
- Ralik Ratik Radio Club (Juon club/kroub in kenaan imejatoto eo im ej na etan Ralik Ratak)
- National Telecommunications Authority ([NTA] Moko rej koman menin ad maron tobar ro jet ilo ad kojerbal Telephone/Call)
- Power plant (Jikin eo ej kwalok jarom)
- Internet
- Community garden
- Trading (within the community for goods)
- Other (Jikin ko jet im ejelak ilo kokeelel kein lon)

If others, detail additional services / (Ne jikin ko jet im ejelak lo kokeelel kein lon, kwalok bar jet iaan jikin ko jet)

Solar power, concrete landing strip

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How are decisions made in your community? Who has the authority? /Ewi waween ak elemen an jukjukin pad eo kommani pepe ko? Won eo ewor an maron ilo pepe ko?

*Ex. Combination of traditional management (chiefs) and local/municipal government. Traditional management is still honored by the people, but legally needs to be backed by local government*

Local Mayor and councilmen and 2 iroij

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What social groups are active and what purpose do they serve? / Douluul ta ko rej jermal wot im ta ko rej kommani?

*Ex. Council of Chiefs (make major decisions regarding land and marine resources) Women's Group (ensure women's input is included in decision making) - also youth groups, church groups*

Youth group, assembly of God, Protestant church of christ, DRD Woman's  
group

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Are there any ongoing engagements within your community? If so, what are they doing? (Ewor k rej jiban jukjuk in bed in am? Im ne elon, ta ko rej jiban kaki?)

*Ex. Yes, the R2R project is doing a project on sustainable livelihoods. They are building clam tanks.*

Not at the moment

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# Enewetak Atoll

## Hazard Vulnerability Capacity Mapping Report

**Project: Inclusive Mitigation and Preparedness in Action (IMPACT – RMI)**

**March 2022**



The contents of this publication are that of the Enewetak Atoll Communities that participated.

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This project would not have been possible without the leadership and support of the National Disaster Management Office, Enewetak Atoll Local Government, and Enewetak Atoll Leadership. Special thanks to the United States Agency for International Development (USAID) for funding the International Organization for Migration (IOM) to implement this initiative in the Enewetak Community.

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## Acronyms

CBDRM	- Community Based Disaster Risk Management
CVM	- Community Vulnerability and Capacity Mapping Exercise
HVCM	- Hazard Vulnerability Capacity Mapping
IOM	- International Organization for Migration
NDMO	- National Disaster Management Office
RO	- Reverse Osmosis
RMI	- Republic of the Marshall Islands



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## Context

### Background of Study

The Republic of the Marshall Islands (RMI) is located in the North Pacific Ocean. The RMI consists of approximately 180 square kilometers of land spread across just under 2,000,000 square kilometers of ocean as seen in Map 1.

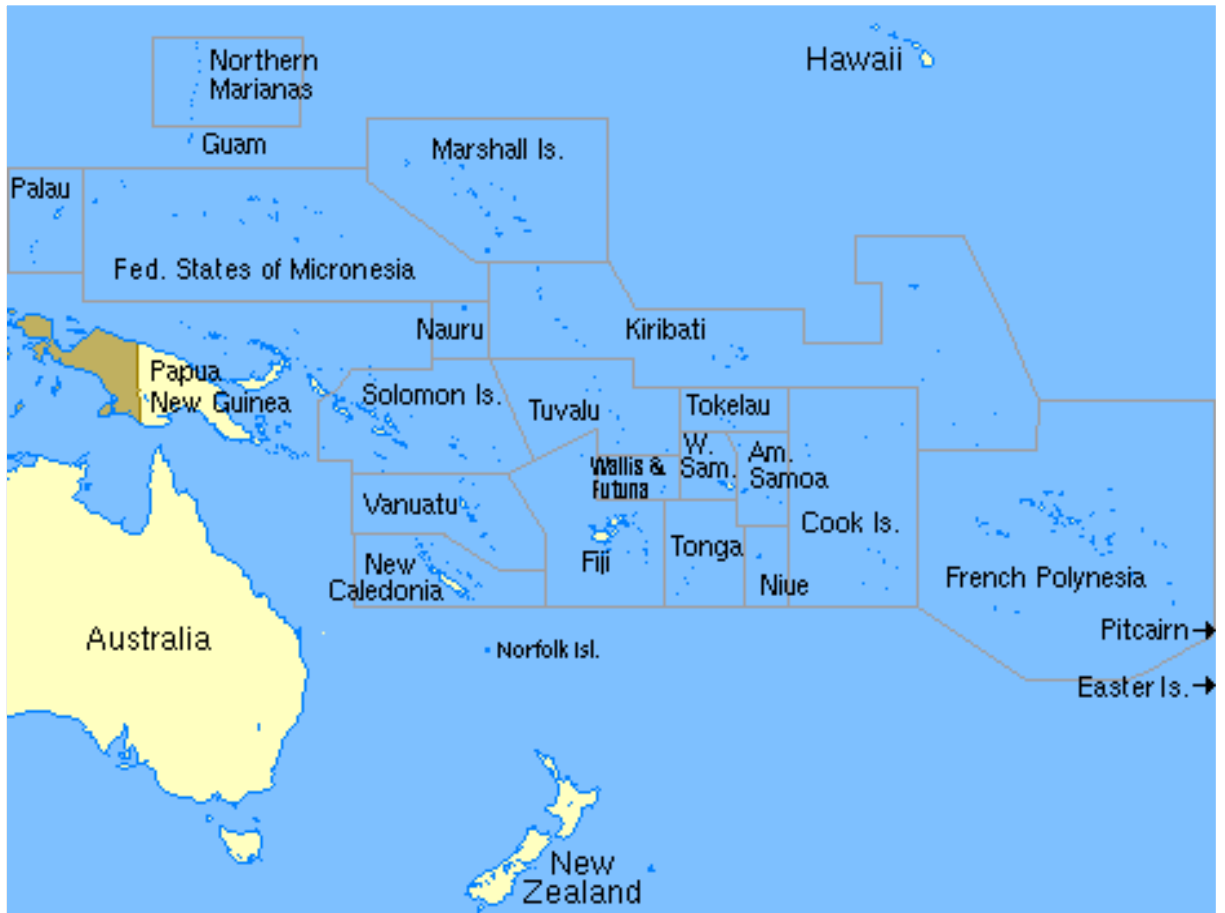


Figure 1: Pacific Ocean map

The RMI comprises of two parallel island chains of 29 atolls (made up of many islets), and 5 islands. The two island chains known as Ratak and Ralik lie about 200 kilometers apart and extend almost 1300 km northwest to southwest. Majuro is the capital with a population of approximately 27,000. Ebeye on Kwajalein Atoll is the second largest urban center with a population of approximately 15,000 inhabitants. The remaining population of RMI's 54,000 individuals reside in the remote outer islands and atolls as seen in Map 2.

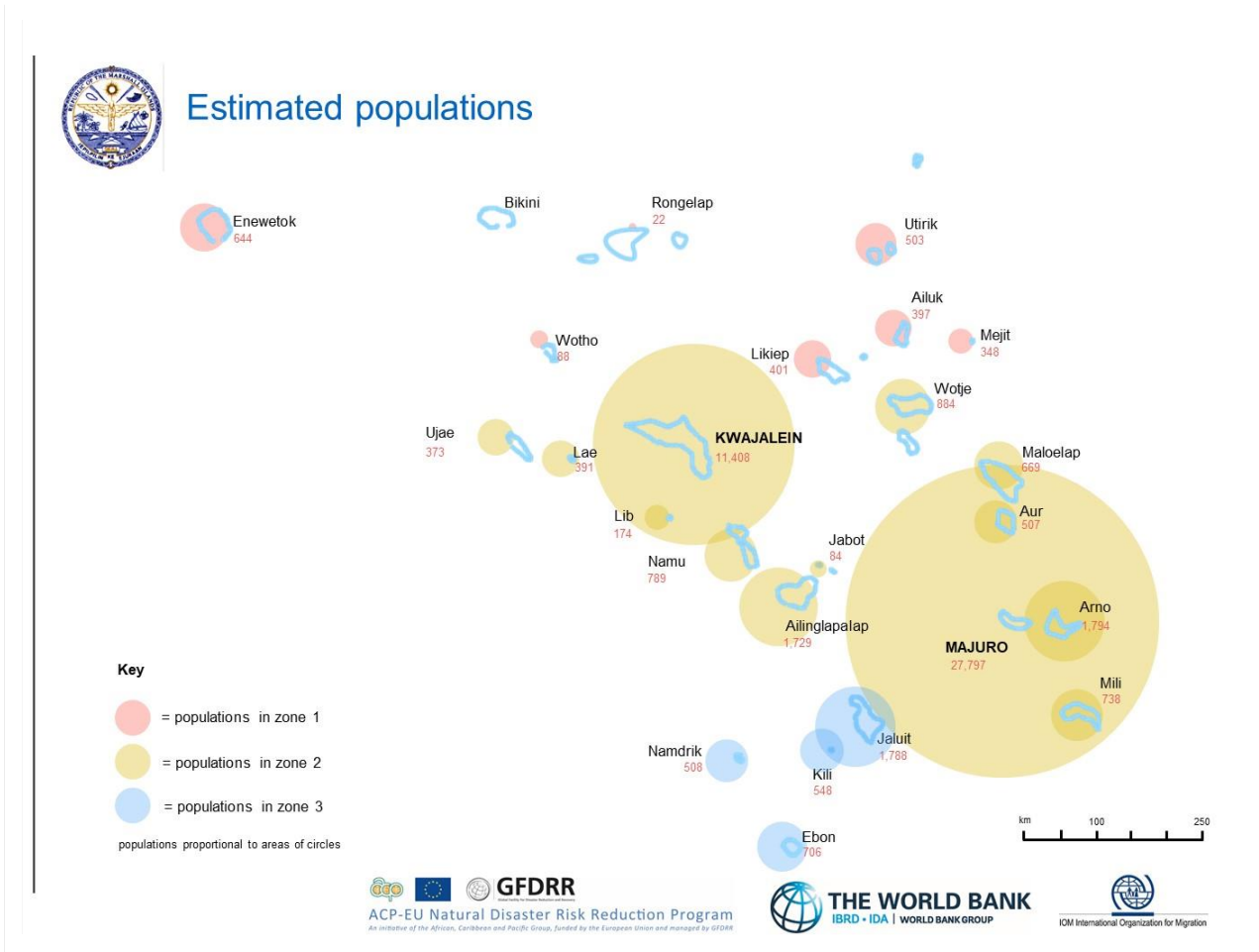


Figure 2: Republic of the Marshall Islands Estimated Population Map

Climate change impacts of notable concern in the North Pacific region include extreme temperatures, drought, sea level rise, ocean acidification, and heavy rainfall which lead to flooding and landslides. Such impacts are threatening fisheries and reef environments, and the communities and livelihoods that depend on them. Some of the low-lying coral atolls in the North Pacific are especially vulnerable to sea level rise, storm surges, coastal inundation, and salinization of water lenses. Rising sea levels also exacerbate the pressure on freshwater lenses in these atoll environments and while an overall increase in rainfall is projected, the populations' reliance on water catchments for storage (as opposed to the water lens) will increase. The region has also experienced the cyclical effects of the El Niño/Southern Oscillation (ENSO)-related weather anomalies. Such climate variability is associated with drought; that often leads to water shortages, crop failures, food shortages, and fires. In the El Niña phase there is an increased risk of secondary hazards, such as landslides.

The most common hazards that have occurred in the RMI in the past 10 years include droughts, king tides and typhoons. Drought events took place in 2013 and 2016. 2017 also saw a drought emergency, while the first half of 2022 saw an extreme drought on the northern atolls. In February 2015, wave inundations destroyed 17 homes in Arno Atoll and caused other damage to infrastructure throughout

the country prompting a State of Emergency. In October 2015 Typhoon Nangka passed through the Northern part of the RMI. In January 2019, Tropical Depression TD01W passed through RMI triggering preparatory actions and a State of Emergency. Over the past 10 years there have been numerous small inundation events triggered by king tides across the country.

This report articulates the results of IOM's Hazard Vulnerability and Capacity Mapping (HVCM) exercise that took place in Enewetak Atoll in March 2022. The report highlights the community's profile, key hazard risk concerns and maps. The reports can be used by community members to then plan a full Community Based Disaster Risk Management (CBDRM) Plan.

### Targeted Communities

The Inclusive Mitigation and Preparedness in Action (IMPACT) project was designed in coordination with United States Agency for International Development (USAID), national leadership, local leadership, and IOM. Five vulnerable communities in the RMI were identified to receive disaster risk reduction assistance under the project. One of those communities was Enewetak.

Enewetak, alternate spelling Eniwetok, is a Marshall Islands atoll located northwest of the Ralik chain. It is circular in shape (50 miles [80 kilometers] in circumference) and is composed of 40 islets that form a 23-mile-diameter lagoon. During World War II, US forces captured it from the Japanese (February 1944) and converted its excellent anchorage into a naval base. Following its designation, along with Bikini atoll, as a nuclear weapon testing ground, its inhabitants were evacuated to other atolls. Tests were conducted in 1948, 1951, 1952, 1954, and 1956. In 1980, following the removal of the island's contaminated topsoil, Enewetak was declared decontaminated, and its inhabitants were given the opportunity to return.

Local government leaders, which include the senator, mayor, council members, traditional leaders, elders/landowners, and church leaders on the island, make decisions. However, the landowners rely mostly on the decisions of government leaders. Enewetak Atoll is a land of leaders, and the people place a high premium on tradition as well.

Enewetak consists of only one community.

## **Methodology**

### **Hazard Vulnerability and Capacity Mapping with Early Warning Systems**

#### Introduction

The IOM Community Vulnerability and Capacity Mapping Exercise and Assessment (CVM) Project created the Hazard Vulnerability and Capacity Mapping (HCVM) exercise to assist communities and facilitators generate data to inform community disaster risk management efforts. The exercise is community led. Even though it acknowledges that every community is unique and that modifications to the methodology may be necessary, the three sessions must be completed for the exercise to be completed successfully. Facilitators must always be well-prepared, efficient, and mindful of not wasting community members' time, which is both valuable and voluntary. If all community service activities are



completed, the HVCM can be completed in nine - ten hours. No member is required to attend the entire ten hours of training.

### Objectives and Process

The specific objective of the HVCM is to increase community members' awareness of disaster risk and the impacts of climate change in their community. Doing so helps them to plan activities to reduce vulnerability and increase resilience to both slow and fast onset disasters as well as impacts of climate change. HVCM is a participatory, community-led series of activities that provides essential context-specific information on the local impacts of climate change and community vulnerability, and existing capacities.

In addition to understanding existing disaster preparedness capacity, the HVCM can also help us better understand the communities that we work in, so that we can address their unique concerns. HVCM is an effective entry point to the community and offers an opportunity to allow community members to share their opinions on what is important to them. The results of the exercise can help us to tailor future climate adaptation and disaster risk management plans, training, and disaster mitigation measures to address the specific concerns of the community.

Where feasible, it is preferable for the activities to be conducted in Marshallese. The facilitators should be Marshallese and speak both English and Marshallese.

The HVCM exercise will generally require three sessions:

1. Sensitization and Community Profile
2. Physical Mapping and Hazard Vulnerability Matrix
3. Summary and Action Plan Generation

In all sessions, we should emphasize to participants that we are here to learn from them; we need them to teach us about their community. Much of the success or failure of the exercise hinges on input and active engagement among participants. In all sessions, it is important to ensure the participation of diverse groups in the community, including people of all ages and genders. Groups that are traditionally marginalized or underrepresented such as immigrants and people living with disabilities should also be invited and encouraged to participate. Disasters have the capacity to disproportionately affect vulnerable groups in society. The mapping exercise should assist the community in appreciating that physically and mentally disabled persons will have additional protection needs during a disaster. It is therefore a critical outcome of the mapping exercise that these people be identified, and their locations noted on the map. If possible, ensure their participation in the HVCM exercise.

It is essential that the community feel ownership of this process with facilitators only providing structure and guidance. As with all community engagements, it is important to establish IOM's role from the outset, to not set any unrealistic community expectations. Sessions 2 and 3 will require snacks and drinks for all participants. Where possible community contributions such as coconuts or other refreshments should also be encouraged.

The following report is the output of the HVCM exercise.

## Community 1: Enewetak Community



Figure 3: IOM team at the airport terminal where consultations were held

### Community Profile Statement

#### Background

The HVCM exercise took place on March 22, 2022, at the Enewetak airport terminal. The workshop attracted a total of 30 community members, including 25 men and five women who stayed for the entire duration of the HVCM session. The exercise was held in the evening to accommodate community members' schedules.

According to the community profile that was completed as part of the exercise, Enewetak is home to approximately 310 inhabitants. The number of inhabitants was initially much higher but had substantially reduced due to migration. On the island, there is only one family-owned business/store. In addition, public services such as a health clinic, water, and education are available. The population's primary means of communication are cell phones. Like most remote islands, Enewetak's primary sources of revenue are fishing, handicrafts, and livestock. However, one unique attribute of the community that sets it apart from others is that the majority of Enewetak's population occupy socio political roles such as council members, police officers, health assistants, principals/head teachers, teachers, communications professionals, and boat operators.

Lack of external assistance from other islands or atolls is a serious concern for the Enewetak population. Individuals complained that they received no external assistance in the areas of marine resources, education and livelihood support. This can be partly attributed to the community's isolation, which makes it difficult to access. The community's transport boat – the Lady E – only arrives every quarter from Majuro.

