

EXECUTIVE SUMMARY

The United Nations Special Session on Children (SSC) in 2002 culminated in the adoption of a document, 'A World Fit for Children', intended to accelerate progress on child development. This international compact featured 21 time-bound goals and targets that coalesced around four broad subject areas:

- ① **promoting healthy lives;**
- ② **providing quality education;**
- ③ **protecting against abuse, exploitation and violence; and**
- ④ **combating HIV/AIDS.**

These goals directly relate to the Millennium Development Goals (MDGs), which countries committed to at the 2000 Millennium Development Conference.

Caribbean countries have pledged to implement these goals, but their likelihood of doing so is integrally linked with the challenges and vulnerabilities associated with being Small Island Developing States (SIDS). SIDS represent a subset of the countries in the Caribbean Community (CARICOM), virtually all of which are characterized as middle income emerging economies based on their socio-economic indicators. While some of these indicators resemble the profile of the developed industrial countries, the children-specific indicators have yet to measure up to those standards. Furthermore, the Commonwealth Vulnerability Index (CVI) shows that ten – or nearly one in every three – of the 28 most vulnerable states are from the Caribbean and, of that number, seven are small island states. Additionally, three island nations are classified as higher medium vulnerability and two are deemed as lower medium vulnerability. This finding indicates that a natural or man-made disaster could set back the gains for decades.

The increasing incidence of natural disasters in the region, including hurricanes and tropical storms, is a major cause for concern. This year's hurricane season has been notably catastrophic with thousands of lives lost, mostly in Haiti, and losses

calculated at twice the value of its GDP in Grenada. Several countries regularly experience severe flooding, while earthquakes are also threats in some places. Montserrat still has to recover from a volcanic eruption. The region also faces economic and social vulnerabilities. Population density is very high and projected to grow, with nearly one in three persons under the age of 15. Increasing urbanization has led to growing levels of unemployment and crime. In addition, all these countries are faced with pressing developmental challenges arising from debt-service ratios substantially exceeding internationally acceptable limits, looming deadlines for the loss of preferential status in major agro-industries and rising oil prices. These serious challenges are a reminder that, while the Caribbean SIDS may compare favourably with developing countries in many categories, severe difficulties can occur at any time and be nearly total in effect.

The purpose of this report is, *inter alia*, to raise awareness among SIDS in the Caribbean on the status of children in their respective countries and to advocate for areas of common concern. It shows that, with a few exceptions, notable progress continues to be made towards the attainment of goals related to health and education, even though there are serious threats to sustainability. With the exception of Haiti, there is near universal immunization coverage of one-year-old children. Infants generally have a satisfactory nutritional profile and the majority of countries have a low under-five mortality rate. Most children in the region have access to both primary and secondary school education and there are no institutional barriers to girls' attendance. However, lack of investment in early childhood education is a major concern. Other concerns in this area include a lack of provision for the educational needs of children with disabilities, teenage mothers, children in detention facilities and non-academically inclined youth.

Moreover, the report highlights the need to recognize and specially target the situation of under-performing Caribbean SIDS that is

concealed in the regional data on meeting the children-specific indicators agreed at world summits. A main finding of this study is that, while there is always scope for improvements in these indicators throughout the region, the evidence indicates a marked lack of uniformity in results (as illustrated by the figures and tables contained in this report). For example, Belize, Dominican Republic, Guyana and Haiti fall notably below the regional average on infant mortality. These same countries are also below the average in mortality rates for under-five children. In this latter category, Grenada and St. Lucia could also be mentioned. Initiatives to tackle this issue should aim to enhance the success rate in the countries identified, while seeking to consolidate gains in the remaining countries. The need to consolidate gains is particularly relevant in the case of Grenada, which is currently in great need of assistance in the social sector due to severe hurricane damage. All the existing and emerging challenges facing children in the Caribbean cannot be divorced from the broader vulnerabilities facing the region's SIDS, particularly natural disasters.

While the health and education goals may be within reach, there has been limited progress towards meeting the goals relating to child abuse, exploitation and violence and HIV/AIDS. High levels of physical, sexual and emotional abuse are found in the home, school and community, and often this is accepted by society. Moves are underway to strengthen protective legislation, and law reform is also needed to raise the age of

criminal responsibility and keep juvenile offenders out of prison. Children and young people are not only the victims of violence but also the perpetrators, often due to a sense of frustration, and they need to be taught conflict resolution skills from a young age. Adolescents also need access to information and services on reproductive and sexual health to keep them from engaging in high-risk sexual behaviour. The Caribbean has the second highest rates of HIV/AIDS infection in the world after sub-Saharan Africa, with young people particularly vulnerable. The epidemic can also have serious effects on younger children, in many instances leaving them parentless or subject to stigma and discrimination.

In general this report recognizes the vital importance of safeguarding the region's future by investing in children. Specifically, it calls for investing in the following areas:

Early childhood development;

Quality education to meet the needs of ALL children;

Legislative reform and programmes to address violence in society and

Programmes to comprehensively tackle the problem of HIV/AIDS.



1 INTRODUCTION

In May 2002, the United Nations convened a Special Session on Children (SSC). This was the culmination of the Global Movement for Children campaign, which had been launched nationally in several Caribbean countries. The SSC was held to review progress made since the World Summit for Children in 1990 and to re-energize global commitments to children's rights. It was the first such Session devoted exclusively to children and the first to include them as official delegates.

In addressing the more than 7,000 delegates in attendance, which included representatives from the Caribbean, the former UNICEF Executive Director Carol Bellamy said:

"If we want to overcome poverty and the instability it breeds, we must start by investing in our young people. I implore national leaders to seriously examine their records on children. Are you getting all your children into the classroom? Are you protecting all your children against disease? Are they safe from abuse, exploitation and violence? Unfortunately, we already know the answers. We know we have work to do".

The SSC culminated with the adoption of a document, 'A World Fit for Children', which included 21 specific goals and targets for the next decade. Four key priority areas were:

- ▶ ***promoting healthy lives;***
- ▶ ***providing quality education for all;***
- ▶ ***protecting children against abuse, exploitation and violence; and***
- ▶ ***combating HIV/AIDS.***

Table 1: Relationship Between the MDGs and the 'World Fit for Children' Goals

MDGs	'World Fit for Children' Goals
1. Eradicate extreme poverty and hunger	Promoting healthy lives Providing quality education for all
2. Achieve universal primary education	Providing quality education for all
3. Promote gender equality and empower women	Providing quality education for all Combating HIV/AIDS
4. Reduce child mortality	Promoting healthy lives Providing quality education
5. Improve maternal health	Promoting healthy lives Providing quality education for all
6. Combat HIV/AIDS, malaria and other diseases	Promoting healthy lives Combating HIV/AIDS

Source: UNICEF, 2003a.

The document's Declaration commits leaders to completing the unfinished agenda of the 1990 World Summit for Children, and its Plan of Action also reaffirmed previous goals and targets relevant to children endorsed by world summits and conferences. Among these conferences was the Millennium Conference in 2000, at which the Millennium Development Goals (MDGs) were agreed on by countries as a blueprint for building a better world in the 21st century. These MDGs, which collectively represent a vital instrument for influencing development policy, are to:

1. Eradicate extreme poverty and hunger;
2. Achieve universal primary education;
3. Promote gender equality and the empowerment of women;
4. Reduce child mortality;
5. Improve maternal health,
6. Combat HIV/AIDS, malaria and other diseases;
7. Ensure environmental sustainability, and
8. Develop a global partnership for development.

The MDGs are particularly relevant to children. As is indicated by UNICEF in its publication, *The Millennium Development Goals: They are about children*, six of the eight goals can best be met if children's right to health, education, protection and equality are fulfilled. Table 1 shows that the goals that countries pledged themselves to at the Millennium Development Conference are directly related to those they committed to at the SSC.

Caribbean countries have committed to the above goals. The likelihood of them achieving these goals, however, is integrally linked with the challenges and vulnerabilities associated with being Small Island Developing States (SIDS), as all Caribbean countries – except Belize, Guyana and Suriname – are categorized. This report aims, *inter alia*, to provide a snapshot of the progress made by countries in the Caribbean in advancing children's rights and well-being in the light of commitments made at the Special Session in the four broad areas of the 'World Fit for Children' document. It also intends to advocate for improvements in areas of common concern as a means of reducing some of these countries' vulnerabilities as SIDS.



2 VULNERABILITY OF THE CARIBBEAN

The Small Island Developing States (SIDS) in the Caribbean region range in geographic size from St. Kitts and Nevis (a country comprised of two separate islands totalling 269 square kilometers) to the comparatively larger islands of the Bahamas, Hispaniola (which is divided between the Dominican Republic and Haiti), Jamaica and Cuba, which is by far the largest island in the Caribbean (110,900 km²). Population sizes also tend to be small and, with the exception of Cuba and Hispaniola, all the populations combined would be substantially less than 10 million. Nevertheless, the differences among the countries can be significant.

The SIDS in the Caribbean region experience particular developmental challenges. Data on select aspects of their vulnerability have been compiled in the Commonwealth Vulnerability Index (CVI). The index draws on at least 30 variables – representing the economic, environmental and spatial dimensions of the characteristics of developing countries – in an econometric modelling exercise to identify a small number of highly significant indicators influencing vulnerability. Income growth volatility was noted as the most apparent manifestation of vulnerability, and the three most significant determinants of that volatility were identified as (1) the lack of economic diversification, (2) the extent of export dependence and (3) the impact of natural disasters. According to the CVI, 10 of the 28 most vulnerable states – or nearly one in every three – are from the

Caribbean. Of that number, seven are small island states. Additionally, three island states were classified as higher medium vulnerability and two were deemed as lower medium vulnerability. None of the island states in the region were ranked as having low vulnerability, the best possible ranking in the CVI (see Table 2).