## Geography and location

**Hazards:** Due to the regularity of drought in Enewetak, most community residents ranked it as their most significant natural hazard, followed by king tide/inundation.

Community members referred to a typhoon that ravaged homes, businesses, and public spaces in 1979 during the HVCM. Typhoon threats include debris carried up from the ocean and lagoon, damage to houses and food crops, saltwater contamination of wells, and fallen or destroyed coconut trees and other native plants/trees. There are no seawalls or other forms of coastal protection in place to reduce the risk of high tides and/or flooding. The community relies heavily on pine trees as a source of protection to reduce salt spray and inundation. This dramatically raises the risk of injury or death, especially for those living near the coast during a typhoon event. A lack of access to medical care makes the community vulnerable to illness and disease. In the city, there is one health dispensary with two health assistants. For medical care, residents must rely on traditional remedies or travel to Majuro, the capital of the RMI.

Despite concerns regarding typhoons, the most significant problem is drought. Due to a shortage of resources, members of the community commented on how frequent and terrible droughts are for their community. Community members recalled past droughts dating back to the late 1980s and noted an uptick in them between 2010 and 2015. Droughts have destroyed local food crops, hindered access to drinkable and safe drinking water, increased island dryness, and contributed to the spread of disease. Throughout the HVCM exercise, community members noted that they often lost their food crops and had to ration food and water. The community requested assistance to repair their existing reverse osmosis units. Due to low levels of rainfall in Enewetak, the community has been largely reliant on RO units to meet their water needs. Due to drought and declining local food and agricultural production in Enewetak, the community often travels to Ujelang to get fresh produce, a two-day boat ride. The community receives canned and processed foods as part of the quarterly food shipments sent to them by the U.S. government.

**Capacities:** Women's clubs, men's clubs, youth groups, and religious groups are examples of Enewetak's local social groupings, like those of most remote islands. Typically, these organizations are involved in preserving local traditions and cultural practices, such as greeting and entertaining visitors, conducting meetings, cleaning (community and school), and organizing religious events.

### Hazard Vulnerability Risk Mapping

The method of mapping hazard vulnerability risk begins by dividing the society into multiple categories, often men and women separately, as well as children. Using flip chart paper, they design a map of their neighborhood, highlighting essential sites and infrastructure facilities such as churches, evacuation centers, and docks. Then, they identify areas that have a high disaster risk, such as areas prone to flooding during a hazard. The groups then show their maps to one another, debate their similarities and differences, and make any required adjustments. The hand-drawn maps (from all groups) are then converted to a digital format using Google Earth.

On the map below, you can see which parts of the neighborhood and which residences have been classified as vulnerable to floods or coastal erosion.

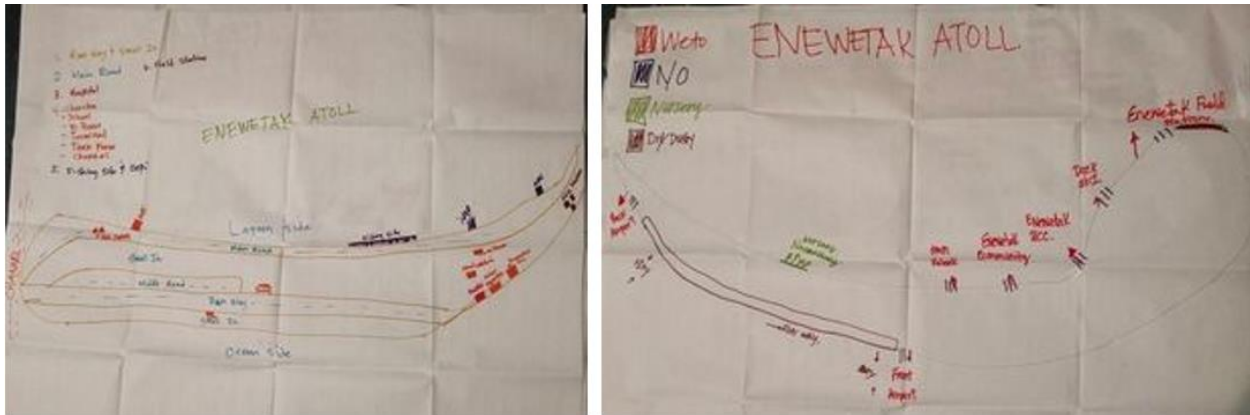


Figure 4: Maps drawn by community members. The women's group created the map on the left, and the men's group created the map on the right.

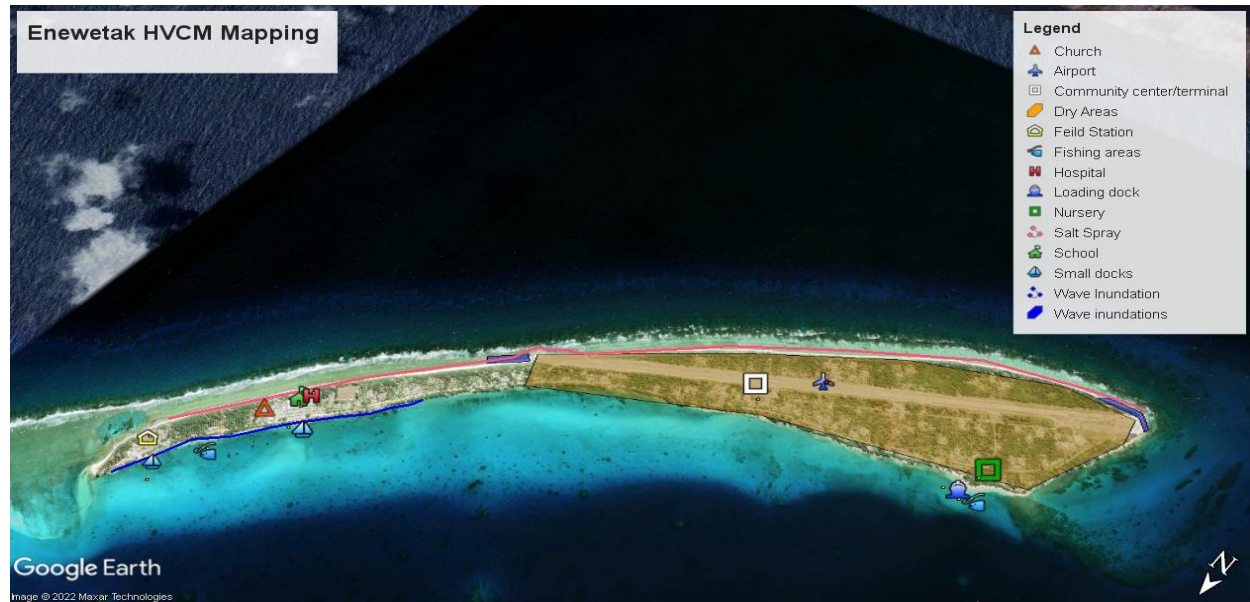


Figure 5: On the Google Earth map, important locations are identified, such as the main road, inundated areas, areas being consumed by the sea, areas which usually flood, as well as evacuation shelters, disabled homes, schools, churches, and stores.

### Hazard Vulnerability Matrix

As part of the prioritization process, the Enewetak community recognized drought and typhoon/inundation as threats, with drought being more prevalent. Drought and typhoon/inundation have affected the lives of participants and community residents. Participants recognized the community's strengths and weaknesses in respect to its susceptibility to these threats and recommended both long-term and short-term solutions.



Hazard	Weaknesses	Adaptive Capacities/Strengths	Short Term	Long Term
Drought	<p>Loss of agricultural crops</p> <p>Lack of water quality testing kits</p> <p>Salinity in groundwater</p> <p>Majority of drinking water catchments are degraded due to a lack of water and high temperatures.</p> <p>Disease outbreak</p> <p>Lack of drought resistant agricultural expertise</p>	<p>Reliant on RO Units</p> <p>Each residence has water filters</p> <p>Public areas have access to clean rainwater collection/concrete drinking water utilities.</p> <p>Access to local medication</p> <p>Establishment of a Disaster Committee</p>	<p>Plant more trees around the island's coastline.</p> <p>Boil well water for drinking water</p> <p>Seawall made of sand and stones</p> <p>Water quality monitoring activities</p> <p>Purified rainwater collection system</p> <p>Small RO Systems</p>	<p>Construct concrete water catchments</p> <p>More vehicles to transport water</p> <p>Equipment and materials for gardening</p> <p>Large RO unit systems</p> <p>RO unit trainings</p>
Hazzard	Weaknesses	Adaptive Capacities/Strengths	Short Term	Long Term
Typhoon/ inundation	<p>No materials / equipment to build a sea wall.</p> <p>One store on the island to provide the population with extra supplies.</p> <p>There are no seeds for replanting</p> <p>No infrastructure funds</p> <p>Nothing to purify water or wells</p> <p>Insufficient medical resources</p>	<p>Rocks and coral that help dissipate wave energy</p> <p>If the dispensary runs out of supplies, local medicine can be used.</p> <p>More native protection trees should be planted along the coastline.</p>	<p>Utilize temporary coastal barriers made of nearby trees, rocks, and sand (coastal protection action plan)</p> <p>Cleaning supplies</p> <p>The preservation of food</p> <p>The Disaster Committee will become certified in First Aid and CPR.</p>	<p>Radio Communication Equipment and Training</p> <p>Additional help and projects on island (regarding disaster preparedness)</p> <p>Greater access to potable water systems</p> <p>Construct robust sea walls</p> <p>Materials for use by the Disaster Committee during emergencies</p>



Figure 6: Enewetak community members listing and prioritizing hazards

## Action Plan

After completing the hazard vulnerability matrix, the community then developed an action plan to address the identified hazards.

Identified Hazards/Risks	Proposed Solution		Who is responsible?		When are tasks to be implemented?
	What has been done or started?	What can be done? Short Term Long Term	(Within Community)	(Outside Community)	
<b>Drought</b>	<p>Disaster Committee has been established</p> <p>Point of contact who has received training on how to perform DSO</p> <p>Clean and repair water collection systems</p> <p>The RO technicians are skilled</p>	<p>Gardening tools</p> <p>Well-water pumps</p> <p>Repairing both large and small RO unit systems</p> <p>Expand water catchment</p>	<p>The Council</p> <p>RO Unit focal points</p> <p>Acting Mayor</p> <p>Disaster Committee Chairman</p>	<p>Mayor</p> <p>Senator</p> <p>Weather station</p> <p>NDMO</p>	2021-2023
<b>Inundation/ Typhoon</b>	<p>Disaster Committee has been established.</p> <p>Shelter has been identified</p> <p>Replanting along the coast to safeguard the coastline</p> <p>Focal point has been instructed on ISO procedures.</p>	<p>Transport for the handicapped</p> <p>HF Radio</p> <p>Preparedness Kit</p> <p>Walkie talkies</p> <p>Heavy Equipment (Cranes etc.)</p> <p>Siren warnings</p> <p>Erect a Seawall</p>	<p>The Council</p> <p>Acting mayor</p> <p>Disaster Committee Chairman</p>	<p>Mayor</p> <p>Senator</p> <p>NDMO</p> <p>Red Cross</p>	2021-2023



Figure 7: Enewetak women's group community members preparing their action plan

### Summary: Enewetak Community

Initially the community profile was completed after consulting with a small group of local leaders. Thereafter, the larger gathering completed the physical mapping exercise to identify areas experiencing increased disaster risk. Then the group used the hazard vulnerability matrix to identify hazards afflicting the community. The exercise was also used by the community to identify strengths and weaknesses vis-à-vis disaster risk. Drought was identified as the foremost hazard of significance for the community. During the process, existing strengths and weaknesses were examined prior to developing an action plan.

Given the significance of drought, the community identified water security as being a vulnerability for them. The communities referred to their dysfunctional RO units, which were producing subpar volumes of clean water and discussed the need for more training on how to maintain existing units. While the community had rainwater catchment systems installed, exceedingly dry spells without rain made them more reliant on RO units and water shipments from Majuro to meet their potable water needs.

Overall, the community members participated enthusiastically in the exercise, sharing with the group and IOM staff their experiences vis-à-vis disasters and disaster risk. While men spoke most of the time, when the HVCM facilitators requested women to speak up, they responded. The women demonstrated that they were equally if not more educated than men about the issues being discussed.

The HVCM exercise succeeded in its objective of collecting data to inform future interventions to reduce disaster risk. Despite the lengthy hours, the community members remained extremely engaged throughout the day and conveyed that they found the exercise to be both fascinating and informative.

Community Poster, Enewetak

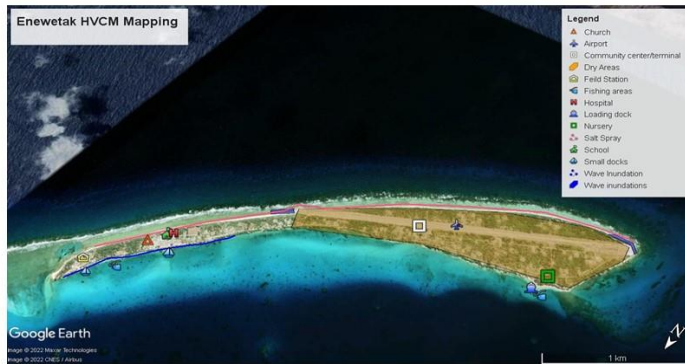


# Action Plan

## Community Vulnerability Mapping Enewetak, Enewetak



Enewetak: Developed March 2022



Hazard	Vulnerabilities/Weaknesses	Adaptive Capacities/Strengths	Short-term Actions	Long-term Actions
<b>Drought / Mora</b>	<ul style="list-style-type: none"> <li>agriculture ravaged by drought</li> <li>Absence of testing and sanitation of potable water</li> <li>Salinity in groundwater</li> <li>The majority of drinking water catchments are degraded due to a lack of water and high temperatures.</li> <li>Disease outbreak</li> <li>No techniques for gardening</li> </ul>	<ul style="list-style-type: none"> <li>submission to RO Units</li> <li>Provide water filters for each residence</li> <li>Public areas have access to clean rainwater collection/ concrete drinking water utilities.</li> <li>Local medicine cures</li> <li>constituted emergency committee</li> </ul>	<ul style="list-style-type: none"> <li>Plant more protecting trees around the island's coastline.</li> <li>Boil well water for drinking water</li> <li>Constructed temporarily using sand and stones</li> <li>Water quality instruction</li> <li>Purified rainwater collection system</li> <li>Small RO Systems</li> </ul>	<ul style="list-style-type: none"> <li>Construct additional concrete</li> <li>Water captures</li> <li>More transportations</li> <li>Equipment and materials for gardening</li> <li>Larger RO Units</li> <li>RO Unit practices</li> <li>Small RO Systems</li> </ul>
<b>Typhoon</b>	<ul style="list-style-type: none"> <li>No materials/equipment for an extremely sturdy coastal barrier</li> <li>One store on the island to provide the population with extra supplies.</li> <li>There are no seeds for replanting</li> <li>No infrastructure funds</li> <li>Nothing to purify water or wells</li> <li>Insufficient medical resources</li> </ul>	<ul style="list-style-type: none"> <li>Rich in rocks and beaches, the island's surroundings are.</li> <li>If the dispensary runs out of supplies, local medicine should be used.</li> <li>More native protection trees should be planted along the coastline.</li> </ul>	<ul style="list-style-type: none"> <li>Utilize temporary coastal barriers made of nearby trees, rocks, and sand (coastal protection action plan)</li> <li>Cleaning supplies</li> <li>The preservation of food</li> <li>The Disaster Committee will become certified in First Aid and CPR.</li> </ul>	<ul style="list-style-type: none"> <li>Radio Communication</li> <li>Additional help and projects on island (regarding disaster preparedness)</li> <li>Greater access to potable water systems</li> <li>Construct robust sea walls</li> <li>Materials for use by the Disaster Committee during emergencies</li> </ul>

Identified Hazards/Risks	Proposed Solution		Who is responsible?		When are tasks to be implemented?
	What has been done or started?	What can be done?	(Within Community)	(Outside Community)	
Inundation/ Typhoon	DisCom has been constituted.	Transport for the handicapped	The Council	Mayor	2021-2023
	<ul style="list-style-type: none"> <li>Shelter has been identified</li> <li>Replanting along the coast to safeguard the coastline</li> <li>Focal Point has been instructed on ISO procedures</li> </ul>	<ul style="list-style-type: none"> <li>HF Radio</li> <li>Preparedness Kit</li> <li>Walkie talkies</li> <li>Heavy Equipment</li> <li>require siren warnings</li> <li>erect a Seawall</li> </ul>	<ul style="list-style-type: none"> <li>Acting mayor</li> <li>Disaster Committee Chairman</li> </ul>	<ul style="list-style-type: none"> <li>Mayor</li> <li>Senator</li> <li>NDMO</li> <li>Red Cross</li> </ul>	
Drought	DisCom has been established	more Gardening tools	The Council	Mayor	2021-2023
	<ul style="list-style-type: none"> <li>Focal point who has been trained on how to conduct DSO</li> <li>Water catchment in place wells water</li> <li>RO technician has been trained</li> </ul>	<ul style="list-style-type: none"> <li>More water capture sites</li> <li>Well-water pumps and RO systems</li> <li>Required repair of a Large RO Unit</li> </ul>	<ul style="list-style-type: none"> <li>Acting Mayor</li> <li>DisCom Chairman</li> <li>RO unit focal points</li> </ul>	<ul style="list-style-type: none"> <li>Senator</li> <li>Weather Station</li> <li>NDMO</li> </ul>	



Please contact IOM at 6926254705/6/7 or email [micronesiaenquires@iom.int](mailto:micronesiaenquires@iom.int)