Vulnerability to Natural Disasters

The vulnerability of the island states of the Caribbean was evidenced during the 2004 hurricane season, which was particularly active and wreaked havoc on several countries, with Grenada and Haiti being the worst affected. The Bahamas was hit twice in less than two months. The small geographic size of SIDS in the Caribbean means that a direct hit by a hurricane affects everywhere simultaneously.

In Grenada, for example, over 90 per cent of the houses suffered varying degrees of structural damage from Hurricane Ivan, which struck the island on 7 September 2004. Damage to social and economic infrastructure, particularly when such infrastructure is employed in generating foreign exchange, not only represents a loss of such earnings, but impacts on the resilience of the economy to rebound from such dislocation (see Box 1). Children have undoubtedly been affected

by the loss in earnings due to unemployment now faced by their parents and by decline in government revenues. For example, the government school-feeding programme had to be halted as a result of the hurricane.

The Caribbean Development Bank (CDB) has reported that 13 of its member countries have been affected by 70 hurricanes and tropical storms since 1960. Floods occur quite extensively – seven countries were affected by 45 floods between 1960 and 2002 – while ten earthquakes rocked seven countries and five volcanoes erupted in two countries. The increasing incidence of natural disasters in the region since the 1980s is a major cause for concern. Whereas there were 16 natural disasters in the 1960s and 13 in the 1970s, the number went up sharply to 41 in the 1980s, 48 in the 1990s and 13 already for the first three years of the present decade. The CDB's member countries were affected by 10 hurricanes in the 1990s, compared with six in the 1970s and five in the 1980s. Some countries were hit as often as three or four times in the past 10 years, sometimes thrice in one calendar year. Floods have become almost endemic in Jamaica – with eight instances of severe flooding since 1990 – and also in Trinidad and Tobago, where severe flooding has become an annual event since 1989. If productive

Table 2: Vulnerability of Caribbean States

High Vulnerability	Higher Medium Vulnerability	Lower Medium Vulnerability	Low Vulnerability
Antigua & Barbuda The Bahamas Belize Dominica Grenada Guyana St. Kitts & Nevis St. Lucia St. Vincent & the Grenadines Suriname	Barbados Haiti Jamaica	Dominican Republic Trinidad & Tobago	

Source: Commonwealth Secretariat, 2004

Box 1

The Challenge of Rebuilding Grenada

The vulnerability of a small island was poignantly exemplified on 7 September 2004 when a category 3 hurricane named Ivan hit Grenada – the second smallest independent nation in the Western Hemisphere, with a total land area of 345 km² and a population of some 110,000. Nine out of every ten houses on the island were destroyed, leaving more than half of the residents homeless, and more than 30 deaths were recorded. Damage to the island's social and economic infrastructure was characterized as almost total and unprecedented. The island depends substantially on nutmeg and tourism as the main bases for its economy and both were destroyed. Total damage estimates were placed at US\$815M, nearly twice the island's gross domestic product (GDP).

Prior to Hurricane Ivan, the Government was making notable progress towards fiscal sustainability. For the first time in nearly a decade, its primary fiscal balance had registered a surplus, a medium-term strategy had been developed to reduce its external debt and real GDP growth was projected at 4 per cent. Preliminary reports subsequent to the hurricane suggested that real GDP would decline by 3 per cent in 2004. The overall fiscal deficit in 2004 as a share of GDP, which had been projected at less than 5 per cent before the hurricane, was afterwards expected to exceed 9 per cent. The loss in foreign exchange earnings from tourism and agricultural products was anticipated to be around 6 per cent of GDP.

In mid November 2004 an international donors' conference was held and support was pledged to Grenada from regional, bilateral and multinational donors. While some aspects of normalcy have returned to the island – such as the reopening of schools due to the efforts of UNICEF, the Ministry of Education and other partners – significant challenges still remain in restoring and sustaining a comprehensive macroeconomic framework and returning Grenada to its pre-Ivan condition.

Source: UNDP Communications Office Press Release, 24 September 2004, and presentation by the IMF at the Grenada Donors' Conference, 19 November 2004.

capital destroyed by natural disasters is not replaced, negative economic effects extend into the long term. Economic growth may be permanently lowered.

According to Andrew Markey, Chief of the United Nations Development Programme (UNDP) Disaster Reduction Unit, "The crisis in Grenada raises questions about how much poor countries are doing on a permanent basis, as their mainstream development portfolios, to reduce disaster risk and whether those efforts and resources are really commensurate with their needs." Markey noted that only 11 per cent of the people exposed to natural disasters globally live in poor countries, "but they account for more than 53 per cent of the total number of deaths from these disasters" (UNDP Communications Office Press Release, 24 September 2004). Reducing disaster vulnerability is a critical challenge that involves strengthening disaster preparedness planning, building effective disaster response mechanisms and raising community awareness and public education (IFRC, undated).

Economic Vulnerabilities

Economies in the region have witnessed a gradual transformation from primary production to being more service-oriented. Though agriculture remains an important source of earnings and employment, its percentage share of GDP has uniformly declined and has been replaced by tourism and offshore finance and related services. Based on socio-economic indicators such as the human development index (HDI) and GDP per capita, the various States in the Caribbean are mostly characterized as middle income developing economies. The International Monetary Fund (IMF) predicts varying levels of continued economic growth in virtually all the countries, with the exception of the Dominican Republic and Haiti, though growth projections are likely to vary for some countries affected by the hurricane season.

Countries have to undertake replacement investment to re-establish the economic growth trajectory after natural disasters. It is possible that if this is done wisely the growth trajectory may actually be enhanced, but since financial constraints usually prevent countries from fully replacing capital destroyed by natural disasters, even medium-term recovery may prove difficult.

There is also a suppression of net investment, which prevents the optimization of economic growth potential consistent with the domestic savings rate. The often repeated episodes of capital stock destruction and replacement as a result of natural disasters can therefore have permanent negative effects on achievable economic growth.

Some of the economic costs associated with hurricanes over the period 1999-2001 are shown in Table 3.

Of immediate concern also is the level of external debt that may undermine the stability of current economic development. A recent report on the size of external debt among countries of the Caribbean region noted that “in proportion to the size of their economies, all 14 independent members of CARICOM are among the 30 most heavily-indebted emerging-economy governments” (Economist, 2004). Seven of the CARICOM states are listed in the top ten debtors, and five of that number are SIDS (see Appendix 1).

Other aspects of economic vulnerability include employment being confined to limited sectors, small and widely dispersed local markets, a narrow resource base, export dependency both on a small range of products and on limited international markets, high transport and other infrastructural costs, rising energy costs, limited human resources, competition in tourism and off-shore finance and challenges to existing preferential arrangements.

Social Vulnerabilities

The main social indicators for the Caribbean SIDS are largely comparable with those of first world industrial countries. This, however, serves to mask serious social vulnerabilities due to economic, environmental, governance and trade challenges.

Poverty

This socio-economic vulnerability is heightened by double-digit levels of poverty among households in all the countries. Poverty tends to be higher among single parent, female-headed households, which make up over 40 per cent of the households in the Eastern Caribbean alone. The high levels of material deprivation represent a challenge to governments and also demand proactive policies.

Per capita health expenditures in the region vary substantially, ranging from a low of \$56 in Haiti to a high of just over \$1,100 in the Bahamas. In general, the smaller islands of the eastern Caribbean spend more on health per capita than the larger nation states of CARICOM. There is obviously greater scope for enhanced results from current spending levels since Cuba, which has among the best health care systems in the region, has a comparatively low per capita health expenditure (see Appendix 2).

Population Density

Another factor that contributes to the social vulnerability of Caribbean SIDS is the population densities of countries in this region. These are sometimes five times that of the United States, and

Table 3: Economic Costs Associated with Hurricanes, 1999-2001

1999	2000	2001
St. Kitts & Nevis: 7 % of GDP St. Lucia: 3% of GDP St. Vincent & the Grenadines: 12% of GDP Dominica: 53% of GDP	Belize: 13% of GDP	Belize: 6% of GDP

Source: Bourne, 2003.

research has shown that Caribbean populations now grow by 1.8 per cent yearly. The population density in Barbados, Haiti, Jamaica and some smaller islands matches or exceeds India's. The islands' population is projected to increase by 50 million by 2025 (UNDP and Government of Jamaica, 2002). Population increases mean greater needs for job opportunities, schools, infrastructure, public utilities, police and fire services, housing, recreational facilities, health facilities and services, other social services, etc. Moreover, the large unemployed segment of the adult population will feel additional pressure on the limited land at their disposal to produce the food required to feed themselves (ibid.).

These are clarion calls to manage population growth now or develop real programmes to absorb this growth from early childhood through adult life. It is also a call to check the de-ruralization of each SIDS as people move to the towns and cities for various opportunities, abandoning agricultural production, and as banana and sugar plantations collapse. Indeed, the Jamaica 2002 census projects that 63 per cent of Jamaica will be urbanized by 2020, up from 57 per cent. There is growing evidence that this migratory rural to urban movement puts children at risk in many ways, especially those who live in poverty or are affected

by discrimination. Urban life often erodes family structures, impoverishing the quality of adult care for children and jeopardizing traditional safety nets (UNICEF Innocenti Research Centre, undated).

Youthful Profile of Caribbean SIDS

Another issue that potentially impacts the social vulnerability of Caribbean SIDS is the youthful profile of their populations, since on average nearly one in three persons is below 15 years. Youth in the region face many challenges, including crime and violence, substance abuse and drug dealing, and social exclusion and unemployment. With regards to unemployment, research has shown that rates among youth are substantially above national averages across the region at 40 per cent in the 15-19 age group and 30 per cent in the 20-24 age group. Female unemployment is higher than male.

Growing Elderly Population

While these countries have significant youthful population, some of them also have a growing elderly population. For example, in Barbados there has been an increase in the number of persons 65 years and older. Such demographic profiles require national governments to increase levels of funding to secondary, tertiary and vocational education as well as funding for elderly care.