## Community Profile Questions, Enewetak Atoll

<b>Community Profile Questions</b>	<b>Enewetak, Enewetak Atoll</b>
About how many people live in your community?	310
What are the major occupations of community members? (income and subsistence activities)	handicraft, livestock, and fishing
What local resources does your community depend on? Explain why.	fish, taro, breadfruit, pandanus, clam, lobster, and coconut crab
How are decisions made in your community? Who has the authority?	mayor, council, acting mayor, iroij, traditional leaders, church leaders and elders
What social groups are active and what purpose do they serve?	church group - welcoming, youth group - clean, DRD - clean, cater, welcome, Jar in Ebolmen (JIE)- welcome, cater
What natural hazards affect your community?	drought, typhoon, king tides, inundation
What are the social problems your community is facing?	migration, lack of resources and transportation
What are the main strengths of your community?	fishing, copra and handicraft
Are there any new community improvement projects planned?	red Cross- first aid training, Education- elective courses, ACWA- water security and IMPACT- water security
Is the community participating in programs to improve natural protective barriers? (Mangrove, Steep slopes, rivers)	replanting pine trees which serve as a buffer against sea spray
What natural disasters have occurred here in the past 100 years?	king tide – 2010; typhoon- 1979 and drought- 2011, 2015
Are there many people of different heritage in the community?	Germans, Americans and Japanese



































EMŌNA KWAK







EJMOURAR



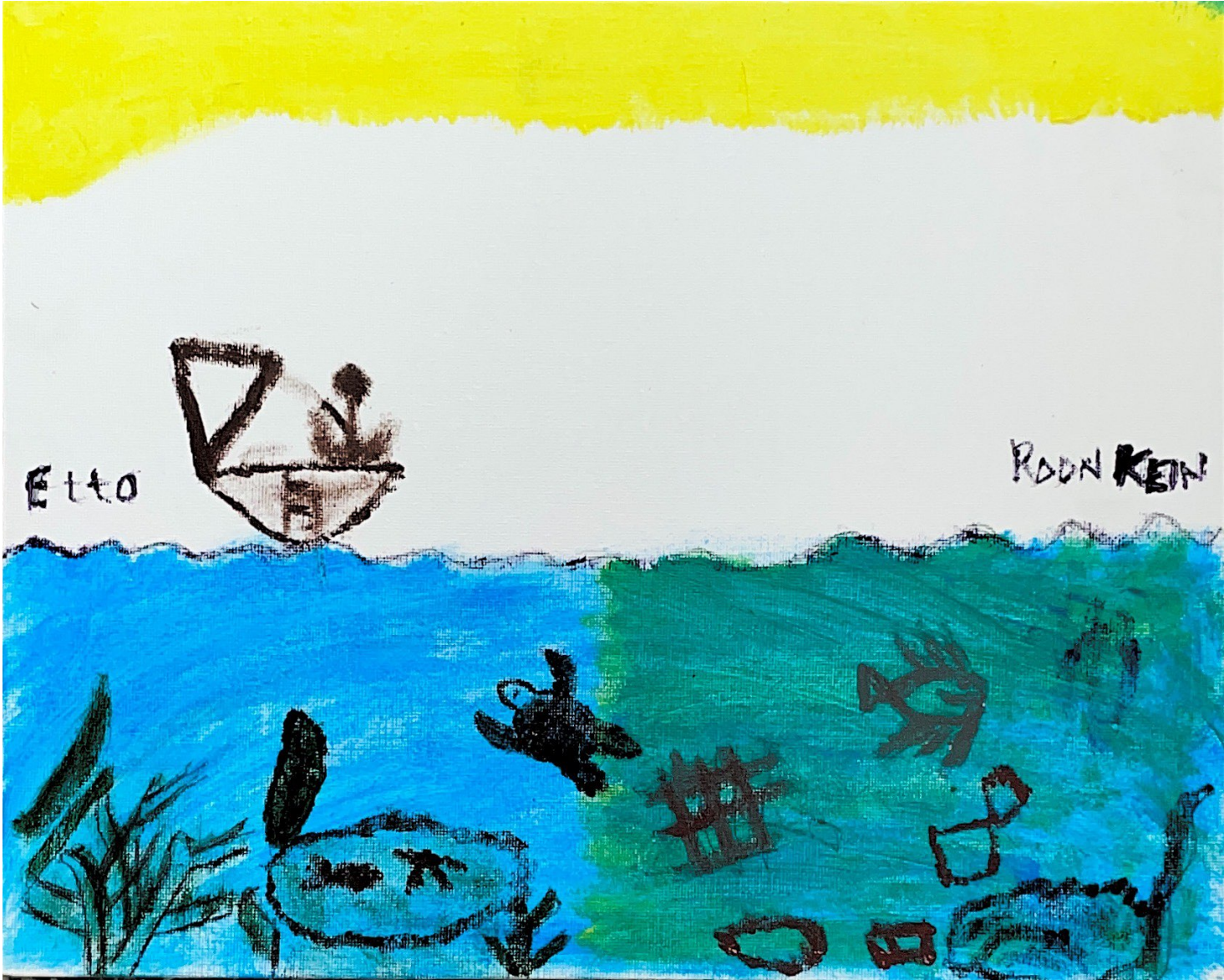




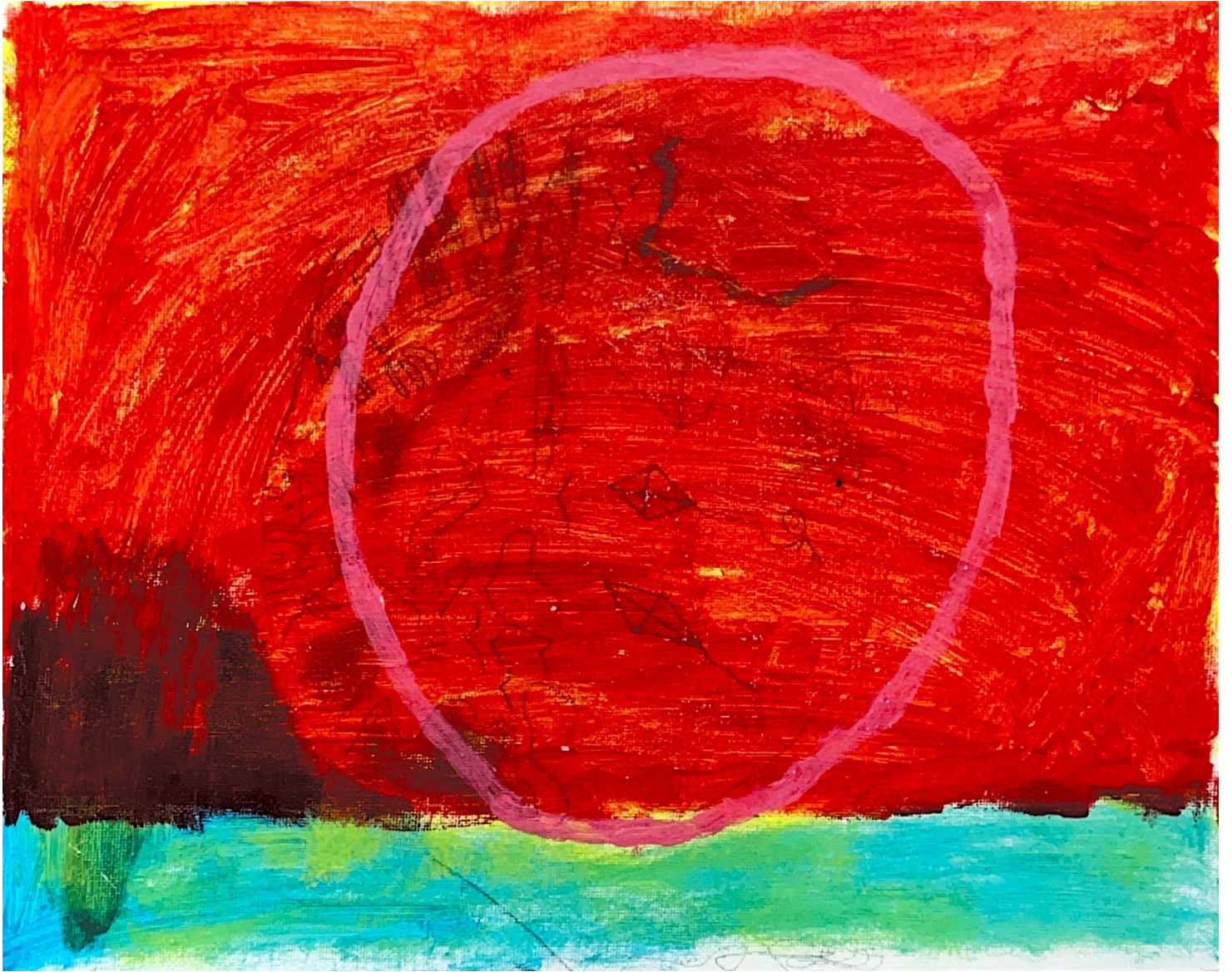
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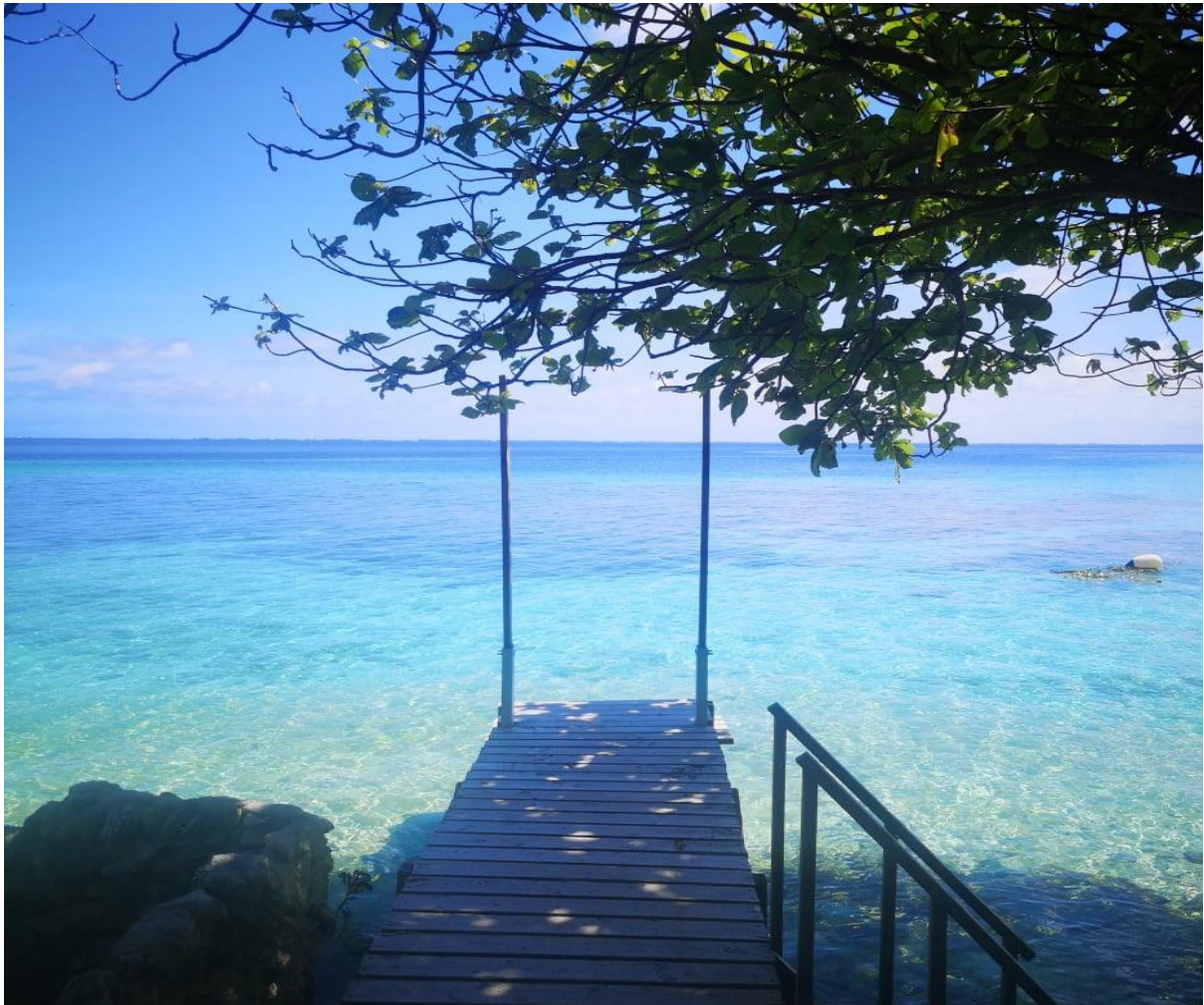








Republic of the Marshall Islands  
**Gender Based Violence**  
Service Directory and Referral Tool



## Forward

Established in 1951, the International Organization for Migration (IOM) is the leading intergovernmental organization in the field of migration and is committed to the principle that humane and orderly migration benefits migrants and society. The IOM is part of the United Nations system, as a related organization.

As an intergovernmental organization, the IOM acts with its partners in the RMI and international community in the promotion of human rights and ceasing of all forms of Gender-Based Violence.

Building on this, IOM through the UN Spotlight Initiative has committed to activities to assist end violence against women and girls.

The Spotlight Initiative is a global, multi-year partnership between the United Nations (UN) and the European Union (EU), focusing on eliminating all forms of violence against women and girls (VAWG).

The Initiative provides an opportunity for a multi-sector, coordinated and holistic approach to addressing violence against women and girls working through multiple stakeholders including the UN, Government, service providers, churches and civil society.

This working document/directory is intended to be a tool for those providing services to survivors of gender-based violence (GBV) for referral purposes.



## Purpose of this tool:

The purpose of this document is to provide the most up to date information on key RMI GBV actors and organisations to enhance collaboration and best practice among stakeholders.

This objective is achieved through:

- Detailing the roles and responsibilities of RMI’s Multistakeholder model to assist helpers provide information that enables GBV survivors/victims to make informed decisions about their safety and well-being.
- Providing a brief introduction to Survivor Centred Care, basic GBV principles and unifying definitions based on International Best Practice guidelines and alignment with the Ministry of Health and Human Services GBV Standard Operating Procedure.

The tool was produced in collaboration with RMI stakeholders<sup>1</sup> and in addition to everyday use would be useful to utilise in the development of a comprehensive National GBV Interagency Protocol.

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<sup>1</sup> See Appendix 1, p37



## Overview: Republic of the Marshall Islands and Gender Based Violence

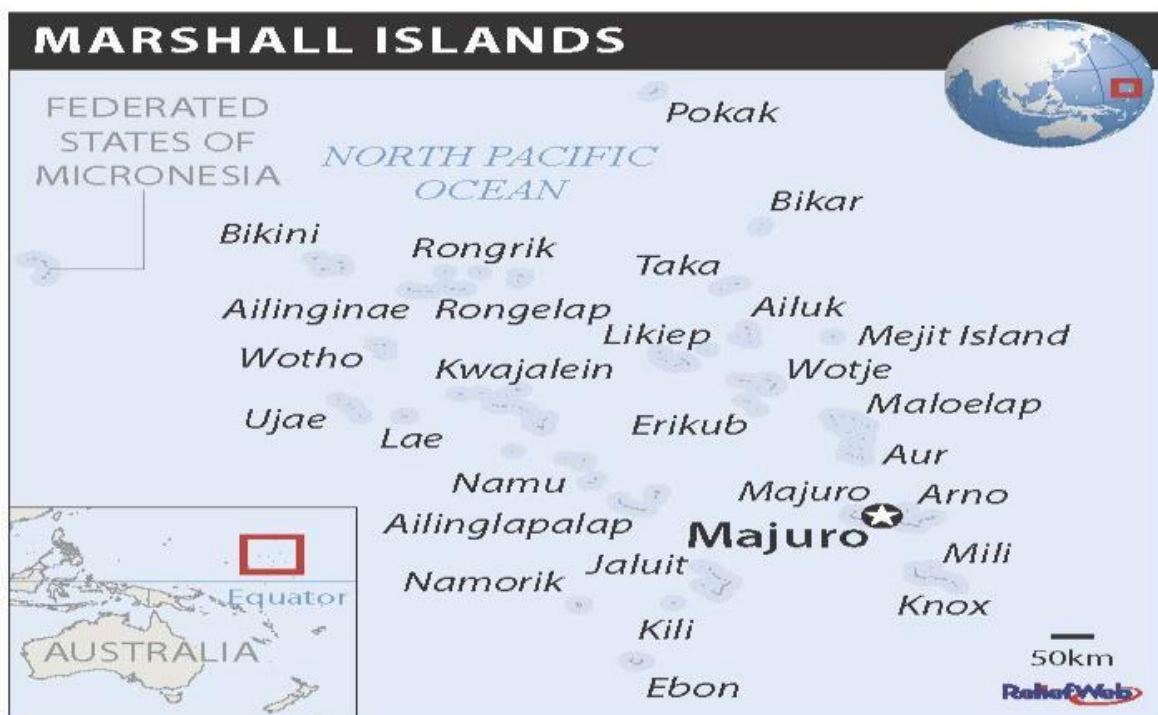
The Republic of the Marshall Islands (RMI) encompasses 29 atolls and islands in the western Pacific Ocean with a population of approximately 58,971 with most people residing in urban settlements either in the capital of Majuro (52%) or the island of Ebeye, Kwajalein atoll (22%).<sup>2</sup>

In 2006, the RMI government ratified the Convention on the Elimination of Discrimination Against Women (CEDAW) and further to this endorsed a National Gender Policy in 2015 in recognition of over 51% of women reporting experiences of intimate partner violence and 61-62% of children experiencing physical violence.<sup>3</sup>

Gender Based Violence (GBV) exists in many forms and has detrimental physical, psychological, social and economic consequences for individuals, families and communities across the RMI.