3 MAPPING THE SITUATION OF CHILDREN IN THE CARIBBEAN

On the whole Caribbean governments have made a concerted effort to improve the lives and well-being of children. This is especially so in relation to the provision of health care and education. However, there are still areas that need to be addressed when the situation of children is examined in relation to the four broad themes in the 'World Fit for Children' document:

- ◆ **Promoting healthy lives;**
- ◆ **Providing quality education for all;**
- ◆ **Protecting children against abuse, exploitation and violence; and**
- ◆ **Combating HIV/AIDS.**



Promoting Healthy Lives

With some exceptions, children in Caribbean SIDS are generally born healthy and their chances of survival past their first year are good. Most of them have access to safe drinking water and proper sanitation services, which has a positive effect on their health and well-being.

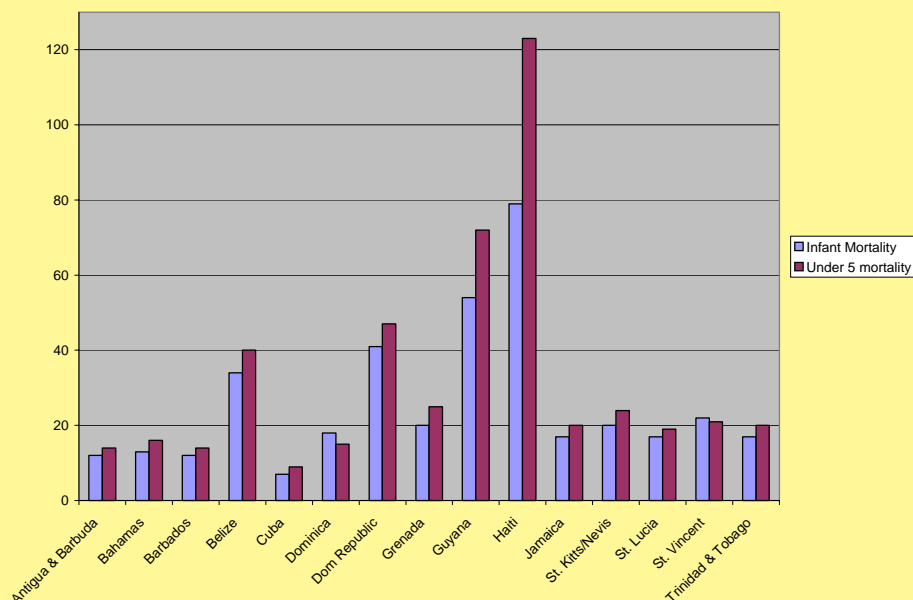
Infant and child mortality

Infant mortality rates in the Caribbean range from a low of 7 per 1,000 in Cuba to a high of 79 per 1,000 in Haiti. Though for most countries in the region the rates are nearer the lower extreme, there remains considerable scope for improvements in this regard. Pro-active government policies have been targeted at reducing malnutrition and tackling diarrhoeal diseases through improvements in water supply and sanitation. In addition to respiratory infections, these are the leading causes of deaths among infants and children, especially under age five (UNDP, 2003).

The under-five mortality rate has been classified by UNICEF as *very high* when it is over 140; *high* between 71 and 140; *middle* between 21 and 70; and *low* when 20 or less. In 2003, no Caribbean country or territory fell within the very high category and only Haiti and Guyana fell within the high category (Figure 1) (and see Appendix 4). Within the middle range, there were five countries/territories: Belize, Dominican Republic, Grenada, St. Kitts and Nevis and St. Vincent and the Grenadines. The majority of countries fell within the low category.

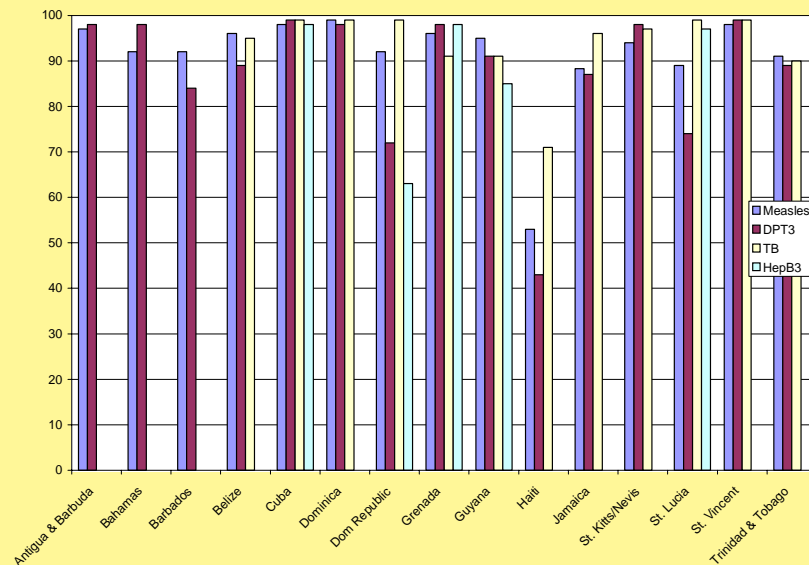
An examination of Figure 1 suggests that, with the exception of Cuba, higher infant mortality rates correlate positively with geographic size of country. This may be indicative of the extent of uneven development within countries, since rates tend to be higher in the comparatively underdeveloped hinterlands and among marginalized sub-groups within the population than in the urbanized areas. A similar scenario characterizes the under-five mortality rates. These tend to be higher than the

Figure 1: Infant and Under 5 mortality rates for the Caribbean



Sources: *The State of the World's Children 2004: UNICEF*; Jamaica Survey of Living Conditions 2002; <http://www.unicef.org>

Figure 2:
Percentage
Immunization
rates in the
Caribbean



Source: The State of the World's Children 2004: UNICEF; Jamaica Survey of Living Conditions 2002;

infant mortality rates since deaths are measured over a comparatively longer time period. In two of the SIDS in the Caribbean, though, there was a reversal in this trend: In St. Vincent and the Grenadines, there was a marginal decline and in Dominica, the under-five mortality rate was 17 per cent less than the infant mortality rate.

Information on the Causes of death among Caribbean children was obtained from data produced by the Caribbean Epidemiology Centre (CAREC). The data were divided into the 1-4 year old category (under-five deaths minus deaths in the first year of life) and infant deaths (deaths in the first year of life) and showed trends in the cause of death between 1980 and 1995 (Box 2). When the causes of infant and childhood deaths are examined, it can be seen that some of these – such as acute intestinal diseases – are largely preventable and/or easily treatable. It appears that public health officials must begin to address these largely preventable deaths through more rigorous public advocacy campaigns.

Immunization

Immunization rates compare well with those from the industrialized countries. For countries to have

adequate coverage, 90 per cent immunization rates of children under one year are recommended. Figure 2 shows that of 15 Caribbean countries, only three had measles immunization rates below 90 per cent: Haiti, Jamaica and St. Lucia. Of these, the latter two are well on the way, with rates at 88.3 per cent and 89 per cent respectively. With the exception of Haiti, therefore, the Caribbean has largely achieved near universal immunization coverage for one-year-old children (Figure 2) (and see Appendix 3). Also accounting for these high rates may be the fact that virtually all countries have legislation requiring child immunization prior to school admission.

Nutrition

Despite socio-economic challenges, children in the region generally have a satisfactory nutritional profile. The percentage of newborns with low birth weight (defined as less than 2,500g in 1990) was 12 or less in all countries except the Dominican Republic, Haiti and Trinidad and Tobago. Although information is patchy, severe underweight is a rarity in the region, though stunting is in double digits in three countries for which information was available (see Appendix 5).

Box 2

Causes of Deaths among Children of the Caribbean

In the infant death category, there were ten major causes of death: intestinal infectious diseases (diarrhoeal diseases), slow foetal growth (babies born weighing less than expected), acute respiratory infection (e.g. pneumonia), hypoxia (lack of oxygen), congenital anomalies (abnormalities of organs of the body present since birth), other perinatal conditions (conditions occurring at or around the time of birth of the infant, such as newborn infections), nutritional conditions and anaemia (malnutrition, iron deficiency anaemia), AIDS, homicides and undetermined injury.

In the 1-4 year-old category, eight major causes of death were identified: acute respiratory infection (e.g. pneumonia), intestinal infectious diseases (e.g. diarrhoeal diseases), nutritional conditions and anaemia (e.g. malnutrition, iron deficiency anaemia), congenital anomalies (abnormalities of organs of the body present since birth), motor vehicle injuries, fires, other intestinal and parasitic infections (e.g. worms, malaria) and AIDS. AIDS, homicides and undetermined injuries appeared as significant contributors to death in 1995, with death rates of 0.5 or less per 1,000 live births. This reflects the impact of AIDS and violence as new challenges to the survival of Caribbean children.

Projections to the year 2015 suggest that there will be little change in the main causes of death, except for an increase in infant deaths from HIV/AIDS.

Source: Data for the above report were sourced from the CAREC Report (2004), and the UWI/ UNDP Regional Report on the Achievement of the Millennium Development Goals in the Caribbean Community (2004) study.

Micronutrient Deficiency

However, widespread micronutrient deficiencies (iron, vitamin A and beta-carotene) are reported among vulnerable groups in the Caribbean (Gordon et al., 2002). Iron deficiency, in particular, constitutes a significant public health problem. In addition, there is a growing number of cases of obesity among children. The Caribbean Food and Nutrition Institute (CFNI), which has compiled obesity data on children and adolescents in the region, reports that “the high prevalence of overweight and obesity is evident” (Xuereb et al, 2001). This study noted that over the decade of the 1990s, there was a systematic increase in trends of obesity among children and young adults in the region, with rates among 15-19 year-olds doubling in Guyana over a five-year period. Smith-James (2001:39) notes that this problem of obesity may be due to poor eating habits, based on modern convenience foods with high starch, sugar and grease content. An education programme directed at parents and children to encourage healthy eating habits has become an urgent need.

Breastfeeding

Related to children’s nutrition is the issue of breastfeeding. Children living in Caribbean SIDS are seldom exclusively breastfed for six months, as is recommended by the World Health Organization (WHO). Research has shown that there is exclusive breastfeeding in the early weeks of the child’s life but this is followed by a marked decline subsequently (Barrow, 2001). Many later nutritional deficiencies, vulnerability to illnesses and a tendency to obesity have been attributed to this failure. A programme in Haiti was successful in reversing such deficiencies in breastfeeding practices and could be replicated in other countries (Mulder-Sibanda et al., 2001). A link between nutrition and educational performance was noted by Tortello (2004) who, quoting a study among a sample of 11 year-olds commissioned in 2000 by the Planning Institute of Jamaica, found that “shorter and thinner students performed less well than their better-nourished peers”.

Violence in communities

Another concern related to health and well-being is the escalating levels of violence in communities. Children and young people are not only the victims of violence but also the perpetrators. In a PAHO (2000) study, many of the young people surveyed reported a history of violence in their lives. Weapons had been carried to school in the previous 30 days by one fifth of the males and nearly as many had been in a fight using weapons. One tenth of the boys and half that many girls reported that they had at some time been knocked unconscious in a fight, with similar numbers reporting that they had been stabbed or shot. The study also reported that gang membership was high, with one in five boys and one in eight girls saying that, at some time, they have belonged to a gang. For some adolescents, the thread of violence is woven deeply into their experience of themselves and their world. Two out of five reported that they sometimes, or most of the time, thought about hurting or killing someone else, with 4.9 per cent reporting that they almost always thought about hurting or killing others. Further, one in eight surveyed had tried to kill themselves.

A related concern is that Caribbean youth still have limited opportunities to realize their right to participation on issues affecting their lives, and this can affect their sense of well-being. There are limited opportunities for youth consultation and participation, and adults often make decisions on behalf of youth with little reference to their thoughts and opinions. A report from the West Indian Commission indicates that, "many Caribbean youth feel powerless in a world dominated by adults in which they are not listened to and over which they have no control.... they call for a greater say in the decision-making process especially as it relates to issues impacting directly on them" (Demas, undated). This view has subsequently been validated by other research.

For many Caribbean countries, especially those that are dependent on tourism, violence can impact negatively on their fragile economies, further increasing their vulnerabilities as SIDS. In addition, violence can lead to premature deaths of many of the region's able-bodied young people, reversing many of the development goals made in health. It is therefore important that Caribbean

governments invest in programmes for its young people that are aimed at building a culture of non-violence in communities. From a very young age children should be involved in programmes to develop their conflict resolution, mediation, negotiation and other related skills. Such programmes need to be a central part of all educational programmes. Governments also need to invest in creating spaces for meaningful



Box 3

'Ivan Babies' in Jamaica

A totally unexpected phenomenon resulting from the passage of Hurricane Ivan over Jamaica in 2004 was the use of public facilities, including police stations, to serve as impromptu maternity delivery wards. During the nearly 30 hours that the storm hovered over the island, several babies were successfully delivered despite the lack of access to hospitals.

Though the events were heralded and made national news headlines, the coverage was generally slanted to provide a level of welcome relief to the population on the lighter side of the hurricane experience. But even more importantly, the events demonstrated how the convergence of different and seemingly unrelated indices of development facilitated the successful delivery of all the 'Ivan babies' by persons untrained as birth attendants. The deliveries were facilitated by the reliability of the island's telecommunications network, which remained functional and enabled medical personnel to provide easy to follow, step-by-step instructions. While every pregnancy is fraught with potential complications, these are

adolescent and youth participation, which can help reduce the sense of frustration that many young people feel and that can lead to violent behaviour.

Maternal health

Though the specific focus of this report is on children's well-being, a concomitant issue is women's health – particularly maternity-related issues, since pre- and post-natal care impact on the welfare of children. With access to such care, women deliver and care for healthier babies and are at less risk for potential obstetric complications that could arise during delivery. Issues regarding maternal health and well-being and childbirth under adverse unplanned situations recently came to the fore in an unexpected way in Jamaica (see Box 3).





Providing Quality Education For All

With some exception, most children living in the Caribbean SIDS have access to primary and secondary school education. This is because governments in the Caribbean have placed great emphasis on education as a principal means of achieving social and economic equity and a main avenue for social mobility among their respective populations. Laws exist mandating compulsory education at the primary and secondary levels and, despite resource constraints, these laws are generally enforced, particularly at the lower age levels of the primary school system.

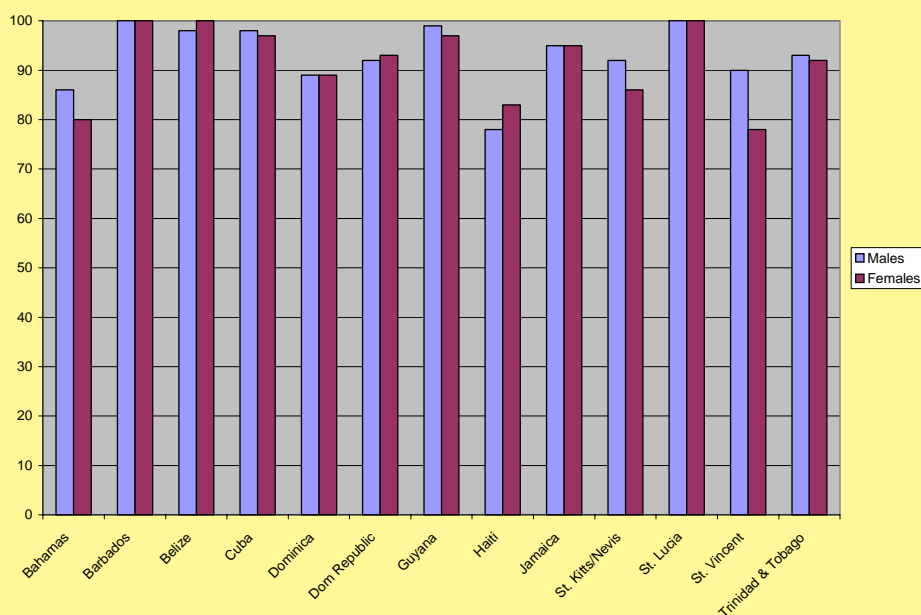
These factors account for the comparatively high primary school enrolment/attendance ratios that characterize all countries in the region except Haiti (Figure 3). As reported by UNDP/UWI, "The major inference to be drawn is that universal primary education, defined in quantitative terms, has not been the principal challenge of the Caribbean education system" (2004:17). It is also to be noted

that, unlike other regions of the developing world, there are no institutional impediments preventing girls from accessing an education (see Appendix 6).

Early childhood education

In spite of the remarkable achievements made in providing access to primary and secondary education, there are still a number of areas of concern. A major problem is that there is still not enough investment at the early childhood level. Governments, parents and caretakers are generally unaware of the significance of early childhood education and do not consider play, stimulation, communication and space for exploration as important for healthy academic growth of children up to age five. As a consequence, throughout the region, many of the early childhood care and education centres are voluntary and have a primary focus on custodial care. Children in low-income families are particularly at risk of receiving

*Figure 3:
Primary
school
enrolment
ratio in the
Caribbean*



Source: The State of the World's Children 2004: UNICEF

inadequate care. Large numbers of children enter the formal primary education system with no pre-primary preparation and are thereby placed at a considerable disadvantage (Barrow, 2001).

A report on this sector noted that there is the need to prioritize several issues at this level. These include the need for legislative frameworks for coordinated provision of services and monitoring of standards in the sector; equitable access to quality provisions to minimize the plight of the children in high-risk situations; and appropriate curriculum development while seeking to stimulate interest from parents, the community and the media (Charles, 1999).

Vulnerable children

Children with Disabilities

The right of children with disabilities to quality education needs to be addressed. A UNICEF study on disabilities noted that the most prevalent disability in children was difficulty in learning (UNICEF, 2000b). Their right to a quality education is often compromised as schools are not welcoming to those with disabilities in terms of physical layout and resources.

Teen Mothers

Typically, when a teenage girl becomes pregnant her education is also compromised because, while she may not automatically be expelled, there may not be a supportive or welcoming environment for her to want to continue in school while she is pregnant or return after she has given birth. Places that do provide opportunities for these girls to continue their education are usually operated by voluntary organizations and are inadequate. State and voluntary organization partnership is needed to ensure that such teenagers receive a good quality education, and ideally they should be enabled to return to school.

Juveniles in Conflict with the Law

The education of children in detention facilities is also a concern. A report on prison and penal reform in Antigua and Barbuda, for example, revealed that there was a lack of teaching resources for juveniles offenders in prison and that the content of the curriculum was not supervised by Ministry of Education officials (Singh, 2003). One of the recommendations was for the Ministry to take responsibility for the education of juveniles

Box 4

Youth for the Future, Belize

In early 2000 the Government of Belize launched the Youth for the Future (YFF) Initiative, an ambitious programme aimed at assisting former gang members and disillusioned youth. The YFF featured a revolving fund – known as the Youth Enterprise Fund (YEF) – from which participants could borrow small sums of up to US\$3,500, with minimal rates of interest and other generous repayment terms, to start up their own business ventures.

After initial challenges, mainly caused by undue political involvement (which resulted in unqualified applicants accessing loans on which they subsequently defaulted), the programme was reorganized. Technical assistance was sought from the local university to assist applicants with all aspects of their business plans, including but not limited to SWOT (strengths, weaknesses, opportunities, threats) analysis, marketing, advertising and product placement.

The advantage of youth initiatives of this type is that they reduce deviant behaviour, set positive examples, encourage initiative and creativity and facilitate participation in the formal economy by disenfranchised youths, who would have found it impossible to access credit from formal financial institutions. To a young vendor selling cold drinks around a city, a small loan to purchase a pushcart or other rudimentary form of transportation could more than double his daily gross earnings. To a young single mother, a small loan to modify a one-room house to facilitate hair-braiding operations could mean earning an income while staying at home with her child.