In 2015 the RMI government introduced the National Gender Mainstreaming Policy to assist in mitigating these consequences. The policy provides guidance to the government in mainstreaming gender perspectives across its policies, strategies and programs.

Partnership with organisations such as Women United Together Marshall Islands (WUTMI), between traditional leaders and the civil sector and listening to the lived experience of survivor/victims provides an opportunity to ensure interventions are contextual and promote existing traditional resources.



Map Sources: UNCS, Gov't, of U.S.A.  
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Map created Jun 2010 – [www.reliefweb.int](http://www.reliefweb.int)

<sup>2</sup> Asian Development Bank, 2020, *Marshall Islands Gender Equality Overview: Key Statistics for Informed Decision-Making in Celebration of Beijing+25*, Asian Development Bank, <http://hdl.handle.net/11540/12859>, (accessed 10<sup>th</sup> March 2021).

<sup>3</sup> Government of the Marshall Islands and Secretariat of the Pacific Community, 2018, *Gender Equality. Where Do We Stand? Majuro*; and *Government of the Marshall Islands, Republic of the Marshall Islands, Majuro*.

## What is Gender Based Violence (GBV)?<sup>4</sup>

An umbrella term for any harmful act that is perpetrated against a person's will; it is based on socially ascribed (gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private<sup>i</sup>.

Whilst women and girls in the RMI are significantly more likely to be targets of GBV, men and boys can also be targeted. The term is also inclusive of targeted violence against LGBTQI+ individuals and communities.

GBV exists in many forms including child abuse, femicide, sexual violence, human trafficking, female genital mutilation and online and digital violence. The most common type of GBV existing in the RMI is domestic or intimate partner violence.

- **Domestic/Intimate Partner Violence<sup>5</sup>** Domestic Violence, also called Domestic Abuse or Intimate Partner Violence (IPV), is any pattern of behaviour that is used to gain or maintain power and control over an intimate partner. This includes:

<ul style="list-style-type: none"><li>• <b>Physical violence</b> Physical violence involves hurting or trying to hurt a partner by hitting, kicking, burning, grabbing, pinching, shoving, slapping, hair-pulling, biting, denying medical care or forcing alcohol and/or drug use, or using other physical force. It may include property damage.</li><li>• <b>Economic violence</b> Economic violence involves making or attempting to make a person financially dependent by maintaining total control over financial resources, withholding access to money, and/or forbidding attendance at school or employment.</li><li>• <b>Psychological violence</b> Psychological violence involves causing fear by intimidation; threatening physical harm to self, partner or children; destruction of pets and property; "mind games"; or forcing isolation from friends, family, school and/or work.</li><li>• <b>Emotional violence</b> Emotional violence includes undermining a person's sense of self-worth through constant criticism; belittling one's abilities; name-calling or other verbal abuse; damaging a partner's relationship with the children; or not letting a partner see friends and family.</li><li>• <b>Sexual violence</b> Sexual violence includes forcing a partner to take part in a sex act when the partner does not consent.</li></ul>
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### Other key terms:

**Child:** Under the UN Convention on the Rights of the Child (1989), a child means every human being below the age of 18 years<sup>6</sup>

**Survivor /Victim:** 'Survivor/Victim refers to people who have experienced/are affected by violence. The term survivor is usually preferred by those working on violence against women to emphasize that women affected by violence have agency and are not merely passive "victims" in the face of violence. The term victim is, however, used in criminal justice'<sup>7</sup>

<sup>4</sup> OCHA, 2015, *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience, and Aiding Recovery*, IASC Inter-Agency Standing Committee, <https://interagencystandingcommittee.org/working-group/documents-public/guidelines-integrating-gender-based-violence-interventions>, (accessed May 4<sup>th</sup> 2021)

<sup>5</sup> UN Women, 2021, *Key Terms: Gender Based Violence*, UN Women, <https://www.unwomen.org/en/what-we-do/ending-violence-against-women/fags/types-of-violence>, (accessed 29th April, 2021)

<sup>6</sup> OHCHR, *Article 1 of the Convention on the Rights of the Child 1989*, Office of the United Nations High Commissioner for Human Rights (OHCHR), <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx> (accessed 29 April 2021)

<sup>7</sup> Ministry of Health and Human Services, 2021 (draft) Standard Operating Procedures: Clinical Management of Rape and Sexual Violence (2021 Draft) MoHHS, RMI

**Informed Consent:** The Survivor/Victim is given understandable and clear information about their options to enable people to be empowered to understand choices and consequences attached to referral and sharing information with other services. This may include but is not limited to the police, health or legal services.

**Confidentiality:** Ensuring conversations and documentation is kept private and not publicly available unless either mandated to share or consent given by the survivor/ victim to share information with another service. Lack of confidentiality in services hinders people from accessing services, disempowers survivor victims by diminishing choice and control and creates safety risks for the survivor.

**Warm referral:** can include ‘phoning the service for the person, passing on information to the service with the person’s consent and, in some cases, where people need more support, helping them to navigate the service system’<sup>8</sup>. An effective warm referral is supported by consistent collaboration and understandings between service providers of confidentiality and survivor centred practice.

**‘Trafficking in Persons:** The act of recruiting, transporting, transferring, harbouring or receiving a person within the RMI or across international borders by means of abduction, threats, coercion, fraud, deception, threats to abuse the legal system or some other form of power, or by giving or receiving payments to achieve consent for purpose of exploitation’.<sup>9</sup>

**Psychological First Aid (PFA)** is a psychosocial support activity that helps people affected by an emergency, disaster or traumatic event. It is a ‘humane, supportive response to a fellow human being who is suffering and who may need support’. This includes but is not limited to GBV survivor/victims<sup>10</sup>.

**LIVES model:** A model of care that specifically supports survivor/victims of GBV and/or sexual violence

### Key legislation:

**The Domestic Violence Prevention and Protection Act 2011 (DVPPA)** criminalises domestic violence and introduces provisions for the safety of survivors. This includes but is not limited to attaining protection orders.

Sexual offences outside of family relationships remain a crime under the **Criminal Code 2011**

**The Child Rights Protection Act 2015** enshrines the rights of children in the RMI. The Act details State civil intervention powers to protect children and/or remove them from homes where they are at risk of or being harmed.

Other **RMI gender equality key legislative** efforts include:

- Human Rights Committee Act of 2015
- Rights of Persons with Disability Act of 2015
- Birth, Death and Marriage Registration Act of 2016
- Prohibition of Trafficking in Persons Act of 2017
- Gender Equality Act 2018



<sup>8</sup> Victorian Government, 2021, *The Orange Door Service Model: Referrals to Services*, Government of Victoria Australia, <https://www.vic.gov.au/orange-door-service-model/referrals-services>, (Accessed April 20<sup>th</sup>, 2021)

<sup>9</sup> *Trafficking in Persons Standard Operating Procedure for Law Enforcement Victim identification, investigation, protection and referral* (Draft), RMI

<sup>10</sup> Australian Red Cross and the Australian Psychological Society, 2021, *Psychological First Aid*, Victoria, Australia, <https://www.redcross.org.au/getmedia/dc21542f-16e4-44ba-8e3a-4f6b907bba6f/Psychological-First-Aid-An-Australian-Guide-04-20.pdf.aspx> (accessed 20th May 2021)

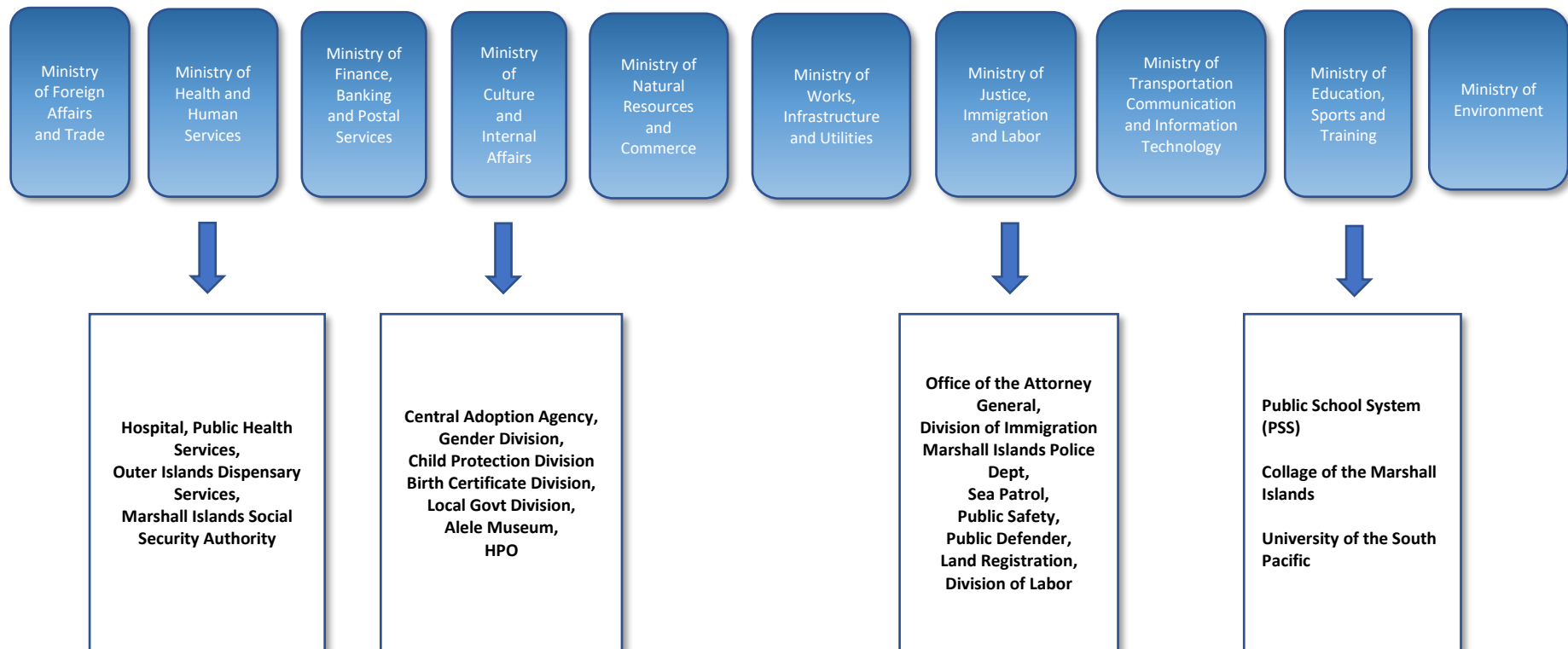


## RMI Government structure: Key Ministries

Government Ministries and departments hold authority in Gender Based Violence (GBV) legislative, justice, education and development and direct practice services and activities.

This includes but is not limited to GBV support and education through the Gender in Development office, child protection and health care services, anti-human trafficking mechanisms and justice and legal and legislative responsibilities that support survivor/victims and engage perpetrators.

### RMI Government Ministries:







## Ministry of Culture and Internal affairs

### Gender in Development Office:

The RMI Ministry of Culture and Internal Affairs (MoCIA), Community Development Division (CDD) has primary responsibility for child, youth and women services.

Activities relating to Gender Equality and Human Rights including but not limited to GBV are engaged through the Gender in Development office under the Community Development Division (CDD).

In 2015, the office assisted in facilitating the adoption of the National Gender Mainstreaming Policy and has guided the RMI government in mainstreaming gender perspectives across its policies, strategies and programs. This has included building the capacity of and working with stakeholders to translate the policy into reality to benefit the people of the Marshall Islands.

The Gender in Development Office (GID) have a Memorandum of Understanding (MOU) with Women United Together in the Marshall Islands (WUTMI) and their Weto in Mour (WIM) program in which WIM provide services to Survivor/Victims of GBV.

Key awareness and development activities of the office include gender mainstreaming, gender equality and women's empowerment, advocacy and awareness initiatives, training on RMI legislation and policies and Secretariate to the Domestic Violence (DV) Taskforce and reporting for CEDAW.

### Child's Rights Office:

The Child's Rights Office within the Community Development Division (CDD) has responsibility for children and youth services including coordinating services and activities to comply with the Convention of the Rights of the Child (CRC) in the RMI.

Within this Ministerial Office the Child's Rights Coordinator is responsible for liaising and working closely with stakeholders in coordinating child rights initiatives and works in close cooperation with the other offices within the CDD, including the Youth Services Bureau, the Gender and Development Office (GAD), and the Disability Coordination Office<sup>11</sup>.

Specific to child protection direct engagement /practice mechanisms, the Child's Rights Office works in collaboration with Local and National police in undertaking assessments and investigations into allegations of child abuse and neglect.

The Office issues licenses verified by the Human Rights Committee to child protection service providers and keeps a registry of children and other relevant data such as incidences, nature and scope of child abuse and neglect.

## Ministry of Health and Human Services:

The Ministry of Health and Human Services (MOHHS) plays an essential role in direct healthcare provision, developing national policies, guidelines, standards, protocols and training curricula for GBV service delivery and engaging in various health related prevention and awareness campaigns.

Specific to GBV patient support, health care workers have capacity across various sites in identifying survivors, managing urgent injuries and trauma, offering psychological first aid (PFA) and first-line support (LIVES), safety planning, completing patient history and physical examinations, provision of treatments including emergency contraception (EC), sexually transmitted infections (STIs) and post exposure prophylaxis (PEP) for HIV infections.

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<sup>11</sup> United Nations Children's Fund, 2017, Situation Analysis of Children in the Marshall Islands, UNICEF, Suva, <https://www.unicef.org/pacificislands/media/1146/file/Situation-Analysis-of-Children-Marshall-Islands.pdf>, (accessed 29<sup>th</sup> April 2021)

GBV patient services are provided through RMI's two central Hospitals in Ebeye and Majuro and outer island community health centres and health dispensaries (see page 19-20).

MoHHS sites endeavour to utilise survivor centred models to provide best practice patient care and support.

Mental health and counselling services specific to GBV and trauma are provided in central locations (Majuro and Ebeye) with support and clinical supervision provided to health care staff to provide appropriate care in outer island clinics and health dispensaries.

If appropriate, staff may work with the survivor/patient to collect evidence and documentation and prepare reports for court matters.

In addition to inpatient and outpatient services, referrals to police and legal services to attain support, justice and protection orders can be provided as well as to psychosocial support agencies such as WUTMI.

MoHHS facilities are also mandated to refer child survivors of GBV to the Ministry of Cultural & Internal Affairs (MoCIA) Child's Rights Office (see page 35).

## **Ministry of Justice, Immigration and Labour**

The role of the Ministry of Immigration and Labour (MoJI&L) is to promote justice and safety for RMI citizens through the Marshall Islands Police Department (MIPD), Office of the Attorney General, Division of Immigration, Division of Labour, Sea Patrol and through public safety and defender mechanisms.

The MoJI&L supports the RMI Judiciary which consists of five different levels: the Supreme Court; the High Court; the Traditional Rights Court; the District Court; and the Community Courts. These exist alongside a Judicial Service Commission and court staff. The Judiciary is also able to travel to the outer islands when required<sup>12</sup>.

Through the MIPD and local Police, survivors and perpetrators of GBV are engaged through interviewing and assessment, investigations including gathering and recording evidence, gaining statements from witness and safety planning.

In addition to the above, police are able to detain the suspect/perpetrator for 24 hours whilst assisting a survivor to apply for protection orders and make referrals to necessary supports.

The Domestic Violence Unit in MIPD provides direct support and assistance to survivors of GBV in Majuro and also assists outer island stakeholders with GBV advice and support when engaging with survivors and perpetrators.

The Division of Immigration, MIPD, Public Defender's office and Micronesian Legal Services Corporation are shifting towards providing coordinated responses to instances of human trafficking including where GBV is present.

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<sup>12</sup> Republic of the Marshall Islands Judiciary, 2015, *Annual Reports*, 2015, <http://rmicourts.org/annual-reports/>. P66 (accessed May 1<sup>st</sup>, 2021)

## Survivor-Centred Care<sup>13</sup>: WHAT IS IT?



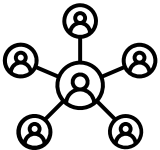
A survivor centred approach to GBV seeks to empower the survivor by prioritizing their rights, needs and wishes ensuring that they have access to appropriate, accessible, and good quality services.

In facilitating a survivor- centred approach, stakeholders assist the survivor/victim:

- be treated with **dignity** and **respect** instead of being exposed to victim-blaming attitudes.
- choose the course of action in dealing with the violence instead of feeling powerless.
- **privacy** and **confidentiality** instead of exposure.
- **non-discrimination** instead of discrimination based on gender, age, race/ ethnicity, ability, sexual orientation, HIV status or any other characteristic.
- receive **comprehensive information** to help them make their own decision instead of being told what to do.