While currently still reliant on government funding, YFF's aim is to attract private sector and even external funding. Though it remains institutionally fragile, it aims in the long term to evolve into a largely self-sufficient initiative, legitimized by public support, dynamic leadership and tangible performance buttressed by a multiplicity of success stories of its participants.

Source: *Youth for the Future*, 2004.

to ensure that the type of education was no different from that of any other school-age child.

Meeting the needs of boys and non-academic youth

Countries in the region are also being challenged to address the growing disparity in enrolment at higher levels beyond primary school. The lower enrolment ratio at the secondary level is reflected in the rising rates of juvenile delinquency, which is being addressed by situation-dependent responses throughout the region (see Box 4). Boys are being outperformed academically by girls at both the primary and secondary level, and keeping boys in school is a challenge since they tend to drop out in greater numbers than girls.

The educational needs of non-academically inclined youth who are about to leave school need to be fully addressed. Although national governments are facing economic challenges, as noted in the previous section, it is possible for them to refocus scarce resources into relevant and appropriate vocational/technical education – including on information and communication technologies (ICTs) – such that young school leavers could almost immediately become self-employed, with the potential of creating jobs for others as well. Increasing economic opportunities for youth will also address poverty issues.

Tackling other challenges in education

Another major issue in relation to education is that Caribbean countries seem to be close to the limits of the level of participation and performance that could reasonably be expected of basic education

delivered by their current organizational structures and existing financial and human resources and with traditional technology. The vast majority of countries have levels of provision of, and participation in, basic education that are far beyond those associated with middle income countries. For them to achieve higher levels and quality of participation and performance in youth literacy indicators, new paradigms of school organization, better prepared teachers deployed in more creative ways, new technologies applied to instruction and management, and additional resources are needed (UWI/UNDP 2004).

This implies fundamental changes in basic education in the sub-region compared to its structure and organization over the last 160 plus years of its history. Some countries have already embarked on elements of a new approach. The Bahamas has begun to train all new recruits to the teaching profession through a bachelor's degree programme. Jamaica has reformed the primary curriculum so that the first three years are integrated around language and number learning. Separate subjects begin to be introduced in Grade 4. Barbados has begun to use ICTs in both management and instruction in all primary schools, both public and private (UNDP/UWI 2004).

Student teacher ratios also need to be improved, and this is especially a concern as enrolment is outstripping capacity by varying percentages in several countries. Data from Jamaica indicate that enrolment outstrips capacity by “25 per cent at the infant school level, 23 per cent at the primary level and 50 per cent at the secondary and technical level” (Tortello, 2004).





Protection of Children Against Abuse, Exploitation & Violence

Physical, sexual and emotional abuse

Although various laws and mechanisms exist to protect children, there is still evidence that children living in Caribbean SIDS experience physical, sexual and emotional abuse in the home, school and community. This abuse takes several forms, including child abandonment, child labour, sexual offences (including sexual abuse of children, child prostitution and the use of children in pornographic videos) and the engagement of children in illegal drug-related activities. Child abandonment more often than not gives rise to the phenomenon of children living on the street in the cities of Jamaica and elsewhere.

Sexual and physical abuse is high in Caribbean countries. There is a “disturbing pattern of cultural ‘normalcy’ in child and physical and sexual abuse” in the region (Barrow, 2001). Corporal punishment continues to be widespread in Caribbean schools and homes, particularly for boys. Surveys from nine Caribbean countries found that 48 per cent of adolescent girls who had had intercourse reported that their first sexual intercourse had been forced (UNICEF/WHO/UNAIDS, 2002). In some countries in the Caribbean, 60 per cent of young people have been initiated into sexual activity by the age of 12 (McEvoy, 2001). The high incidence of sexual abuse among boys stands out in comparison to other regions. The problem of child sexual abuse is worsened by the reluctance of parents, guardians, caregivers and other rights and duty bearers, such as teachers and other professionals, to report it.

Child labour

Child labour is also a concern in some of the Caribbean SIDS. A recent survey in Belize found child labour was rampant among the indigenous Maya, who often refrain from sending their children to school during the harvesting season (Central

Statistical Office, 2002). Recommendations to amend the scheduling of school holidays to coincide with agricultural seasons, especially for rural schools, are yet to be acted on. This would facilitate children’s attendance at school while they engage in agricultural work during the holidays. In addition, rapid assessment studies by the International Labour Organization (ILO) released in 2002 have also found some evidence of child labour in the Bahamas, Barbados and Guyana.

Juvenile offenders

A group of children that is in particular need of protection in Caribbean SIDS is juvenile offenders. In most countries, the age of criminal responsibility is less than 18 years. It ranges from around 14 in many to eight in at least three countries and as low as seven in Trinidad and Tobago (see Appendix 7). This has led to children who come in conflict with the law being incarcerated, as programmes for alternative means of sentencing are seldom in place. Since there are usually no separate detention facilities for children, they are often placed in the same facility as adults, which very often results in contamination of youths by adult criminals and encourages repeat offenders. Flogging is often administered as a form of punishment of juveniles. A major paradigm shift is needed to implement, as the norm, community programmes that could serve as an alternative to arrest and formal judicial proceedings, as well as a means of diversion from criminal activity and prison (UNICEF, 2000a). See Appendix 8 for the existing minimum ages for various social obligations in the region.

Law reform

Across the region there are moves in various stages of the formal legislative process to review and revise laws that would help create better protective environments for children. Under the

Box 5

Helping Disadvantaged Children in Dominica and Jamaica

Operation Youth Quake (OYQ) was established in 1978 in Dominica to provide an alternative detention facility for young boys and to set up a rehabilitation centre for physically and emotionally deprived boys. It has since broadened its mandate and now caters also to girls. Its current objectives include facilitating the involvement of its client group in the formal education system and complementing this with supplementary education within the programme.

OYQ's programmes are geared to equipping its students with basic skills such as reading, writing, farming, social skills and cooking. It is the only such organization in Dominica that caters to the needs of this 'unsettled' group of children. Since it commenced operations, it has been able to rehabilitate over 150 children, only seven of whom have returned to prison.

A similar endeavour has been attempted in Jamaica since 1994 with the establishment of Operation Restoration Christian School (ORCS) in Trench Town. ORCS is a remedial centre for youths who have dropped out of the formal education system, and are now living on the street, but who have a desire to continue some level of education. In addition to literacy and numeracy, students are taught leather craft, welding, hairdressing and T-shirt design. Boys outnumber girls by a ratio of six to one in the school's student population, which totals 85.

Trench Town is a volatile inner city community in Kingston and is surrounded by similarly economically deprived settlements where occasional outbreaks of violence are not uncommon. In a recent newspaper report, the founder of ORCS was quoted as saying: "Whenever Trench Town is transformed, the rest of the nation cannot be far behind".

The concept underlying these two operations is the same: rescuing disadvantaged children and youth and giving them a second chance.

Data for this report were sourced from the Dominica Country Poverty Assessment Report 2003 and Jamaica's Daily Gleaner, Saturday October 30, 2004

aegis of the Organization of Eastern Caribbean States (OECS) Secretariat, its member States have implemented a project called the OECS Family Law and Domestic Violence Legal and Judicial Reform Project. To date this has reviewed existing family law legislation and has begun the drafting of

model child protection legislation. In Guyana, a human rights advocacy group will likely succeed in raising the minimum age of sexual consent from 13 to 18. Similar moves are underway in Jamaica, where the age of sexual consent is currently 16 years.





Combating HIV/AIDS

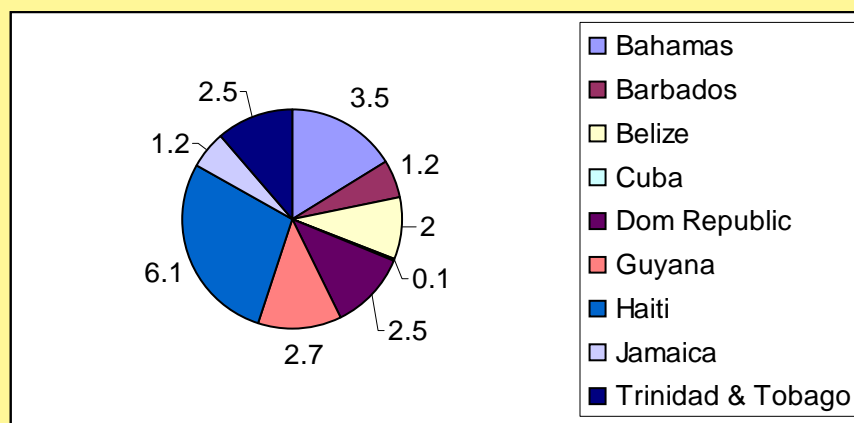
Arguably, the greatest developmental challenge in the region is the increasing spread of HIV among relatively small populations (see Figure 4). The Caribbean has the second highest prevalence rates of infections in the world, next only to sub-Saharan Africa. At the end of 2000, it was estimated that 500,000 people in the Caribbean were living with HIV/AIDS (Dicks, 2001). HIV/AIDS has destroyed the lives of many of the Caribbean's productive labour force, and in the long term it will impact negatively on Caribbean countries' economies. Already, research by UNAIDS and UWI in 2001 found that AIDS was going to cost Jamaica and Trinidad and Tobago five per cent of GDP (Quesada, 2001). The regional spread of this disease, with its fatal propensity to kill household earners and leave children without parents, is to be regarded as the pre-eminent challenge facing children in the Caribbean.

Effects of HIV/AIDS on children

HIV/AIDS has an impact on children at several levels. Their mother or father, or both, may die (see Table 4), leaving them parentless. Long before this, however, children are affected as the family is financially squeezed to pay for the required medications. In addition, they face stigma and discrimination in school and in society if they or their family members are infected with HIV/AIDS and, being young and vulnerable, they are poorly equipped to deal with this.

Table 4 indicates that HIV/AIDS is changing the pattern of parentless children in the Caribbean, with paternal orphans substantially exceeding maternal orphans in all the countries for which data are available. The data are consistent with regional statistics indicating a greater number of males with the disease. Research is needed in the region to

Figure 4: HIV/AIDS prevalence in the Caribbean



Note: The estimated number of persons living with HIV/AIDS as a percentage of the population.

Source: UNAIDS, UNICEF and USAID, 2004.

Table 4: Number and Type of Children Without Natural Parents

Country	Total orphans as % of all children	Maternal orphans	Paternal orphans	Double orphan	Children orphaned in 2003
Bahamas	7%	2,000	6,000	500	800
Barbados	5%	800	3,000	<100	400
Belize	5%	2,000	4,000	200	800
Cuba	4%	31,000	100,000	3,000	15,000
Dom. Republic	7%	85,000	190,000	12,000	30,000
Guyana	9%	12,000	23,000	2,000	4,000
Haiti	15%	320,000	390,000	99,000	56,000
Jamaica	4%	14,000	33,000	1,000	6,000
Trinidad andTobago	7%	9,000	21,000	1,000	4,000

Source: Children on the Brink: UNAIDS, UNICEF & USAID 2004

better understand the implications of a child losing his/her father compared to losing his/her mother.

Parent-to-child transmission

The transmission of HIV from infected mother to newborn infant is also an area of concern. Dicks (2001) estimated that during 1999, over 1,170 infants in the English-speaking Caribbean were infected with HIV via parent-to-child transmission. This is a major challenge. The free availability of drugs to prevent this transmission is required. In Barbados, the provision of Anti-Retroviral Therapy (ART) free of cost to infected individuals has resulted in a 43 percent reduction in the number of deaths due to AIDS, and there has been a reduction in mother-to-child transmission of the virus. It is therefore anticipated that the number of children orphaned by AIDS will decrease. This success story can be replicated in other Caribbean countries.

HIV/AIDS and sexual abuse

Over half of all new HIV infections worldwide occur in those under 25 years old, with girls becoming infected much earlier than boys. Many of these infections result from violence. The younger a girl is at first sexual intercourse, the more likely that sex is forced. Unprotected sex in any situation is

especially risky for girls because their sexual organs are not fully developed and may tear, allowing HIV to be more easily transmitted, but this is particularly likely if the sex is forced (Commonwealth Secretariat, 2002). Incest, ‘sugar daddies’ and men who increasingly seek younger girls for sex for fear of getting HIV or have sex with virgins because they believe it will cure them of AIDS are all part of what has been called “the hidden story” of the Caribbean region (McEvoy, 2000). Several of the children in a PAHO (2000) study had been subject to coerced sex at an early age, often by their own family members. ‘Sugar daddies’ – older men who help pay young girls’ education fees or other family expenses – often have multiple partners and/or practice unsafe sex (Piot, 1999).

High-risk sexual behaviour among youth

Another problem is that research has shown that, even though they know how HIV is contracted, young people are still choosing to engage in high-risk sexual behaviour. For example, a secondary school behaviour surveillance survey in Barbados released by the Department of Youth Affairs in 2004 revealed that 350 of 787 students surveyed had not used a condom during their last sexual encounter. The PAHO (2000) study revealed that

34 per cent of adolescents surveyed reported that they were sexually active. The age of sexual debut was also quite early (age 12 for 55 per cent of boys), but only a relatively small percentage of the sexually active used birth control at least some of the time. Early sexual activity is known to predispose young people to early pregnancy, HIV/AIDS and other sexually transmitted infections (STIs) (Cunningham and Correia, 2003a).

Young men in the Caribbean who have sex with men lack social support and often face verbal and physical attacks if they disclose their sexual orientation. Lack of information, misinformation, and homophobia are common in sexuality education, with risk reduction only taught in terms of heterosexual contact. This makes it more likely that these youth will engage in risky behaviour.

Programmes to tackle HIV/AIDS

This situation indicates the need to provide children and young people with real information, education and skills to protect themselves from HIV. Sexual health education programmes tend to discourage sexual experimentation, delay the age of sexual initiation and help to reduce STIs and unwanted pregnancy in sexually active young people. Caribbean reluctance to engage children and young people in open dialogue about sexual health and subjects that may seem difficult and overwhelming needs to be overcome. UNAIDS has identified ten action areas aimed at strengthening AIDS programmes with children. Among these are:

- ▶ **establishing national policies that protect the rights of children and young people and reduce their vulnerability to HIV/AIDS;**
- ▶ **increasing the participation of children and young people in making decisions and supporting and educating their peers;**
- ▶ **communication to challenge the social norms that increase the vulnerability and risk of children and young people to HIV infection; and**

- ▶ **the provision of quality life-skills, sexual health and HIV/AIDS education in and out of schools.**

Due to the epidemic's wide-ranging impact on virtually all facets of socio-economic development, the response to HIV/AIDS requires a comprehensive analysis of the gender dimensions of human relations, including the power relations between men and women and sexual promiscuity among married and unmarried people.

Monitoring the Commitments and Progress

At the SSC, 21 specific goals and targets, encapsulated under four broad headings, were adopted. As noted earlier, these are:

- 1) *Promoting healthy lives, which featured seven goals and targets;*
- 2) *Providing quality education, which featured six goals and targets*
- 3) *Protecting against abuse, exploitation and violence, which featured five goals and targets; and*
- 4) *Combating HIV/AIDS, which featured three goals and targets.*

The extent to which the countries in the Caribbean have met the commitments agreed at the SSC, in addition to the children-specific commitments subsequently reiterated at the Millennium Conference, is assessed in Appendices 10.

It is to be noted that the vulnerability of the Caribbean SIDS, which has been detailed in a previous section, will impact on their ability to maintain these commitments. Nevertheless it must also be noted that if Caribbean governments address some of the areas of concern regarding children that have been described in this section, this can also help to reduce some of the region's vulnerabilities.



4

A CALL FOR ACTION

This report has shown that Caribbean SIDS face certain vulnerabilities. Some of these, such as vulnerabilities to natural disasters, are to some extent beyond the region's control – although it is important for countries to be prepared to respond effectively when disaster strikes, and at the same time consider ways to mitigate against future disasters. However, many social and economic vulnerabilities can be reduced if governments invest in the areas of concern relating to children that were highlighted during the situation analysis of children. As committed to in the Convention on the Rights of the Child (CRC), governments should create a protective environment in which children's evolving capacities are respected, without discrimination of any kind, and they are prepared to live an individual life in society. The following are some of the key actions that should be undertaken by national governments in Caribbean countries to help protect the citizens of the future and reduce the countries' vulnerabilities in the long term.

1. Invest in Quality Early Childhood Development

Research on early childhood has shown that what happens to the child during the prenatal period and during the first three years of her or his life has effects that can last a lifetime. The amount and type of stimulation children receive – as well as factors such as good nutrition, health care and parenting practices – all influence their brain development. How a child develops during the birth to three year period sets the stage for success in school and the character of adolescence and adulthood. It is therefore of key importance that investments are made to ensure that all Caribbean children have the best possible start in life.

There needs to be an integrated range of childhood services, which includes but is not limited to immunization (where the Caribbean has done well). All children should be registered at birth. Parents need to be educated on how to meet the nutritional needs of the young child using Caribbean Foods. All children should have access to proper nutrition, including exclusive breastfeeding for the first six months. One way by which this can be facilitated is by establishing more



child-friendly work environments which would give working mothers flexible hours and provide them with opportunities for breastfeeding. The micro-nutrient deficiencies that are widespread in the Caribbean, particularly among pregnant women and pre-school children, need to be addressed. Further, all children should have access to early screening for disabilities.

Parents also need to be provided with opportunities to learn about the broad range of capacities children need to develop, and especially the importance of play. All children should have access to quality early childhood education which would expose them to positive, stimulating experiences. This can be done by bringing the services to their communities such as is done with the Roving Caregivers Programme in some countries. Funding should be made available for teacher training that emphasizes early childhood and hands-on learning.

2. Invest in Quality Education for All – Including Teen Mothers and Youth with Disabilities

The formal education curriculum of many Caribbean countries needs to be revamped to ensure that it is gender-sensitive. That is, it should meet the particular psychological and other developmental needs of both boys and girls. Investments must be made to ensure that both boys and girls complete their secondary education, and this includes teen mothers. Young people with disabilities are entitled to all the rights found in the CRC, including education and hence investments should be made to ensure that all schools are outfitted to meet their needs.

In addition, education should meet the needs of non-academically inclined youths and prepare them for alternative employment opportunities, including self-employment. This will help ensure that children remain in school and will also help, in the long term, to reduce levels of unemployment in Caribbean countries. Governments can take the lead in the provision of credit to young entrepreneurs. Investment is also needed in programmes or opportunities to encourage youth in positive activities and to promote their meaningful participation in issues affecting their

lives. A greater emphasis needs to be placed on life skills development including activities on non-violent alternatives to conflict resolution and stress management among young people. In so doing, countries would begin to see a reduction in the levels of anti-social behaviours among young people.

Improved education opportunities can translate into greater economic and employment opportunities, which can help reduce levels of poverty in Caribbean SIDS, including among the majority single parent, female-headed households.

3. Invest in Legislative Reform and Programmes to Reduce Violence and Abuse

All Caribbean countries already have legislation in place regarding several aspects of protecting children from abuse, exploitation and violence. In a number of instances, however, existing legislation needs to be strengthened and/or enforced. In other cases the laws may require revision, such as raising the age of criminal responsibility to 18 years in all countries, in keeping with the definition of the child under the CRC. In some countries new legislation may be needed – for example, on mandatory reporting of child abuse. A policy of zero tolerance of child abuse needs to be adopted. Where countries do not have the human and financial resources to undertake the review and reform of legislation, the process may be more appropriately undertaken collectively – as the OECS is doing under its Family Law and Domestic Violence Legal and Judicial Reform Project.

In addition, young people must be incorporated into reflection and planning to address escalating levels of violence in communities. They need to be recognized as societal assets and efforts should be made to develop and provide appropriate avenues for them to contribute to overcoming the challenges of negative influences. Opportunities should be provided to allow them to exhibit their strength and leadership and to participate positively in the process of social development. Both their vulnerability and their potential need to be addressed concurrently.

Adolescents especially must be provided with

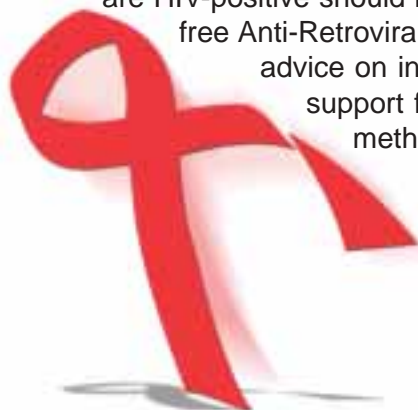
appropriate opportunities for the well-rounded development of all aspects of themselves as individuals. Access to information is important but equally so is the opportunity to practice and develop certain competencies in an 'apprenticeship to life' environment. This all underscores the need for the creation of spaces to allow adolescents and young people room for greater involvement in issues of relevance to them

4. Invest in Programmes to Comprehensively Tackle HIV/AIDS

Programmes and policies to address the HIV/AIDS pandemic need to be comprehensive and multisectoral. It is vital to break the silence surrounding the disease and address the issues of stigma and discrimination. Children infected or affected by AIDS must not be discriminated against or denied access to education or medical services.

Young people must be provided with relevant information about HIV/AIDS and prevention methods, as well confidential counselling and testing and treatment for STIs. In addition, the time is right to focus on behaviour and attitude change. There is a need to invest in research to understand the sexual behaviours of young people and to implement programmes (based on the research) to help change behaviours and attitudes that can lead to contracting HIV/AIDS. Young people should be involved in the design, planning, implementation and evaluation of such programmes.

National policies to protect children should include the testing of all expectant mothers. Those who are HIV-positive should be provided with free Anti-Retroviral Therapy (ART), advice on infant feeding and support for the feeding method of their choice.



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APPENDICES

Appendix 1: Comparative Select Economic Indicators

Country	Size(km ²)	HDI rank	GDP per capita (US \$)	GDP growth rate 2004 (est.)	GDP per capita annual growth rate	Total debt-service (as % of GDP) 1990–2001
Antigua & Barbuda	442	56	9,961	1.0	2.7	114
Bahamas	13,939	49	15,797	3.0*	0.1	
Barbados	431	27	10,281	3.0	2.1	
Belize	22,960	67	3,258	3.0	1.6	93
Cuba	110,900	52			3.7	
Dominica	750	68	3,661	1.0		
Dominican Republic	48,730	94	2,494	(1.0)	4.2	
Grenada	345	93	3,965	4.5	2.9	112
Guyana	214,970	92	912	2.4	4.4	200
Haiti	27,750	150	460	(5.0)	1.7	
Jamaica	11,424	78	3,005	2.1	(0.5)	139.4
St. Kitts & Nevis	269	51	7,609	2.4	3.9	160
St. Lucia	616	71	4,222	2.0	0.7	
St. Vincent & the Grenadines	388	80	3,047	2.8	2.5	
Trinidad & Tobago	5,128	54	6,752	6.2	2.9	

Sources: UNDP, 2003; Caribbean Development Bank, 2003; IMF, 2003; Planning Institute of Jamaica, 2004.

Appendix 2: Comparative Select Social Indicators

Country	Population (000s)	Population under 15 years (%) 2001	Poverty line headcount (%) H'holds Pop.		Public expenditure on pre-primary and primary education(as % of all levels 1998- 2000)	Per capita health expenditure (US\$)2000
Antigua & Barbuda	71.8				36.9	629
Bahamas	303	29.3			40.8*	1,111
Barbados	268.8	20.5	9	14	35.9	909
Belize	249.8	38.3	25	33	46.7	273
Cuba	11,300	20.8			44.5	193
Dominica	72	29.8	29	39	64.4	340
Dominican Republic	8,500	33.0				357
Grenada	101.4	28.0	24	32	72.3	351
Guyana	764.0	30.2		35		198
Haiti	8,400	39.8			38.3	56
Jamaica	2,597.4	31.2		19.7	40.4	208
St. Kitts & Nevis	44.5		16	32	59.8	658
St. Lucia	155.0	30.6	19	25	40.1	272
St. Vincent & the Grenadines	112.0	31.2	31	38	56.6	374
Trinidad & Tobago	1,290.1	24.1		21	59.6	468

Sources: UNDP, 2003; Cunningham and Correia, 2003, Central Statistical Office, Belize, 2003, Planning Institute of Jamaica, 2004.

* This percentage refers to expenditure on all levels of education in the Bahamas.

Appendix 3: Children and Immunization

Country	Immunization (%) 2002 1-year-old children			
	Measles	DPT3 ¹	TB ²	HepB3 ³
Antigua & Barbuda	97	98		99
Bahamas	92	98		
Barbados	92	84		
Belize	96	89	95	
Cuba	98	99	99	98
Dominica	99	98	99	
Dominican Republic	92	72	99	63
Grenada	96	98	91	98
Guyana	95	91	91	85
Haiti	53	43	71	
Jamaica	88.3	87	96	
St. Kitts & Nevis	94	98	97	
St. Lucia	89	74	99	97
St. Vincent & the Grenadines	98	99	99	
Trinidad & Tobago	91	89	90	

1=Diphtheria, Pertussis and Tetanus; 2=Tuberculosis; 3=Hepatitis B

Sources: UNICEF, 2004: PIOJ and Statin, 2003; <http://www.unicef.org>

Appendix 4: Infant Mortality Indicators

Country	Infant mortality rate (under 1)	Under-5 mortality: average annual rate of reduction 1990–2002	Under-5 mortality rate	Antenatal care coverage (%) 1995–2002
Antigua & Barbuda	12		14	100
Bahamas	13	5.0	16	
Barbados	12	1.1	14	89
Belize	34	1.7	40	96
Cuba	7	3.1	9	100
Dominica	18	3.6	15	100
Dominican Republic	41	4.5	47	98
Grenada	20	3.3	25	98
Guyana	54	1.9	72	81
Haiti	79	1.7	123	79
Jamaica	17	4.4	20	99
St. Kitts & Nevis	20	3.4	24	100
St. Lucia	17	1.9	19	100
St. Vincent & the Grenadines	22	0.3	21	99
Trinidad & Tobago	17	1.5	20	92

Sources: UNICEF, 2003b; PIOJ and Statin, 2003; <http://www.unicef.org>

Appendix 5: Select Nutrition Indicators

Country	% of infants with low birthweight 1998–2002	% of under-5s (1995 - 2002) suffering from:			
		Underweight		Wasting	Stunting
		Moderate & severe	Severe	Moderate & severe	Moderate & severe
Antigua & Barbuda	8	10x	4x	10x	7x
Bahamas	7				
Barbados	10x	6x	1x	5x	7x
Belize	6	6x	1x		
Cuba	6	4	0	2	5
Dominica	10	5x	0x	2x	6x
Dominican Republic	14	5	1	2	6
Grenada	9				
Guyana	12	14	3	11	11
Haiti	21	17	4	5	23
Jamaica	9	6		3	6
St. Kitts & Nevis	9				
St. Lucia	8	14x		6x	11x
St. Vincent & the Grenadines	10				
Trinidad & Tobago	23	7x	0x	4x	5x

X=indicates data that refer to years or periods other than those specified in the column heading; differ from the standard definition; or refer to only part of a country.

Source: UNICEF, 2003b.

Appendix 6: Select Primary Education Indicators

Country	Primary school enrolment ratio 1997–2000 (net)		Net primary school attendance (%) 1992–2002		% of primary school entrants reaching Grade 5 1995–2001
	Male	Female	Male	Female	
Antigua & Barbuda					
Bahamas	86	80			78
Barbados	100	100			
Belize	98	100			78
Cuba	98	97			95
Dominica	89	89			86
Dominican Republic	92	93	92	93	75
Grenada					
Guyana	99	97	86	88	91
Haiti	78	83	52	57	41
Jamaica	95	95	77	80	89
St. Kitts & Nevis	92	86			
St. Lucia	100	100			95
St. Vincent & the Grenadines	90	78			
Trinidad & Tobago	93	92	94	95	100

Source: UNICEF, 2003b.

Appendix 7: Age Stipulations

	Minimum age for leaving school	Minimum age for employment	Parental duty to support	Age used to define child abuse	Age of sexual consent	Minimum age for marriage	Minimum age for criminal responsibility	Age of majority under penal law
Antigua & Barbuda	16	14	16	18	16	18	8 ⁸ /14	16
Bahamas	16	14 ¹ /16 ²	18	18	16	13 ⁴ /15 ³ /18	14	18
Barbados	16	16/18 ² /15 ¹	18	16	16	16 ³ /18	7/11 ⁸	16
Belize	14	12 ¹ /14/18 ²	18	18	16	14 ³	9	18
Dominica	16	12/14 ²	15/18 ¹¹	-	16	16 ³ /18	12	18 ²
Grenada	14	14	16/18 ¹²	16	16	-	7/12 ⁸	-
Guyana	15	15	16 ¹⁷	18	13 ¹⁸	16/18 ³	10	17
Haiti	-	15	-	-	-	18 ⁷	13	16
Jamaica	14	13 ¹ /15/18 ²	-	18	16	16 ³ /18	12	14 ⁹ /18
St. Lucia	-	-	-	-	16	-	8 ⁸ /14	-
St. Kitts & Nevis	16	16	-	16	16	16	8	18
St. Vincent & the Grenadines	-	14	16 ¹⁰ /18	16	14/15	15 ^{**} /16 [*]	8	16
Suriname	12	14/18 ²	21 ¹⁴	-	13/15/18	**13 ¹³ , 15 ¹³ / [*] 15 ³ , 18 ³	10	16 ⁹ /18
Trinidad & Tobago	14	14	18	18	14 [*] /16 ^{**}	**12 ¹⁵ , 14 ⁷ / [*] 14 ⁵ /16 ⁶ / [*] 18 ⁷	7	18

Source: UNICEF, The Convention on the Rights of the Child, fifteen years later, the Caribbean, UNICEF, Regional Office for Latin America and the Caribbean, 2005

1=part-time employment; 2=Dangerous or unhealthy employment; 3=With parental consent; 4=In exceptional circumstances with judicial authorization; 5=For marriages under Islamic Law with parental consent; 6=For marriages under Hindu Law (with parental consent for girls); 7=There is no statutory minimum age for marriage with parental consent; 8=Age at which there is refutable presumption that child is not responsible (the doll incapax rule); 9=For serious crimes; 10=If parents are married; 11=Children attending school; 12=Children with disabilities or attending school; 13=Under the Asian Marriage Act; 14=Unless children are married; 15=Under Common Law and Islamic Law with parental consent; 17=Until 16 or longer if children have "bodily or mental infirmity" and cannot maintain themselves; 18=Amendment being tabled in the National Assembly, but will probably be passed at 18; 19= in the private sector; 20=in the public sector.