### Survivor-Centred Care and Psychological First Aid (PFA)

PFA provides a basic framework for all stakeholders to assist GBV Survivor/Victims. PFA is a flexible approach that does not require the helper to have a clinical background. ‘Survivor Centred Care’ principles should be at the forefront of assistance when providing PFA. PFA promotes safety, instils hope and promotes calm, connectedness and self-efficacy.<sup>14</sup>

	<p>(1) Look</p>	<p>Helpers gather information on what has happened and what is happening by observing:</p> <ul style="list-style-type: none"> <li>• Who needs help</li> <li>• Safety and security risks for yourself and the survivor</li> <li>• Physical injuries</li> <li>• Immediate and basic needs</li> <li>• Emotional reactions</li> </ul>
	<p>(2) Listen</p>	<p>Helpers listen to survivors/victims with dignity, respect and non-discrimination:</p> <ul style="list-style-type: none"> <li>• Approach someone</li> <li>• Introduce yourself</li> <li>• Pay attention and listen actively</li> <li>• Accept other’s feelings and believe them!</li> <li>• Calm the person in distress</li> <li>• Ask about needs and concerns</li> <li>• Assist the person address immediate needs</li> </ul>
	<p>(3) Link</p>	<p>Helpers provide comprehensive information to survivor/victims to make informed decisions about their support and confidentiality needs.</p> <p>Helpers assist survivor/victims:</p> <ul style="list-style-type: none"> <li>• Access Information</li> <li>• Connect with social supports</li> <li>• Engage with practical problems</li> <li>• Access services and provide warm referrals</li> </ul>

Stakeholders can contact the IOM to discuss PFA training (see page 31).

<sup>13</sup> UN Women, 2011, *Survivor-Centred Approach*, UN Women Virtual Knowledge Centre, <https://www.endvawnow.org/en/articles/652-survivor-centred-approach.html>, (accessed May 10<sup>th</sup>, 2021)

<sup>14</sup> Australian Red Cross and the Australian Psychological Society, 2021, *Psychological First Aid*, Victoria, Australia, <https://www.redcross.org.au/getmedia/dc21542f-16e4-44ba-8e3a-4f6b907bba6f/Psychological-First-Aid-An-Australian-Guide-04-20.pdf.aspx> (accessed 20th May 2021)



## RMI Multisector Approach:

GBV Survivor/Victims and their supporters may interact with multiple agencies to access safety, support and justice.

A collaborative multisector approach promotes Survivor-Centred Care and a well-coordinated response between agencies improves practice, accountability, and safety.

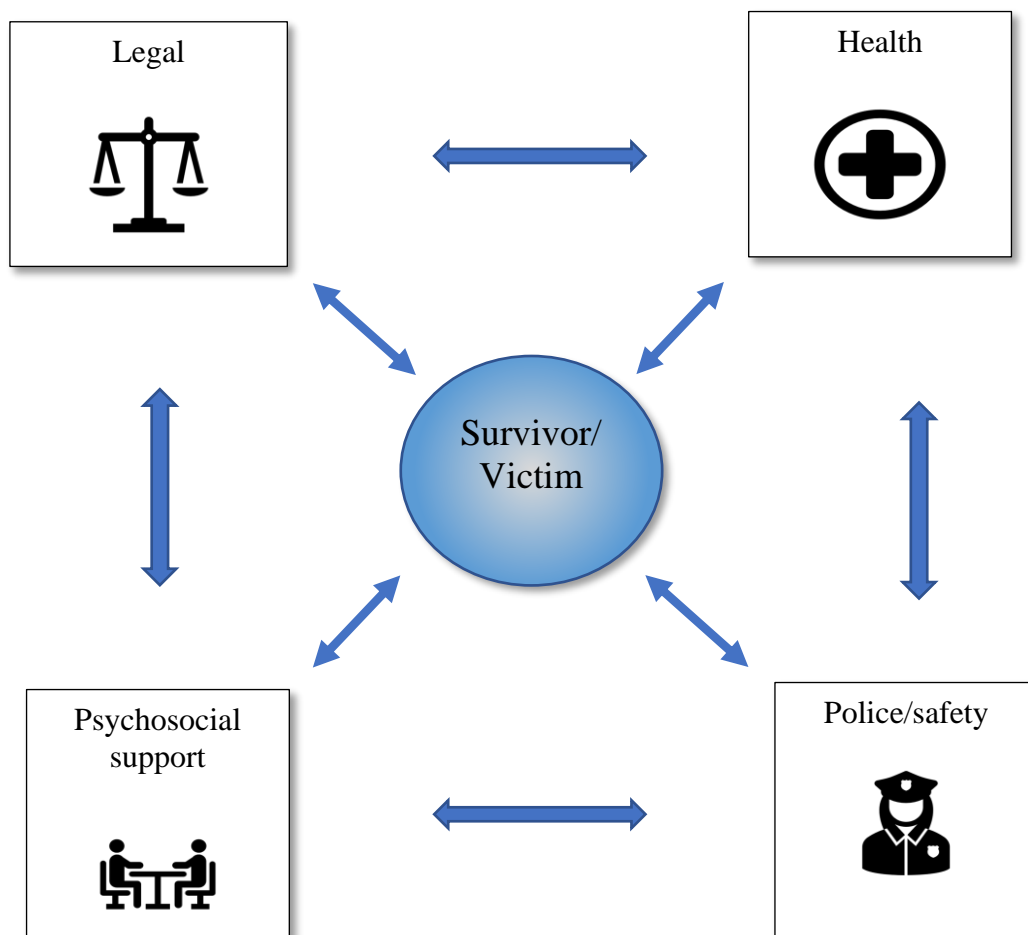
Through aligning best practice principles, methods and referrals Health, Police, Legal and Psychosocial service agencies can interact to ensure the best interests of the survivor are the primary concern.

A robust GBV multisector approach between RMI Police, Child Protection, Health, MLSC and NGOs enhances quality of engagement through minimum standards in relation to trauma-informed practice, confidentiality and consent, referral pathways and documentation and inclusive responses for diverse populations, including women and girls with disabilities, as well as lesbian, bi-sexual, and trans women.





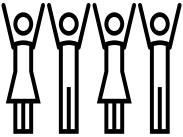
This formal multisector model of support in the RMI coexists with traditional practices and formal and informal community coalitions of support within a diverse ethnographic and political context.

Service provider and community understanding of how these stakeholders operate and interact assists the survivor/ victim to make informed choices about where, when and which, if any sectors below they may engage for assistance.

## RMI MULTISECTOR MODEL:



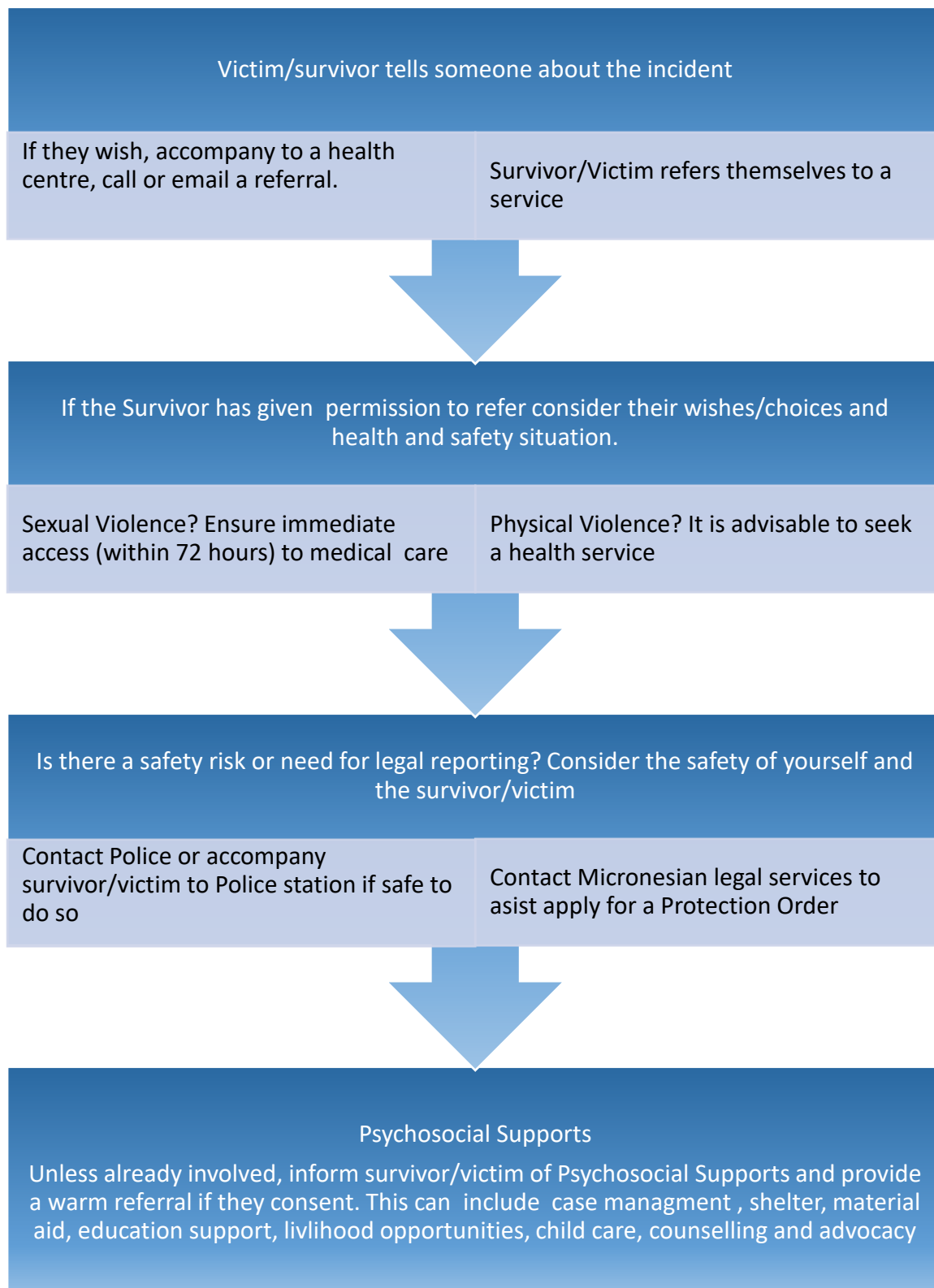
## RMI Multisector model brief:

	<p style="text-align: right;"><u>Legal</u></p> <p>Micronesian Legal Services Corporation (MLSC) supports survivor/ victims navigate and engage with the Supreme Court; the High Court; the Traditional Rights Court; the District Court; and Community Courts.</p> <p>GBV survivor/victims can be supported to apply for Temporary Protection Orders, with criminal proceedings against the perpetrator and engaging in child custody-based cases.</p> <p>The DVPPA provides for a Temporary Protection Order if the judge is satisfied that a complainant, or a child in the care of a complainant, is in danger from an act of domestic violence. A judge is available 24/7 to consider protection order applications. Legal supports interact between all sectors to attain necessary information to represent survivor/victims.</p> <p><b>(Contact page 22-23)</b></p>
	<p style="text-align: right;"><u>Marshall Islands Police Department (MIPD) and Local Police</u></p> <p>The MIPD Domestic Violence Unit (DVU) provides direct support in Majuro and Ebeye. DVU staff are able to provide phone support to local police staff in outer islands. Police provide immediate safety through intervening and attending locations where violence is reported, identifying and interviewing survivor/victims (adult and child), gathering and recording evidence, immediate safety planning including taking to legal services for a Temporary Protection Order if needed, liaising with health teams and referral to supports such as WUTMI if the survivor/victim chooses.</p> <p>Police are able to detain suspect/perpetrator for 24 hours to enhance safety and allow the survivor/victim time to engage with the multisector model of support.</p> <p><b>(Contact page 21)</b></p>
	<p style="text-align: right;"><u>Health:</u></p> <p>Health Care Workers (HCW) across Majuro and Ebeye Hospital and outer island health care centers and dispensaries provide multiple services to survivors/victims of GBV. HCW identify survivors, manage urgent injuries and trauma, offer psychological first aid (PFA) and first-line support (LIVES), complete history and physical examinations, provide treatment including emergency contraception, sexually transmitted infections (STIs) and post exposure prophylaxis (PEP) for HIV infections where indicated, engage in safety planning with the survivor/victim and multisector stakeholders, maintain history and preparation of reports for GBV related court matters, engage in mandated reporting to the DPV and refer to MoCIA for child protection concerns.</p> <p>In Majuro and Ebeye HCW are able to refer internally to mental health if required. HCW refer to key support services such as WUTMI as required.</p> <p><b>(Contact page 19-20)</b></p>
	<p style="text-align: right;"><u>Psychosocial Support:</u></p> <p>Can include offering PFA and advice, counselling, case management, shelter provision, material and financial aid, advocacy, transportation, accompaniment and support to access other sectors.</p> <p>WUTMI provides a range of GBV services and are a specialized agency providing support for women and girls 14 and above affected by violence.</p> <p>A broad range of RMI NGOs provide psychosocial support to survivor/victims of GBV. <b>(See 'Direct Support Services' in directory column pages 24-35)</b></p>
	<p style="text-align: right;"><u>Informal Resources:</u></p> <p>Informal Resources are usually the first contacts for GBV survivors/victims. This can include family, friends, neighbors, sports teams, community led coalitions/organizations and support groups where resources and support are not assigned by formal agencies or organizations.</p> <p>Strong informal resources are essential in the RMI for outer island communities and in maintaining traditional forms of support.</p> <p>Informal support can also include online chat rooms for others with lived experience. This can be of particular significance for survivor/victim individuals who identify as LGBTIQ+.</p>

## Referral Flowchart:

Stakeholders should consider survivor centred principles, their safety and mandated obligations when exploring referral needs with the survivor/victim.

Stakeholders who are well informed about supports and safety mechanisms facilitate survivor/victims acquiring necessary information to make informed decisions and provide informed consent





## What if a survivor/victim does not want a referral?

Confidential secondary consultation with other GBV Focal Points such as WUTMI, Mental Health or the Police DVU unit can be invaluable if the survivor/victim does not consent to a referral, and you are concerned about their health and safety. A confidential secondary consultation allows the service provider to understand and explore risks and obligations without identifying the survivor/victim.

Stakeholders should understand their mandate to report instances of suspected child related GBV.

Many GBV survivor/victims may not be ready or wish to engage with other services. In this instance dignity and choices should be upheld whilst ensuring people understand they can come back another time for a referral or service if they change their mind.

Stakeholders can help survivor/victims think about actions they can take if they feel unsafe in the future. Appendix 3 (page 39) provides a safety plan template to assist survivors consider their options and plan for their safety.

## Supporting Children

Safety concerns of abuse or neglect of children should be reported to MoCIA/CDD and RMI Police.

MoCIA and the Police will refer to health clinics and other stakeholders as necessary.

The primary legal framework for governing child and family welfare services in RMI is the Child Rights Protection Act 2015. The Act designates the MoCIA as focal points for child welfare and details the following obligations:

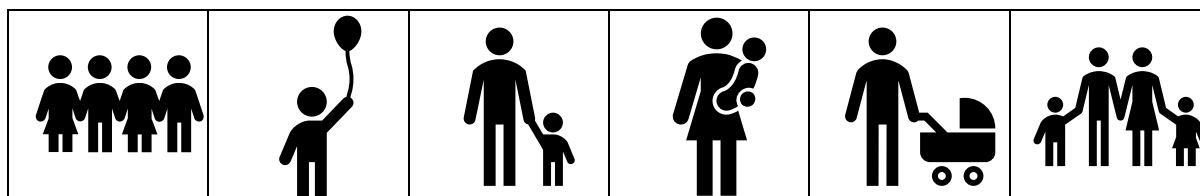
- Receive reports and information on situations or acts which may amount to child neglect, abuse, maltreatment and exploitation (s.28);
- Undertake assessments and investigations into allegations of child abuse and neglect, in collaboration with national or local police (s.19(2)(e));
- Enter and search premises where a child in need of care and protection is kept, to investigate with assistance of police (s.29(1)); and remove the child to a place of safety for a period of not more than 14 days (s.29(2));
- Make applications with the High Court for care orders and supervision orders and take supervision or custody of a child in accordance with the Court's order; and place the child who is under its custody with a suitable home of a parent or relative or other types of alternative care (s.30);
- Keep a registry of children and incidences, nature and scope of child abuse and neglect in collaboration with relevant public officials (s.19(2)(g))
- Issue licenses to child protection service providers (s.19(2)(f)); and administer and monitor alternative care of children (s.31), in cooperation with the Human Rights Committee

CDD staff are all centralised at the national level and provide advice and support to the outer islands due to an absence of district level child protection staff<sup>15</sup>.

**LEGAL:** When a child has experienced or is at risk of domestic violence all stakeholders can assist carers of children to contact Micronesian Legal Services to apply for a Temporary Protection Order of up to 28 days and Protection Orders under the Domestic Violence Prevention and Protection Act<sup>16</sup>

**HEALTH:** The Ministry of Health and associated clinics engage in child interviewing, clinical care post abuse and sexual assault and mental health support for child survivor/victims of GBV.

**PSYCHOSOCIAL SUPPORT:** All stakeholders and community members play a role in keeping children safe from GBV. Mental health support is available from a wide range NGOs including WUTMI, Waan Aelon in Majel (WAM), Youth-to-Youth-in-Health, and the Salvation Army.



<sup>15</sup> United Nations Children's Fund, 2017, Situation Analysis of Children in the Marshall Islands, UNICEF, Suva, <https://www.unicef.org/pacificislands/media/1146/file/Situation-Analysis-of-Children-Marshall-Islands.pdf>, (accessed 29<sup>th</sup> April 2021)

<sup>16</sup> Ibid.

## Supporting Survivor/Victims of trafficking

GBV trafficking survivor/victims are specifically assisted through a coordinated response between National and Local Police, the Attorney General’s Office, the Division of Immigration, MLSC, the MoHHS, Ministry of Foreign Affairs and Trade, MoCIA and NGOs such as WUTMI.