*boys **girls

Appendix 8: Disability in Children According to Type

Country	Visual	Hearing	Moving	Strange Behaviour	Fits	Learning	Hansens Disease	Other
Antigua & Barbuda	4	3	19		5	27		
Barbados		3	4		2	9		
Dominica	15	11	5	2	4	63		3
Grenada	2	15	2	2	4	12		
Guyana	32	66	26	15	14	30	8	35
St. Kitts & Nevis	13	21	14	9		20		5
St. Lucia	19	12	6	3	1	45		8
St Vincent & the Grenadines	4	11	6	4	3	21		2
Trinidad & Tobago	41	30	16	10	17	39		

Source: UNICEF, 2000b.

Appendix 10: Monitoring the Commitments and Progress (a) Overall Status

1. Promoting healthy lives

Goals	Status
Reduce infant and under-five mortality by at least one third, in pursuit of the goal of reducing it by two thirds by 2015.	Virtually all Caribbean countries have made notable progress in reducing mortality among infants under one year old and children under five. No Caribbean country falls within the 'very high' category of under-five mortality rates and only Haiti falls within the 'high' category (71-140 deaths per 1,000 live births). Nevertheless, serious challenges remain.
Reduce the maternal mortality ratio by at least one third, in pursuit of the goal of reducing it by three quarters by 2015.	The record regarding reduction in the maternal mortality ratio is mixed. At one extreme, Barbados recorded no maternal deaths; at the other extreme, Antigua & Barbuda and St. Kitts & Nevis recorded 150 and 130 deaths per 100,000 live births. Extrapolated trends indicate that it is unlikely that targets for reductions in maternal mortality will be achieved (UNDP/UWI, 2004).
Reduce child malnutrition among children under five by at least one third, with special attention to children under two, and reduce the rate of low birth weight by at least one third in the current year.	Country poverty assessment reports for all the countries indicate double-digit levels of poverty among the general population. Where data is available, poverty rates among children and youths are worse than the national averages. It is likely that given these deeper levels of poverty, malnutrition is a problem. Data regarding low birth weights indicate scope for improvement in several countries.
Reduce the proportion of households without access to hygienic sanitation facilities and affordable safe drinking water by at least one third.	In general, very high percentages of the population in Caribbean countries have access to safe drinking water and sanitation facilities.
Develop and implement national early childhood development policies and programmes to ensure the enhancement of children's physical, social, emotional, spiritual and cognitive development.	Notable progress continues to be made in this regard in all the countries.
Develop and implement national health policies and programmes for adolescents, including goals and indicators, to promote their physical and mental health.	Progress is also being made in this regard.
Provide access through the primary health-care system to reproductive health for all individuals of appropriate ages as soon as possible and no later than 2015.	While primary health care is widely accessible in all the countries, ensuring universal accessibility by the specified target date may be challenging due to resource constraints.

2. Providing quality education

Goals	Status
<p>Expand and improve comprehensive early childhood care and education for girls and boys, especially the most vulnerable and disadvantaged children.</p>	<p>Indices measuring early education, such as pre-primary school enrolment ratios, are generally adequate. In the larger countries, with different population sub-groups, indicators need considerable improvement.</p>
<p>Reduce the number of primary school-age children who are out of school by 50 per cent and increase net primary school enrolment or participation in alternative, good quality primary education programmes to at least 90 per cent by 2010.</p>	<p>Data on the number of primary school-age children out of school are difficult to access regionally. Alternative good quality education stressing life skills, vocational and technical training needs to be addressed in most countries.</p>
<p>Eliminate gender disparities in primary and secondary education by 2005 and achieve gender equality in education by 2015, with a focus on ensuring girls' full and equal access to and achievement in basic education of good quality.</p>	<p>Gender disparities do exist at the secondary levels of education systems, though these disparities are not regarded as structural. Where previously pregnant students were automatically expelled from school, this practice has been largely discontinued.</p>
<p>Improve all aspects of the quality of education so that children and young people achieve recognized and measurable learning outcomes, especially in numeracy, literacy and essential life skills.</p>	<p>In several countries, a substantial portion of the total resources committed to the education sector is devoted to primary education.</p>
<p>Ensure that the learning needs of all young people are met through access to appropriate learning and life skills programmes</p>	<p>To varying extents, all the countries are undertaking this objective. In several instances, life-skills programmes are also being provided by non-governmental organizations (NGOs) such as Young Men's/Women's Christian Associations and others.</p>
<p>Achieve a 50 per cent improvement in levels of adult literacy by 2015, especially for women.</p>	<p>At the higher secondary and tertiary levels of education systems across the Caribbean, there are more women than men, except in sciences and agriculture. This has led to the growth of literature on the 'marginalization' of the Caribbean male. However, women continue to be underrepresented in decision-making positions and to earn less for work of equal value.</p>

3. Protecting against abuse, exploitation and violence

Goals	Status
<p>Protect children against all forms of abuse, neglect, exploitation and violence</p>	<p>Child labour remains an issue in Belize, where for cultural reasons it is practiced among the indigenous Maya. In 1993, Barbados extended the definition of child abuse to include emotional abuse (Barrow, 2001).</p>
<p>Protect children from the impact of armed conflict and forced displacement, and ensure compliance with international humanitarian and human rights law.</p>	<p>In Jamaica, violent conflicts among rival gangs in inner cities often result in school closures, which affect children. According to a published report, 80 per cent of children have witnessed street violence, 74 per cent have witnessed a stabbing, 67 per cent know of a community member who died from violence, 60 per cent have witnessed gang wars and a similar percentage have witnessed gun shootings (Tortello, 2004). Ongoing state responses include expanding the services of the Trauma Intervention Programme at the Guidance and Counselling Unit in the Ministry of Education.</p>
<p>Protect children from all forms of sexual exploitation, including paedophilia, trafficking and abduction.</p>	<p>There are no reliable statistics on sexual abuse or sexual exploitation of children in the Caribbean. However, anecdotal evidence gleaned from interviews at the community level and partial statistics from health and welfare systems region-wide, as well as crisis centres, indicates that the problem of the sexual abuse of children is widespread and relatively common.</p>
<p>Take immediate and effective measures to eliminate the worst forms of child labour as defined in ILO Convention No. 182, and elaborate and implement strategies for the elimination of child labour that is contrary to accepted international standards.</p>	<p>All the countries in the region have been signatories to the UN Convention on the Rights of the Child since 1993 and several have prepared periodic reports on the status of their children. Regional countries are also signatories to the three ILO conventions (58, 138 and 182) dealing with child labour.</p>
<p>Improve the plight of millions of children who live under especially difficult circumstances.</p>	<p>Existing high levels of poverty will continue to impact on the plight of children. Evidence from the Dominica Country Poverty Assessment (Cunningham and Correia) indicates that poverty is less likely to affect children who are living with both parents.</p>

4. Combating HIV/AIDS

Goals	Status
<p>By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010, and intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys.</p>	<p>HIV prevalence among the general populations of the Caribbean ranges from 6.1 per cent in Haiti to 1.2 per cent in Barbados, indicating a wide variation in prevalence rates. Haiti remains a particular challenge since over 15 per cent of its children are estimated to be orphans. That percentage is more than double the regional average. Ongoing responses to the epidemic include the activities of the Pan Caribbean Partnership Against HIV/AIDS (PANCAP) and efforts to establish production facilities in Guyana to facilitate cheaper access to anti-retroviral therapy (ART). These drugs are currently being provided via donor assistance from the international community, and this needs to be continued if the project is to be sustained.</p>
<p>By 2005, reduce the proportion of infants with HIV by 20 per cent, and by 50 per cent by 2010, by ensuring that 80 per cent of pregnant women accessing antenatal care have information, counselling and other HIV prevention services available to them, increasing the availability of and providing access for HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected woman, including voluntary and confidential counselling and testing, access to treatment, especially anti-retroviral therapy, and where appropriate, breast milk substitutes and the provision of a continuum of care.</p>	<p>Voluntary and confidential testing facilities exist in all countries and such services are largely accessed free of cost. The provision of ART is also being undertaken, as is the provision of free milk substitutes to new mothers. It is estimated, however, that less than 10 per cent of infected persons in the Caribbean region have access to HIV-fighting drugs. UNAIDS estimate that the number of children orphaned by AIDS will continue to rise at least for the next decade.</p>
<p>By 2003, develop and by 2005 implement national policies and strategies to build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS, including by providing appropriate counselling and psychosocial support, ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children, and protecting orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance.</p>	<p>Intense advertising campaigns against the spread of HIV/AIDS exist as well as the provision of free condoms by the Ministries of Health. Discrimination against HIV-positive people still exists, hence the need for proactive legislative intervention.</p>