Immigration officials may be the first to note trafficking indicators and have responsibility to appropriately identify, risk share and provide survivor-centred care and referral for the survivor/victim. Stakeholders provide integrated actions on investigations, prosecution, prevention, and protection.



Ministry	Responsibilities of each department
<b>Ministry of Justice, Immigration, and Labor</b>	<p><b>National and local Police:</b></p> <ul style="list-style-type: none"> <li>• Identify and interview survivor/victims and witnesses, investigations, preparation of security and protection for Survivor/victims, support witnesses and their families including referral to NGOs and the Attorney General’s office</li> <li>• Restraining order assistance, secure transport of survivor/victim to court and prosecution of criminal cases</li> </ul> <p><b>Immigration Department</b></p> <ul style="list-style-type: none"> <li>• Seaport screening, visa provision for survivors during case investigation, referrals to Attorney General Office and other response supports</li> </ul> <p><b>Public Defender’s Office</b></p> <ul style="list-style-type: none"> <li>• Defense representation in court (representation for trafficker), offer free legal aid resource</li> </ul> <p><b>Micronesia Legal Services Corporation</b></p> <ul style="list-style-type: none"> <li>• Assistance accessing protection orders, referring to support agencies and Civil law remedies for human trafficking</li> </ul>
<b>Ministry of Health and Human Services</b>	<ul style="list-style-type: none"> <li>• Mental health and counselling services specific to GBV and trauma</li> <li>• Identifying survivors, managing urgent injuries and trauma, offering psychological first aid (PFA) and first-line support (LIVES), safety planning, completing patient history and physical examinations, provision of treatments including emergency contraception (EC), sexually transmitted infections (STIs) and post exposure prophylaxis (PEP) for HIV infections.</li> <li>• Provision of necessary reports to support legal prosecution and survivor/victim support during investigations</li> </ul>
<b>Ministry of Foreign Affairs and Trade</b>	<ul style="list-style-type: none"> <li>• Initiation of dialogue between the survivor/victim and home country</li> </ul>
<b>Ministry of Culture and Internal Affairs</b>	<ul style="list-style-type: none"> <li>• In collaboration with the National or Local Police, undertaking assessments and investigations into all allegations of child abuse and neglect</li> <li>• Advice and guidance to all trafficking response partners on child rights and welfare including best practice interviewing and understandings of child developmental stage and effects of trauma.</li> </ul>



## Health referral contacts:

### Ebeye and Majuro Health Contacts:

Office	Contact Person	Phone Number	Email
Majuro Hospital	Sec Jack	625-3355/3399	sechhs.rmi@gmail.com
Emergency Room (ER)	Dr. Underwood	625-4144	iclapidez@gmail.com
Gynaecology	Dr. Lapidez	455-6104	
Family Planning	Caroline Johnny	456-0328	Caroline-johnny73@yahoo.com
Reproductive Health	Tauki Korean	456-2359	tkreimers@yahoo.com
Pediatric	Dr. Gancio	455-7244	mjanegan@yahoo.com
Majuro STI/HIV	Adela Nakamura	455-0132	asibok@rmihealth.org
Nursing Director	N.P. Viema Bale	456-8483	Vee.bale@gmail.com
Nurse Practitioners	N.P. Bremity Lakjohn	456-5135	Bremo73@gmail.com
Out Patient (OPD)	Agnes Flood	625-3355 ext. 2266	weijane2010@gmail.com
Human Services Program (HP)	Dr Holden Nena Biwij John	625 3355 ext. 2503 625-7710 ext. 2506	hnaena@rmihealth.org bwizch16@gmail.com
Outer Islands Health Center	Arata Nathan	625-4541	anathan@rmihealth.org
177 HCP	Erma Myazoe		
177 HCP Nurse	Charlotte Gold		
Laura Clinic	Alino Ring	528-2634	dcmring12@gmail.com
Ebeye Hospital STI/HIV	Roy Holoapa		
Ebeye Hospital RH/FP	Ana Valoutu	3298029/8030	Valoutu1971@gmail.com

<b>Ambulance Ebeye</b> <b>329-9911</b>	<b>Ambulance Majuro</b> <b>625-4144</b>
	

### Neighbouring/Outer Island dispensaries:

Health Dispensary	Location	Focal Point	Contact details
Ebon Atoll	Ebon Ene Ko Lon Toka	Kojen kanilij Neal Herkinos	455-8708
Namdrik Atoll	Namdrik	Harris Harris	456-1383
Jaluit Atoll	Jabwood Jaluit Mejrironk Narmij Imroj Imiej	Elemen Joshua  Heldon Otinel  Aisa Peter George Thaddius	456-1338 455-7042 455-1183
Ailinglaplap Atoll	Aerok Buoj	Weston Ejli Minus Mejbon	



	Woja Jeh	Takio Edison Morton Baso	456-0132
Jabot Island	Jabot		
Namu Atoll	Loen Mae Majkin Namu	Oktan Timothy Rington Kilma	Radio Channel (82911) Radio Channel (82911)
Lib Island	Lib		
Lae Atoll	Lae	Akji langbata	Radio Channel (82911)
Ujae Atoll	Ujae	Merina Riketa	Radio Channel (82911)
Wotho Atoll	Wotho	Banner Aiester	456-6560
Mili Atoll	Mili Nallu Enejat Lukonwor Tokewa	Atlaia Lejer  Yoseph Daniel Langberan Anmontha	Radio Channel (82911)  Radio Channel (82911) Radio Channel (82911)
Arno Atoll	Tinak Kilange Ine Arno Ulien Bikarej Tutu	Rale Lat Tommy Jonathan Junior Jorju Seth Bunglik Betty Latdrik Francis Ukotkoj	456-1894 455-8027 456-4807 456-3758
Majuro Atoll	Rongrong	Jude Jr. Samson	455-7379
Aur Atoll	Tobal Aur	Joe Gideon Bradford Tartius	4553179
Maloelap Atoll	Aerok Maloelap Tarawa Jang Ollet kaven	Mitzeo Tarkio  James saimon Cathy Bano	Radio (Channel 82911)  Radio (Channel 82911) Radio (Channel 82911)
Wotje Atoll	Wotje Wotje Wodmej	Jackin Robert Jibaibe Boktok	455-7336
Likiep Atoll	Likiep Likiep Jebal	Brandy Kemlan Heromi Aine	456-4927
Mejit Island	Mejit	Kori Marshall	457-1149
Ailuk Atoll	Ailuk Enejelar	Alton Anitol	Radio (Channel 82911)



## Police Referral Contacts

RMI Domestic Violence Unit (DVU) staff are able to provide phone support and secondary consultation to police in outer islands.

Majuro Atoll	Majuro Atoll Local Government, Delap Village Marshall Islands Police Department, Uliga Village	DVU Unit Pamela Rubon	(692) 625-5911/8999  (692) 625-8666/3222
Kwajalein Atoll	Kwajalein Atoll Local Government, Ekojaja Village	Jackson Abner	(692) 329-5911
	Kwajalein Atoll National Police, Jablur Village	Tony Tonyokwe	(692) 329-6911
Jabot Island	Jabot Island	Esron Aine	Radio Freq: 8113.5
Mejit Island	Mejit Island	Richard Rilang	457-1188
Namdrik Atoll	Namdrik Atoll	Atones Samuel	
Ebon Atoll	Ebon Ebon	Ronny Edward	457-1399

<a href="#">Attorney General's Office</a>	Attorney General Richard Hickson	625-3244
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## Legal Referral Contacts:

The International Organization for Migration (IOM) consulted with key legal and psychosocial stakeholders and services to input the following information into the directory.

The IOM takes no responsibility for the services or information provided by stakeholders.

It is encouraged that stakeholder details are reviewed annually and where appropriate, warm referrals provided to promote continuity of care.

Organisation	Objectives	Services/Activities
<p><b>Micronesian Legal Services Corporation</b></p>	<p>Micronesian Legal Services Corporation (MLSC) is a non-profit corporation established in 1970 to provide low income persons in Micronesia with free legal assistance in civil matters, seeking “equal access to justice”</p> <p>The primary focus of MLSC-RMI is a) case services to clients b) community outreach and legal education and c) collaboration efforts to increase access to justice.</p>	<p><u>Direct Support Services:</u></p> <p>Key areas of legal case work services in the RMI fall under these areas of focus: child support, divorce, land disputes, domestic violence, employment, customary and legal adoptions, group representation in various legal problems, legal services to NGO’s, brief services and notary public</p> <p>Legal casework service specific to Domestic Violence includes: Free legal aid, referral action to key GBV supports and protection orders</p> <p><u>Development and awareness activities:</u></p> <p>Community Outreach and Legal Education including collaborative efforts to increase access to justice for survivors of GBV</p>
Service Eligibility	Hours of operation	Contact
<p>Fee free service to low income individuals/ families</p>	<p>General Office 9am-5pm</p> <p>24/7 hotline number is 455-8508 (Includes access to service for all outer islands)</p>	<p><u>Majuro</u> Focal Point: Directing Attorney Rosania A. Bennett Esq. P.O. Box 198 Majuro, MH, 96960, RMI Phone: (692) 625-8227/8128 Fax: (692) 625-5119</p> <p><u>Ebeye</u> Focal Point: Mathilda Capelle P.O. Box 5189 Ebeye, Kwajalien Atoll, MH, 96970, RMI Phone: (692) 329-5119 <a href="mailto:rosania.bennett@mlscnet.org">rosania.bennett@mlscnet.org</a> <a href="http://www.mlscnet.org">www.mlscnet.org</a> <a href="http://www.micronesianlegal.org">www.micronesianlegal.org</a></p> <p>24/7 hotline number is 455-8508 (Includes access to service for all outer islands)</p>

Organisation	Objectives	Services/Activities
Marshall Islands Law Society	The Law Society's primary objectives are to assist in the development of the laws of the Republic of the Marshall Islands (RMI); to recommend and promote reforms in the law and in judicial processes; to facilitate and assist in the administration of justice; to encourage continuing legal education and the provision of public services by its members; to encourage the efficiency in the provision of legal services to the public; and to provide a forum for the discussion of issues affecting the science of jurisprudence in the RMI.	<p><u>Direct Support Services:</u></p> <ul style="list-style-type: none"> <li>• Members/Lawyers can be accessed through the Legal Aid system for Legal Cases and legal work including Protection Orders</li> <li>• Referral to relevant GBV related supports as necessary</li> </ul> <p><u>Development and awareness activities:</u></p> <ul style="list-style-type: none"> <li>• Legal Education and Capacity Building</li> <li>• Legislative review</li> <li>• Development of legislation and legal frameworks eg: Domestic Violence Act</li> <li>• Stakeholder Consultations</li> </ul>
Service Eligibility	Hours of operation	Contact
n/a	9am-5pm	Focal Person: Divine F. Waiti Attorney At Law Marsol Lawyers & Consultants P O Box 3897 MH 96960 Ace One Stop - 2nd Floor Ph: +692 455 3575 <a href="http://www.marsollawyers.com">www.marsollawyers.com</a>
Other:		





## Psychosocial Support and other key RMI Stakeholders:

Organisation	Objectives	Services/Activities
WUTMI	WUTMI provides opportunities for organizational and individual growth through networking and coordination, as well as through delivery of direct and indirect services as it aims for (gender and cultural) solidarity, stability and development, and as it attempts to align itself with the universal quest for justice, peace, and equality.	<p><u>Direct Support Services:</u></p> <p>Casework and referral</p> <ul style="list-style-type: none"> <li>• Shelter (accommodation) and Material/Financial Aid</li> <li>• Referrals to services (Health, Police, legal etc.)</li> <li>• Advocacy and provision of information</li> </ul> <p>Early childhood program</p> <p><u>Development and awareness activities:</u></p> <ul style="list-style-type: none"> <li>• Community Awareness campaigns</li> <li>• External agency GBV policy and program capacity support as required</li> <li>• Participant in Gender and Protection Cluster meetings</li> <li>• Substance abuse prevention</li> </ul>
Service Eligibility	Hours of operation	Contact
Casework/ Emergency Services: Women/Girls 14+	<p>Direct Support Services: 24/7</p> <p>Development and Awareness activities: Monday to Friday</p>	<p>Focal point: Executive Director Daisy Momotaro <u>Majuro</u> P.O. Box 195 2nd Floor K&amp;K Building, Delap Majuro, MH, 96960, RMI Phone: (692) 625-4296/5290 Weto in Mour: (692) 625-6687 Email: <a href="mailto:wutmi26@gmail.com">wutmi26@gmail.com</a> <u>Ebeye</u> Focal point: Rosiana Abner and Neipanjan Lavin <a href="http://www.facebook.com/groups/169889676541419/?fref=nf">www.facebook.com/groups/169889676541419/?fref=nf</a> MOBILE 24/7: Caseworker 1: Handy Niro 235-6409 Caseworker 2 Lorna Rang: 235-6011 Prevention Worker: Bwojenta Kabua 235-6010</p> <p>Landline: 329-6687</p>
Other:		

Organisation	Objectives	Services/Activities
<p>Youth to Youth in Health (YTYIH)</p>	<p>Youth to Youth in Health (YTYIH) is a non-government organization (NGO) dedicated to young people throughout the Republic of the Marshall Islands (RMI). YTYIH provides training and community activities for young people that build knowledge, skills, and self-esteem, and provides young people with a safe and supportive learning and professional environment where they can learn about and discuss issues that affect their lives. The ultimate aim of the program is to empower young people to proactively participate in the continued development of their communities and nation.</p>	<p><u>Direct Support Services:</u></p> <ul style="list-style-type: none"> <li>• Counselling (HIV related)</li> <li>• Substance use/abuse information provision</li> <li>• Family Planning services including Safer Sex, reproductive health and HIV/STD education, awareness and counselling.</li> <li>• Youth LGBTIQ+ Support group</li> <li>• Primary Health onsite clinic after school hours in Majuro (Facilitated by MOHHS) including Sexual and reproductive health clinical services</li> </ul> <p><u>Development and awareness activities:</u></p> <ul style="list-style-type: none"> <li>• Substance abuse and prevention program (outreach, campaigns and education)</li> <li>• Teen Pregnancy Prevention Program</li> <li>• Family Planning services including Safer Sex, reproductive health and HIV/STD education, awareness</li> <li>• Health care capacity research</li> <li>• Operation of a Youth Community Centre (Majuro)</li> </ul>
Service Eligibility	Hours of operation	Contact
<p>Fee free for Youth 26 and Under</p> <p>Contraceptives: Free</p>	<p>Office Hours (Uliga Office): Monday – Friday 8:30am – 5:30pm</p> <p>Clinic Hours (Uliga Office): Monday 5pm – 7pm Friday 5pm – 9pm</p>	<p>Focal point: Kainok Joseph, YTYIH Administrator/Yolanie Johnson, Management Team Member Youth to Youth in Health Building Uliga PO Box 3149 Majuro, MH, 96960 RMI Phone: (692) 625-3099/3098 Email: <a href="mailto:kainokj@gmail.com">kainokj@gmail.com</a> / <a href="mailto:yolaniejohnson@yahoo.com">yolaniejohnson@yahoo.com</a> <a href="https://www.facebook.com/rmiy2y">https://www.facebook.com/rmiy2y</a></p>
<p><b>Other:</b> Staff can make relevant referrals to GBV supports if required</p>		

Organisation	Objectives	Services/Activities
<p>Marshall Islands Disabled Persons Organisation (MIDPO)</p>	<p>·To promote the Right and interests of Person with Disabilities</p> <p>·To facilitate opportunities for equal and full</p>	<p><u>Direct Support Services:</u></p> <ul style="list-style-type: none"> <li>• Provide transportation to all person with disabilities</li> <li>• Provision of wheelchairs and walking aids (for low to no income families)</li> </ul>

	<p>participants of person with disabilities, their families and the communities through training, information, dissemination, referral and supports</p> <p>· To Enhance partnerships to promote and provide programs that will enable persons with disabilities, their families and communities to adopt supportive, and welfare measures to secure and improve the life of persons with disabilities.</p> <p>·Improving community inclusion on the accessibility and uniqueness in all public building and transportation</p>	<ul style="list-style-type: none"> <li>• Interpreting services (partnership with deaf flourish)</li> <li>• Referral to GBV services as required</li> </ul> <p><u>Development, aid and awareness activities:</u></p> <ul style="list-style-type: none"> <li>• Disability Radio program every Friday 4:00pm-4:30pm</li> <li>• Conducting of Domestic Violence awareness with MIDPO female members</li> <li>• Participation in Domestic Violence awareness month</li> <li>• Coordination and collaboration with Ministry of Health and Human Services Rehabilitation Center</li> <li>• Conducting awareness on Convention of the Rights of Persons with Disabilities</li> <li>• Training on Convention of the Right of Persons with Disabilities and Human Rights</li> </ul>
<b>Service Eligibility</b>	<b>Hours of operation</b>	<b>Contact</b>
Fee free  Open to all People living with a disability	1-5pm Office	Focal point: Mr Kanjen Kumtak MOCIA, Majuro, Uliga Village village RMI 6258240 Phone <a href="mailto:kkmidpo@gmail.com">kkmidpo@gmail.com</a>
<b>Other:</b> Staff can make referrals to supports if required		

<b>Organisation</b>	<b>Objectives</b>	<b>Services/Activities</b>
<b>Humanity First Marshall Islands</b>	<p>Humanity First works to assist people afflicted by natural disasters, war, and poverty by providing disaster relief services and then rebuilding capacity in affected communities.</p> <p>In February of 2011, Humanity First USA established and supported a community-based organization, Humanity First Marshall Islands, in the Republic of the Marshall Islands (RMI) to provide human services to the Marshallese community. This organization was granted a charter of incorporation by the RMI</p>	<p><u>Direct Support Services:</u></p> <ul style="list-style-type: none"> <li>• Material Aid</li> <li>• Referral to support as required</li> <li>• Community Kitchen (3 x meals per day in Majuro)</li> <li>• Food aid sent to mayors of local outer island community</li> <li>• Individual/family support: Any one can drop in and receive support. The focal point will sit and discuss support needs with members of the community if they drop in and refer as appropriate</li> </ul> <p><u>Development, aid and awareness activities:</u></p> <ul style="list-style-type: none"> <li>• PV Solar Systems project</li> <li>• Computer Training Classes</li> <li>• Medical Missions (EG: provision of voluntary Dr from abroad)</li> </ul>

	government as a non-profit organization in March of 2013.	<ul style="list-style-type: none"> <li>• School supplies</li> <li>• Uniforms for students</li> <li>• Tutoring classes</li> <li>• Home renovations</li> <li>• Community clean ups</li> <li>• Neighbourhood sanitation</li> <li>• Youth Sports Supplies and training</li> <li>• Community Sewing classes</li> <li>• Disease prevention Initiatives</li> <li>• Back to school initiatives</li> <li>• Summer Education Camps</li> <li>• Member of the National Taskforce on Human Trafficking in the RMI</li> </ul>
<b>Service Eligibility</b>	<b>Hours of operation</b>	<b>Contact</b>
Fee free Open to all	Office hours 9am-5pm +692 625 1774 +692 455 5794  Emergency After Hours Support:  +692 625 1774 +692 455 5794	Focal Point: Mr Sajid Iqbal Uluga Back Road (Behind the court House) Majuro, MH, 96960, RMI Office hours 9am-5pm +692 625 1774 +692 455 5794 Emergency After Hours Support: +692 625 1774 +692 455 5794 humanityfirstrmi@gmail.com Website: <a href="https://humanityfirst-rmi.org">https://humanityfirst-rmi.org</a>

<b>Organisation</b>	<b>Objectives</b>	<b>Services/Activities</b>
The Salvation Army	The Salvation Army, an international movement, is an evangelical part of the universal Christian Church. It's message is based on the Bible. It's ministry is motivated by the love of God. It's mission is to preach the gospel of Jesus Christ and to meet human needs in his name without discrimination.	<u>Direct Support, Development, Aid and Awareness activities:</u> <ul style="list-style-type: none"> <li>• Spiritual support</li> <li>• Education and vocational training</li> <li>• Social Services</li> <li>• Community Outreach</li> </ul> <p>These activities include but are not limited to: After school programs for middle school aged children, vocation and skills training programs , material aid, foodbank and meals, sewing groups, bible men's/ women's groups (1 x per week), shelters for families affected by natural disaster, tutoring service in Rita and membership in the national Taskforce on Human Trafficking</p> <p># Each officer can be approached for pastoral support and referral to GBV related services</p>
<b>Service Eligibility</b>	<b>Hours of operation</b>	<b>Contact</b>
All	9-5 (core officer hours) and after hours as needed by	Key focal point: <u>TSA RMI Coordination Office</u> Nel Nathan, Office Manager & Capt. Herine Hampton



	community and particular programs	<p><a href="mailto:nel.nathan@usw.salvationarmy.org">nel.nathan@usw.salvationarmy.org</a>  <a href="mailto:herine.hampton@usw.salvationarmy.org">herine.hampton@usw.salvationarmy.org</a>  C#: 456 - 7704, 457 - 7704</p> <p><u>Majuro Atoll</u></p> <ol style="list-style-type: none"> <li>1. Rita Corps: Capt. Harrick &amp; Daisy Reiher  Emails: <a href="mailto:harrick.reiher@usw.salvationarmy.org">harrick.reiher@usw.salvationarmy.org</a>  C#: 456-1316</li> <li>2. Laura Corps : Envoy, Ella &amp; Rudy Jabuwe  Emails: <a href="mailto:rudy.jabuwe@usw.salvationarmy.org">rudy.jabuwe@usw.salvationarmy.org</a>  C#: 456.6247 &amp; 455-7831</li> </ol> <p><u>Arno Atoll</u></p> <ol style="list-style-type: none"> <li>1. Arno Corps - Necklace &amp; Merryrose Juonran  C#: 456-0399</li> <li>2. Ine Corps - Capt. Benji &amp; Rosebee Rakin  C#: 456-6970</li> </ol> <p><u>Kwajalein Atoll</u></p> <ol style="list-style-type: none"> <li>1. Ebeye Corps - Capt. Cooper &amp; Alwina Silk  Emails: <a href="mailto:cooper.silk@usw.salvationarmy.org">cooper.silk@usw.salvationarmy.org</a>  C#: 456 - 1983</li> </ol> <p><u>Jaluit Atoll</u></p> <ol style="list-style-type: none"> <li>1. Jabor Corps - Capt. Mioshi &amp; Virginia Anwot  C#: 455 - 4134</li> <li>2. Jaluit Corps - Ringo &amp; Litmoj Enos  C#: 456 - 7653</li> <li>3. Imiej Corps - Raston &amp; Jewel Lanwe  C#: 455-0213</li> <li>4. Narmij Corps - Jim &amp; Berlinda Rainer  C#: 455 - 3161</li> </ol>
Other:		

Organisation	Objectives	Services/Activities
<p><a href="#">Waan Aelōñ in Majel (WAM)</a></p>	<p>The WAM mission is to work with youth, their families and the local and international community to perpetuate and safeguard Marshallese culture and tradition through canoe building and sailing, and through this cultural linkage, develop life skills and modern work skills that create meaning in the lives of all participants.</p> <p>Waan Aelōñ in Majel (Canoes of the Marshall Islands) is a grassroots, non-profit, non-government organization working with young Marshallese people. WAM provides vocational</p>	<p><u>Direct Support Services:</u></p> <ul style="list-style-type: none"> <li>• 6-month Youth program: training to youth-at-risk using the medium of traditional outrigger canoes, boat building, carpentry, and wood-working. Includes life skills development, employment assistance, assistance with substance use, general psychosocial support and counselling and referral to external services</li> <li>• School Counselling (contracts with specific schools)</li> </ul> <p><u>Development, aid and awareness activities:</u></p> <ul style="list-style-type: none"> <li>• Substance use prevention</li> <li>• Mental health first aid facilitation</li> </ul>

	and life skills training to youth-at-risk using the medium of traditional outrigger canoes, boat building, carpentry, and wood- working.	
Service Eligibility	Hours of operation	Contact
WAM youth program 16-24	8am-5pm Monday to Friday	Key Focal Points: Rosan Bartolome and Reagon Gallen WAM Building, Delap P.O. Box 1453, Majuro, MH, 96960, RMI  Phone: +692 625-6123 Email: <a href="mailto:contact@canoesmarshallislands.com">contact@canoesmarshallislands.com</a> <a href="http://www.canoesmarshallislands.com">http://www.canoesmarshallislands.com</a> <a href="http://www.facebook.com/wam.rmi">www.facebook.com/wam.rmi</a>
Other:		

Organisation	Objectives	Services/Activities
Single State Agency (SSA)	The SSA is under the Ministry of Finance, Banking & Postal Services and funds culturally appropriate substance use prevention programs and safety-net services to individuals with substance use disorders and recovery needs.	<u>Direct Support Services:</u> <ul style="list-style-type: none"> <li>• Directly funds Community, School and Faith-Based Non-Government Organizations to provide substance abuse prevention, treatment and recovery services for high-risk population groups, including children, youth, women, men, employees and families.</li> <li>• Provides brief interventions and counseling services</li> <li>• Conducts behavioral health wellness (psychosocial) screening to assist navigate clients needing substance use disorder treatment and support for related social and health crises.</li> <li>• Conduct home visits</li> <li>• Provides International and Regional Board Certification for Prevention Specialist, Substance Abuse Treatment Counselor, and Peer Recovery Specialist.</li> </ul> <u>Development, Aid and Awareness activities:</u> <ul style="list-style-type: none"> <li>• Assist communities with needs and readiness assessments, data profile, strategic planning and evaluation of SSA funded services.</li> <li>• Facilitates and coordinates trainings/webinars on substance use and mental health</li> <li>• Develop, translate, and provide educational materials</li> </ul>
Service Eligibility	Hours of operation	Contact

SAPT funding proposals	8am-5pm Monday to Friday	Focal point: Julia M. Alfred, SSA Director Designee; Phone: 692-625-6976/4357 or mobile 692-455-6220; Email: <a href="mailto:rmissasapt@gmail.com">rmissasapt@gmail.com</a>
<b>Other:</b> Collaborates and coordinates with Division of Human Services for needed substance use disorder treatment and GBV referrals.		

Organisation	Objectives	Services/Activities
Marshall Islands Epidemiology & Prevention Initiatives (MIEPI)	MIEPI's primary focus is on providing services to promote the general health and wellness of young people and families. MIEPI has engaged itself as a locally-based organization to provide epidemiological surveillance, community research, and substance abuse planning and prevention to monitor, assess and improve the general health & social welfare of the communities and coalitions they serve.	<u>Direct Support Services:</u>  n/a  <u>Development and awareness activities:</u> <ul style="list-style-type: none"> <li>• Health specific research including data attainment and analysis</li> <li>• Facilitation of Mental Health First Aid</li> <li>• Facilitation and contribution to the RMI Mental Health Advisory Council</li> <li>• Collaboration with substance abuse prevention local coalitions</li> <li>• Public health training pending need and funding.</li> <li>• Previous training includes but is not limited to Anti-Tobacco Initiatives</li> </ul>
Eligibility	Hours of operation	Contact
Funding/ project dependent	9am-5pm	Focal Point: Maybelline Ipil Room 209, 2 <sup>nd</sup> Floor / POB 3666 RRE Commercial Complex Uliga, Majuro Marshall Islands 96960 Phone: 625-6477 Email: <a href="mailto:mipil@miepi.org">mipil@miepi.org</a>

Organisation	Objectives	Services/Activities
Marshall Islands Red Cross Society (MIRCS)	MIRCS mandate is to a) prevent and help alleviate the suffering of people without adverse discrimination as to nationality, race, ethnicity, religious belief, color, status, wealth, sex, language, or political opinion; b) to be a leading organization taking part in national preparedness and response plans in situations of natural disaster or emergencies which may strike within territory of the state; and c) to provide community	<u>Direct Support Services:</u> <ul style="list-style-type: none"> <li>• International Tracing service</li> <li>• Emergency Relief Aid during emergency/natural disaster</li> </ul> <u>Development and awareness activities:</u> <ul style="list-style-type: none"> <li>• Community development Activities</li> <li>• Health and Disease Prevention</li> <li>• Natural Disaster and Emergency preparedness and response</li> </ul>

	services to the general population through the society's own programs in health, prevention of diseases, social welfare and education.	
<b>Service Eligibility</b>	<b>Hours of operation</b>	<b>Contact</b>
Fee free	8am-5pm Monday to Friday :general business. Emergency Crisis Support: 24 hours as required	Focal Point: Secretary General: Ainrik George Marshall Islands Resort Hotel Room 118 Majuro, MH, 96960, RMI Phone: (692) 625-0340 <a href="mailto:aingeo@outlook.com">aingeo@outlook.com</a>
<b>Other:</b> Staff can make referrals to GBV supports if required		

<b>Organisation</b>	<b>Objectives</b>	<b>Services/Activities</b>
<b>International Organisation for Migration (IOM)</b>	<ul style="list-style-type: none"> <li>Assist in meeting the growing operational challenges of migration management</li> <li>Advance understanding of migration issues</li> <li>Encourage social and economic development through migration</li> <li>Uphold the human dignity and well-being of migrants</li> </ul>	<u>Direct Support Services:</u> <ul style="list-style-type: none"> <li>Direct migration assistance, repatriation, and reintegration support</li> </ul> <u>Development, Aid and Awareness activities:</u> <ul style="list-style-type: none"> <li>Gender and Protection Cluster Participation</li> <li>Mental health Coalition member</li> <li>Migration and development related initiatives</li> </ul>
<b>Service Eligibility</b>	<b>Hours of operation</b>	<b>Contact</b>
Contract/ Service specific	Hours of Operation: 8:30pm – 5:30pm  Monday to Friday	Focal point: Angela Saunders, Head of Sub Office ( <u>Majuro</u> )  2 <sup>nd</sup> Floor Kabkondikdik / AC Apartments Delap, Majuro MH, 96960 Republic of the Marshall Islands  Phone: 6926254705/06  <u>Pohnpei Head Office</u>  Suite 2G PohnUmpomp Building, PohnUmpomp Place, Nett Municipality Pohnpei, 96941 Federated States of Micronesia



Organisation	Objectives	Services/Activities
The Kunit Bobrae Coalition (Kunit)	<p>The Kunit Bobrae Coalition (Kunit) was established and incorporated in 2010 to mobilize community coalitions throughout the RMI to actively participate and engage in the implementation of substance abuse prevention strategies to prevent and reduce consumption and a range of related consequences including crimes, domestic violence, unemployment, school truancy, NCD, CD, STI/HIV, RH, human trafficking, suicide, and poverty.</p> <p>Substance abuse prevention programs and interventions occur in 13 Kunit coalitions on 11 atolls including Majuro, Kwajalein, Jaluit, Ailinglaplap, Wotje, Arno, Mili, Ebon, Maloelap, and Ailuk and Enewet</p>	<p><u>Direct Support Services:</u></p> <ul style="list-style-type: none"> <li>Substance abuse support and prevention and mental health counselling</li> </ul> <p><u>Development and awareness activities:</u></p> <ul style="list-style-type: none"> <li>Kunit provides training and technical assistance for all Kunit coalitions at the grass root level to implement the six substance abuse prevention strategies including 1) Information Dissemination, 2) Education, 3) Sober alternative activities, 4) Problem Identification and Referral, 5) Community Based Process, 6) Environmental strategies including development and enforcement of policies and laws, product pricing and taxation and advertisement.</li> </ul>
Service Eligibility	Hours of Operation	Contact
n/a		<p>Focal Point: Anthony Peren, President Phone: 692-456-7166 Email: <a href="mailto:tikitab21@gmail.com">tikitab21@gmail.com</a> Focal Point: Gina David, Secretary of Board Email: <a href="mailto:jinanana76@gmail.com">jinanana76@gmail.com</a> Phone: 692-455-6331</p>

Organisation	Objectives	Services/Activities
Kora in Okrane (KIO)	<p>The KIO mission is to provide opportunities to improve the personal and social development and well-being of women and children in the RMI.</p>	<p><u>Direct Support Services:</u></p> <ul style="list-style-type: none"> <li>Humanitarian Services</li> </ul> <p><u>Development and awareness activities:</u></p> <ul style="list-style-type: none"> <li>Through advocacy, education, and public awareness and events</li> </ul>
Service Eligibility	Hours of operation	Contact

Based on On-going projects	Varies	www.facebook.com/korainokrane kiommarshallislands@gmail.com  Majuro, Marshall Islands
<b>Other:</b> KIO club is active through its volunteer members and services.		

Organisation	Objectives	Services/Activities
Marshall Islands Council of Non-Government Organisations (MICNGO)	<p><b>Mission</b> The mission of MICNGOs is to serve as a voice for community-based, non-profit, CSOs operating or interested in operating in the Republic in order to:</p> <p><b>A.</b> Ensure there is interaction and effective communication between among community-based CSOs in the Republic.</p> <p><b>B.</b> Ensure there is continual and effective communication between local CSOs and stakeholders at the national, regional and international levels.</p> <p><b>C.</b> Assist in identifying community priorities and serve as a focal point for resource distribution within and across community and non-government sectors.</p> <p><b>D.</b> Encourage and commit to principles of sustainable and appropriate development, accountability, transparency, capacity building, cultural competency and responsible stewardship.</p>	<p><u>Development and awareness activities:</u></p> <ul style="list-style-type: none"> <li>To strength the institutional, administrative and technical capacities of CSOs by enabling them to become accountable, effective and transparent mechanisms for social justice, equity and change in accordance with its by-laws and policies as determined by its members.</li> </ul>
Service Eligibility	Hours of operation	Contact
n/a		Focal Point Phone number

	Address <a href="https://www.micngo.com/contact/">https://www.micngo.com/contact/</a>
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## Psychosocial Support: Education Specific

Organisation	Objectives	Services/Activities
Public school System (PSS)	PSS strives to provide a student environment for learning that is safe physically and emotionally. Students' feeling of security physically and emotionally is provided so that learning can take place optimally.	<p><u>Direct Support Services:</u></p> <ul style="list-style-type: none"> <li>• Counselling and student support</li> <li>• Teachers are trained in identifying suspected abuse, supporting, and referring as necessary.</li> <li>• PSS staff are guided by the PSS Child Protection Policy which encompasses students who may be survivor/victim of gender-based violence (GBV)</li> </ul> <p><u>Development and awareness activities:</u></p> <p>Teachers are trained in identifying suspected abuse and supporting students</p>
<u>Service Eligibility</u>	<u>Hours of operation</u>	<u>Contact</u>
PSS students	8am – 5 pm	<ul style="list-style-type: none"> <li>• Focal Point: Glorina Harris</li> </ul> <p>Accreditation Office PO BOX 3 Majuro Marshall Islands 692-625-5262</p>

Organisation	Objectives	Services/Activities
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<p>Collage of the Marshall (CMI) Islands: Counselling Department</p>	<p>Counselling Department offer a variety of appropriate services that help overcome obstacles that hinder a student's progress and success.</p> <p>We promote friendly and healthy spaces that enhance students' academic and personal growth as we strive for excellence in the areas of academic and personal field</p> <p>Ultimately, our goal is to ensure that the counselling program accommodates students' needs to ensure successful completion of their studies to fulfill their future aspirations</p>	<p><u>Direct Support Services:</u></p> <ul style="list-style-type: none"> <li>• Personal Counseling: We advise on personal or relationship issues affecting student's success, studies or graduation. This can include but is not limited to support for Substance Use and GBV Survivor/victims.</li> <li>• Academic Counseling: We also provide academic counselling based on students' academic performance. For educational advising, we help identify and advice students on bachelor's degree opportunities and work with faculty to identify mentoring and tutorial opportunities.</li> <li>• Student Advocacy: including representation and liaison</li> </ul> <p><u>Development and awareness activities:</u></p> <ul style="list-style-type: none"> <li>• Workshops and Seminars: We run workshops and seminars on areas of emotional health, substance abuse, relationships, healthy mindset &amp; learning strategies</li> <li>• Peer to Peer Substance Abuse Programs</li> <li>• GBV outreach program</li> <li>• Cyberbullying and Mental Health Programs</li> </ul> <p>Also: Support to Distance Education Centres</p>
<p><b>Service Eligibility</b></p>	<p><b>Hours of operation</b></p>	<p><b>Contact</b></p>
<p>Students of CMI</p>	<p>8:00am-5:00pm (Regular Hours)</p> <p>10:00am-7:00pm (Extended Hours)</p> <p>Students wishing to talk to counsellors after hours can call the security on 692 625 5427</p>	<p>Focal Point: Director Demiana Kumoru Email: <a href="mailto:dkumoru@cmi.edu">dkumoru@cmi.edu</a></p> <p><u>Karben, Risi</u> Student Advocate/Counselor and GBV Advisor: Email: <a href="mailto:rkarben@cmi.edu">rkarben@cmi.edu</a></p> <p><u>Curriitha Jumao-as</u> Student Advocate/Counselor &amp; GBV Assistant Coordinator</p> <p>Peer to Peer Educators: <a href="mailto:p2p@cmistudent.com">p2p@cmistudent.com</a></p> <p>Peer to Peer Supporters: <a href="mailto:gbv@cmistudent.com">gbv@cmistudent.com</a> Phone: 692 625 3394 ext. 234, 243 / 692 625 0644 Fax: 692 625 7203 Email: <a href="mailto:counseling@cmi.edu">counseling@cmi.edu</a> <a href="https://cmi.edu/counseling-and-tracc-services/">https://cmi.edu/counseling-and-tracc-services/</a></p>
<p><b>Other:</b> CMI Counsellors and Student advocates are able to make necessary referrals to GBV supports</p>		

**Other Ministry contacts:**



Ministry of Culture and Internal Affairs: Community Development Division, Gender in Development office	Focal Point: Dora Heine Jekkar PO Box 18 Majuro, Marshall Islands MH 96960 Tel: +692 625 8240 Email: <a href="mailto:rmiigenderoffice@gmail.com">rmiigenderoffice@gmail.com</a>
Ministry of Culture and Internal Affairs: Community Development Division, Childs Rights Office	Focal Point: Joy Kawakami PO Box 18 Majuro, Marshall Islands MH 96960 Tel: +692 625-8240/8718 Email: <a href="mailto:mociacrc@gmail.com">mociacrc@gmail.com</a> or <a href="mailto:rmi.mocia.cdd@outlook.com">rmi.mocia.cdd@outlook.com</a>
Ministry of Justice, Immigration, and labor: Immigration	Tel: 625-8633/4572 Email: <a href="mailto:rmiimmig@mtamar.net">rmiimmig@mtamar.net</a>



## International support for Survivor/Victims of GBV:

### **US States and Territories support:**

The **National Domestic Violence Hotline** provides pre departure and upon arrival support for survivor/victims of GBV.

This includes linking to specific state GBV coalitions and support services

National Domestic Violence Hotline

Available 24 hours a day, 7 days a week, 365 days a year.

1-800-799-SAFE (7233) TTY: 1-800-787-3224 (toll free)

Video calls for hearing impaired callers: 1-855-812-1001 (Monday-Friday 9 a.m.-5 p.m)

USA State and territory specific services directory: <https://www.thehotline.org/get-help/domestic-violence-local-resources/>

### **Hawaii specific:**

The **Hawaii Domestic Violence Action Centre** provides immediate support for survivor/victims of GBV including:

- Crisis and shelter support
- Legal support and advocacy
- Accompaniment to court
- Risk assessment and safety planning
- Referral to Hawaii and US State and territory GBV supports
- Resources for survivor/victims, organisations and supporters of survivor/victims

Domestic Violence Action Centre

Honolulu Head Office with multiple site locations

(800) 690-6200 helpline

Oahu helpline: (808) 531-3771

Head office: 96801-3198

<https://domesticviolenceactioncenter.org/crisis-support/>

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## The Hawaii State Coalition Against Domestic Violence

All regions support and resources: <https://www.hscadv.org/get-help/>

**USA:  
Emergency  
Call 911**

### **General Migration:**

The **IOM** provides general migration support and can refer migrants with specific challenges to appropriate services: 6926254705/06 (Monday to Friday 8:30am-5:30pm)

### Appendix: 1

Through mapping of existing RMI systems, key stakeholders were identified and approached to collaborate in the design and content of this tool.

Stakeholders were asked a range of questions about what would and would not be useful in a directory tool and then asked to actively contribute to layout and content

This approach was intended to involve RMI stakeholders as partners and experts in the research process:

Gratitude and acknowledgments to the participating stakeholders:

- The Ministry of Health and Human Services (MoHHS)
- The Ministry of Culture and Internal Affairs (MoCIA)
- The Ministry of Justice, Immigration and Labour (MoJIL)
- Women United Together Marshall Islands (WUTMI)
- The Marshall Islands Police Department (MIPD)
- International Organisation for Migration (IOM)
- Youth to Youth in Health (YTYIH)
- Humanity First
- The Salvation Army
- Marshall Islands Red Cross Society (MIRCS)
- Marshall Islands Epidemiology & Prevention Initiatives (MIEPI)
- Marshall Islands Law Society
- Single State Agency (SSA)
- Waan Aelōñ in Majel (WAM)
- Marshall Islands Disabled Persons Organisation (MIDPO)
- The Kumit Bobrae Coalition (KUMIT)
- Marshall Islands Law Society
- Micronesian Legal Services Corporation (MLSC)
- Marshall Islands Council of Non-Governmental Organizations (MICNGOS)
- Collage of the Marshall Islands (CMI)
- Kora in Okrane (KIO)
- Public School System (PSS)

## Appendix: 2

### LIVES model

Appendix 2 presents the current Survivor- Centred Support model utilised by RMI Health and Human Services through hospitals, health clinics and services.

Raise the Subject	Use direct Questions →	<u>L</u> ISTEN →	<u>I</u> NQUIRE →	<u>V</u> ALIDATE →	<u>E</u> NHANCE SAFETY →	<u>S</u> UPPORT →
Many women experience problems with their husband, partner, or someone else they live with	<p>Are you afraid of your husband or partner?</p> <p>Have they or someone else at home threatened to hurt you?</p> <p>Have they ever forced you into sex or have sexual contact you did not want?</p>	<p>Make eye contact (if culturally appropriate)</p> <p>Respect how she is feeling</p> <p>Respect her rights and dignity</p> <p>Be gentle and don't rush her</p>	<p>Ask open ended questions</p> <p>Ask for clarification or detail</p> <p>Reflect back her feelings</p> <p>Help her identify needs, feelings or concerns</p> <p>Summarize what she has said to clarify</p>	<p>It's not your fault, you are not to blame</p> <p>You are not alone</p> <p>Everybody deserves to be safe at home</p> <p>I am concerned this may be affecting your health</p>	<p>Has violence increased over the past six months?</p> <p>Is he violently and constantly jealous of you?</p> <p>Has he ever beaten you when you were pregnant?</p> <p>Has he ever used or threatened you with a weapon?</p>	<p>Ask "what would help the most if we could do it right away?"</p> <p>Help her to identify and consider her options</p> <p>Discuss her social support</p>

					Do you believe he could kill you?	
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### Appendix 3:

#### Safety Planning:

A suspected survivor/victim may not be ready to be referred to supports in the multisector response.

In this instance, any helper can create verbal safety plans to assist survivors/victims begin thinking about warning signs and planning for the actions that will keep themselves and others safe.

A physical copy of a safety plan should never be given to the survivor/victim as if found, this could put them in danger.

Safety Planning	
<b>Identifying danger</b>	What are the warning signs? When do you take action?
<b>Safe place to go</b>	If you need to leave your home in a hurry, where could you go?
<b>Planning for children</b>	Would you go alone or take your children with you?
<b>Transport</b>	How will you get there?
<b>Items to take with you</b>	Do you need to take any documents, phone numbers, keys, money, clothes, or other things with you when you leave?
	Can you put together items in a safe place or leave them with someone, just in case?



<b>Financial</b>	Do you have access to money if you need to leave? Where is it kept? Can you get access to money in an emergency?
<b>Support of someone close by</b>	Is there a neighbor you can tell about the violence who can call the police or come with assistance for you if they hear sounds of violence coming from your home?

## Appendix 4:

### Resources for supporting a Survivor/Victim:

#### **Psychological First Aid:**

Psychological First Aid: Guide for Field Workers. 2011. WHO, War Trauma Foundation and World Vision International [http://www.who.int/mental\\_health/publications/guide\\_field\\_workers/en/](http://www.who.int/mental_health/publications/guide_field_workers/en/)

#### **Look, Listen, Link:**

How to support survivors of gender based violence when a GBV actor is not available in your area  
[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/gbv\\_packet\\_guide.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/gbv_packet_guide.pdf)

#### **Referral considerations for GBV Survivors:**

[https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/gbv\\_guide\\_for\\_referrals\\_final.pdf](https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/gbv_guide_for_referrals_final.pdf)

#### **Safety Planning**

<https://www.1800respect.org.au/help-and-support/safety-planning/checklist>

#### **GBV and People with Disabilities:**

<https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-disability-Toolkit-all-in-one-book.pdf>

#### **Children and sexual abuse:**

<http://gbvresponders.org/wp-content/uploads/2014/07/CCS-Guidelines-lowres.pdf>

#### **Supporting survivor/victim Men, Boys and LGBTIQ+ people:**

<https://reliefweb.int/sites/reliefweb.int/files/resources/Addressing-Sexual-Violence-against-Men-Boys-LGBTIQ-Persons-Guidance-Note-022021.pdf>

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**LGBTIQ+:**

<https://www.ncedsv.org/resources/healthcare-toolkit/lgbtqia-resources/#1607129119464-a8e549c2-5d3e>

**Talking about GBV: 'A guide for families, friends and Neighbours': Speaking points for non-service providers**

<https://www.dvrcv.org.au/sites/default/files/Is%20someone%20you%20know%20being%20abused%20%28English%29.pdf>

**Key GBV terms:**

<https://www.partnersinprevention.org.au/wp-content/uploads/Key-terms-in-the-prevention-of-violence-against-women-Partners-in-Prevention.pdf>

**GBV referral form template:**

<https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/2019/07/Interagency-GBV-Referral-Form.pdf>

**The Domestic Violence Prevention and Protection Act 2011 (DVPPA)**

[https://www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/---ilo\\_aids/documents/legaldocument/wcms\\_532838.pdf](https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---ilo_aids/documents/legaldocument/wcms_532838.pdf)

**The Child Rights Protection Act 2015**

[http://rmiparliament.org/cms/images/LEGISLATION/PRINCIPAL/2015/2015-0050/ChildRightsProtectionAct2015\\_1.pdf](http://rmiparliament.org/cms/images/LEGISLATION/PRINCIPAL/2015/2015-0050/ChildRightsProtectionAct2015_1.pdf)

**Criminal Code 2011**

[http://rmiparliament.org/cms/images/LEGISLATION/PRINCIPAL/2011/2011-0059/CriminalCode2011\\_1.pdf](http://rmiparliament.org/cms/images/LEGISLATION/PRINCIPAL/2011/2011-0059/CriminalCode2011_1.pdf)

**Rights of Persons with Disability Act of 2015**

[http://www.ilo.org/dyn/natlex/natlex4.detail?p\\_lang=en&p\\_isn=102773&p\\_country=MHL&p\\_count=74&p\\_classification=08&p\\_classcount=2](http://www.ilo.org/dyn/natlex/natlex4.detail?p_lang=en&p_isn=102773&p_country=MHL&p_count=74&p_classification=08&p_classcount=2)

**Birth, Death and Marriage Registration Act of 2016**

<https://rmiparliament.org/cms/images/LEGISLATION/BILLS/2016/20160026/BirthsDeathsandMarriageRegistrationAmendmentAct2016.pdf>

**Prohibition of Trafficking in Persons Act of 2017**

[https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwieoP\\_sjenxAhX563MBHTF1AxUQFjADegQIAxAD&url=https%3A%2F%2Frmiparliament.org%2Fcms%2Flibrary%2Fpublic-laws%2Fcategory%2F36-public-laws-by-year-2017.html%3Fdownload%3D422%3Ap-l-2017-38-prohibition-of-trafficking-in-persons-act%2C-2017&usg=AOvVaw3cZtxBbdMbhn-31RSuz3ur](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwieoP_sjenxAhX563MBHTF1AxUQFjADegQIAxAD&url=https%3A%2F%2Frmiparliament.org%2Fcms%2Flibrary%2Fpublic-laws%2Fcategory%2F36-public-laws-by-year-2017.html%3Fdownload%3D422%3Ap-l-2017-38-prohibition-of-trafficking-in-persons-act%2C-2017&usg=AOvVaw3cZtxBbdMbhn-31RSuz3ur)

**Gender Equality Act 2018**

<https://rmiparliament.org/cms/images/LEGISLATION/BILLS/2019/2019-0168/GenderEqualityAct2019.pdf>

Appendix 5:

[GBV Interagency Referral Form](#)



**RMI INTERAGENCY  
GBV REFERRAL FORM**

**CONFIDENTIAL: For authorised interagency referral only**

Priority	Referred via:	Referral date:
<input type="checkbox"/> High (Follow up within 24 hours)	<input type="checkbox"/> Phone	
<input type="checkbox"/> Medium (Follow up within 3 days)	<input type="checkbox"/> Email	
<input type="checkbox"/> Low (Follow up within 3 weeks)	<input type="checkbox"/> Other	

Referred to:	Referred by:
Agency/organisation	Agency/organisation
Name of the staff:	Name of the staff:
Address:	Address:
Phone:	Phone:
Email:	Email:

Survivor information: (all personal information is <b>OPTIONAL</b> depending on the details survivor wants to disclose)	
Name:	Language/Communication needs:
Address:	DOB:
Phone:	Gender (if relevant):

If survivor is a child (below 18 years)	
Name of primary caregiver:	Contact for caregiver:
Relationship to child:	
Caregiver is informed of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(If no explain) _____	

Reason for referral/background information: (Issue description, duration, frequency)

Services already provided: (include any other referrals made-limited to information relevant to the referral)		
Agency:	Support:	Date (including if ongoing)

Services requested:	
<input type="checkbox"/> Health: clinical management of sexual assault <input type="checkbox"/> Health: Treatment of injuries <input type="checkbox"/> Health: Other <input type="checkbox"/> Legal Support: General <input type="checkbox"/> Legal Support: Protection Order <input type="checkbox"/> Psychosocial Support <input type="checkbox"/> Counselling or case management	<input type="checkbox"/> Material Aid <input type="checkbox"/> Safe shelter <input type="checkbox"/> Child Care assistance <input type="checkbox"/> Child Mandatory reporting <input type="checkbox"/> Financial help <input type="checkbox"/> Police/safety/justice <input type="checkbox"/> Education Other _____

Additional specific needs of the survivor:	
<b>CHILD:</b> <input type="checkbox"/> Child not attending school <input type="checkbox"/> Teenage pregnancy <input type="checkbox"/> Child Spouse <input type="checkbox"/> Child Mother <input type="checkbox"/> Child engaged in illegal labour <input type="checkbox"/> Child with disability (physical, intellectual, learning) <input type="checkbox"/> Any LGBTIQ+ needs <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance use <input type="checkbox"/> Spiritual	<b>Adult:</b> <input type="checkbox"/> Pregnant <input type="checkbox"/> Adult with a disability (physical, intellectual, learning) <input type="checkbox"/> Any LGBTIQ+ needs <input type="checkbox"/> Mental Health <input type="checkbox"/> Substance use <input type="checkbox"/> Spiritual
Where appropriate, please provide more information if a box was checked to assist meet the needs of the survivor:   	

If relevant, details of the user of violence/perpetrator and/or any other risk and safety factors:

Consent to refer (read with survivor and answer any questions before they sign)



I, \_\_\_\_\_ (insert name), understand that the purpose of this referral and providing my information to \_\_\_\_\_ (insert place being referred to) is to ensure safety and service to me.

The service provider \_\_\_\_\_ (insert referring agency) has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed. By signing this form, I authorize this exchange of information.

Signature \_\_\_\_\_ Date: \_\_\_\_\_ -

**Details of referral:**

Survivor has been informed of the referral?  Yes  No (if no explain)

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If consent has not been signed, the survivor has been explained the process and has verbally consented to release information?  Yes  No

Any contact or other restrictions?  Yes  No (If yes, explain)

Receiving organisation	
Referral received by:	Response provided to referring agency by:
Date:	Date: