Situation Analysis of Children and Women

in

Antigua and Barbuda, Barbados, the British Virgin Islands, Dominica, Grenada, Montserrat, St. Lucia, St. Kitts and Nevis, St. Vincent and the Grenadines and the Turks and Caicos Islands

UNICEF/EASTERN CARIBBEAN OFFICE

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Situation Analysis of Children and Women
In Ten Countries of the Caribbean Region

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ACRONYMS

CARICOM	Caribbean Community
CRSF	Caribbean Regional Strategic Framework on HIVAIDS
CBO	Community Based Organization
CIDA	Canadian International Development Agency
CDB	Caribbean Development Bank
CDERA	Caribbean Disaster Emergency Response Agency
CSME	CARICOM Single Market and Economy
CRC	Convention on the Rights of Children
CEDAW	Convention on Elimination of All Forms of Discrimination against Women
CWIQ	Core Welfare Indicators Questionnaire
DFID	United Kingdom Department for International Development
ECLAC	United Nations Economic Commission for Latin America and the Caribbean
EU	European Union
FAO	Food and Agricultural Organization
GDP	Gross Domestic Product
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
IDB	Inter-American Development Bank
IPRSP	Interim Poverty Reduction Strategy Papers
ILO	International Labour Organization
IOM	International Organization on Migration
MDG	Millennium Development Goal
MTCT	Mother to Child Transmission
NGO	Non-Governmental Organization
OECS	Organization of Eastern Caribbean States
PAHO	Pan American Health Organization
PANCAP	Pan-Caribbean Partnership against HIV/AIDS
PRSP	Poverty Reduction Strategy Papers
RCP	Roving Care Givers Programme
SIDS	Small Island Developing States
SITAN	Situation Analysis of Children and Women
SPARC	Support to Poverty Assessment and Reduction in the Caribbean
UK	United Kingdom
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organization
UNICEF	United Nations International Children's Fund
UNIFEM	United Nations Development Fund for Women
UNFPA	United Nations Population Fund
UNDAF	United Nations Development Assistance Framework
UNSGVAC	United Nations Secretary General's Report on Violence Against Children
US	United States
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

EXCECUTIVE SUMMARY

The ten countries covered by this report (Antigua and Barbuda, Barbados, the British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines and the Turks and Caicos Islands) are Small Island Developing States (SIDS). They are characterized by notable political stability, with open and competitive democracies and strong opposition parties. Social indicators are relatively good and point to the commitment of governments to improving the quality of life of residents. Despite these considerable advances, countries face unique challenges in providing services to children and their families and all countries have considerable work left to do to ensure the full realization of the rights of women and children to survival, development, protection and participation.

This Situation Analysis (prepared between October 2006 and January 2007) examines progress in the achievement of the rights of children and women and identifies gaps and priorities for future action. A rights based framework guided the report and the methodology involved review and synthesis of existing data and consultations with programme partners and stakeholders, including children.

The Economic Environment

All countries have predominantly service-based economies with Gross Domestic Product (GDP) per capita ranging from around US$4,000 - $4,700 in Dominica, Grenada, St. Lucia and St. Vincent and the Grenadines to around US$ 10,000 in Barbados and Antigua and Barbuda, US$17,000 in the Turks and Caicos Islands and US$40,500 in the British Virgin Islands. Unemployment rates are high in most countries, with average unemployment equal to 12 percent among men and 16 percent among women. Youth unemployment is a concern, with average unemployment rates among youth ranging from 13 percent in Antigua and Barbuda to an alarming 56 percent in Dominica. The sub-region was characterized by steady economic growth throughout the 1980s and the first half of the 1990s. After that, economic growth slowed because of weakening export performance, competitive pressures from lower-priced tourist destinations and sharp reductions in productivity growth associated with shifts in the composition of investment. These trends were exacerbated by the negative shocks of the early 2000s, including natural disasters, the terrorist attacks of 9/11 and the related reduction in travel, the global economic slowdown, eroding trade preferences, and oil price increases. The sub-region is experiencing a period of renewed growth, but economic prospects remain uncertain and these small island economies remain among the most vulnerable in the world.

Population and Human Development

The sub-region has a relatively young population – 35 percent are under the age of 20 and about 9 percent are between the ages of 20 and 24. An important demographic feature of the sub-region is the predominance of female-headed households, with women heading between 30 and 45 percent of all households. Female-headed households are more vulnerable – they are more likely to be poor, are larger and have more dependents (children and elderly relatives). More than half the populations of most countries live in rural areas, where poverty levels are typically higher and access to services more limited.

International migration and migration from rural to urban areas is a central element of the demographic landscape. Migration has helped to keep population growth in check and remittances provide essential economic support. However, migration also extracts social costs in

terms of the separation of children from parents and decline in the quality of supervision of children left behind, including some cases in which children are left to raise other children.

All countries in the sub-region are ranked as “medium” or “high” on the UNDP Human Development Index. Income growth over the past three decades has been accompanied by increasing access to basic services and access to water and sanitation is over 90 percent. However, migration to urban areas has resulted in overcrowding, inadequate housing and over-taxed utilities. These conditions increase social pressures and the risk of accidents and illnesses for children and may result in a general deterioration of the protective environment for children and women. In addition, violence – fuelled by social norms that, in many circumstances, condone it and by the illegal drug trade – is a regular feature of the lives of many Caribbean children and women, and this violence diminishes the quality of their lives.

Poverty and Inequality

Income inequality is significant and poverty levels range from 14 percent in Barbados to 38 percent in St. Vincent and the Grenadines. Poverty is manifested in low incomes, more limited access to education and other basic services, inadequate housing, unsafe environments, social discrimination and exclusion, and more limited participation. Households with inadequate income are more vulnerable to changing economic and social circumstances and reduced income-earning potential and are at greater risk of domestic violence, teenage pregnancy and drug use. Reducing hunger poverty is an MDG goal; however, pockets of malnutrition and food insufficiency are still found. Severe malnutrition affects about six to nine percent of children under five. About three out of every 20 children in Barbados, eight out of every 20 in St. Lucia and nine out of every 20 in St. Vincent and the Grenadines live in households facing food insecurity. The gender dimension of poverty is evident in most countries. Poor households are typically large and they have more children than non-poor households. In addition, they often adopt coping strategies that are harmful to children, including keeping children home from school, child labour, not seeking required medical care, reducing food intake, etc. Governments actively pursue poverty reduction programmes in collaboration with international agencies and civil society; however, these will need to do a better job of targeting children and women.

Natural Disasters and Vulnerability

Natural disasters, including hurricanes, floods, landslides, droughts, earthquakes, and volcanic eruptions, are regular occurrences. Disasters affect people in many ways and compound vulnerability of women and children. National disaster organizations, under the umbrella of the Caribbean Disaster Emergency Response Agency, plan, coordinate, educate, train and advocate emergency response efforts, but considerable work remains if countries are to be better prepared.

Governance

Strengthening governance, including increasing voice and accountability, promoting government effectiveness and promoting the rule of law, will be required to advance the rights of children and women. The lack of data on the status of children and women makes it difficult to track progress toward achievement of the MDGs and the rights children and women. Evidence-based policymaking requires upgraded social planning capacity, including the capacity to monitor and evaluate programmes in the different ministries and agencies that provide services to children and women. Countries participate in a number of regional institutions and these organizations provide important opportunities for policy alignment, technical collaboration and capacity building. Regional cooperation also serves as a strategy for rationalizing the use of scarce

resources by pooling resources at the sub-regional and regional levels. Civil society, particularly non-governmental and community-based organizations, has been a dynamic partner in advancing the rights based agenda. Nevertheless, inadequate financing, and weak implementation, monitoring and accountability systems are common characteristics of civil society organizations, which have weakened their implementation capacity and their impact on the rights agenda.

ANALYSIS OF THE SITUATION OF CHILDREN AND WOMEN

SURVIVAL RIGHTS

Health Status of Children

Infant and child mortality rates are low and declining, with averages of 17 and 14 per 1,000 live births, respectively. However, perinatal mortality is either stable or increasing throughout the sub-region. This is partly related to the high incidence of teenage pregnancy. The proportion of infants with low birth weight remains between 8 and 10 percent and very few at risk infants, including low birth weight and malnourished infants, have access to the required early intervention services. The sub-region has achieved excellent immunization coverage with rates above 95 percent for DPT, polio, and measles, mumps, and rubella. Very few mothers exclusively breast feed until the sixth month. Lifestyle diseases, including obesity and diabetes are an increasing concern amongst children. Nutritional monitoring systems are not very strong.

Health Status of Adolescents

Adolescents in the sub-region are essentially healthy. However, the health of adolescents is increasingly affected by unprotected sex. About 20 percent of Caribbean students under the age of 12 report having had at least one sexual experience. Sexual initiation is often forced upon the child. The high percentage of teen mothers, accounting from 10 to 20 percent of live births in Dominica, St. Kitts and Nevis, St. Lucia and the Turks and Caicos Islands, is a concern. Teenage pregnancy results in health problems for the mother and a disproportionate share of maternal deaths and is more likely to result in health problems for the baby. Teenage pregnancy also contributes to the feminisation of poverty. Adolescent boys are at higher risk of dropping out of school, crime, violence and substance abuse and are disproportionately the victims of violence. Efforts to inform young people about the consequences of unsafe sex, including pregnancy, STDs and HIV/AIDS, have been relatively successful, but have not resulted in concomitant behavioural change. In addition, adolescents do not have access to confidential health services, particularly reproductive health services.

Health Status of Women

Maternal health indicators are positive and this is the result of widespread access to family planning services and prenatal care and presence of skilled attendants at almost all births. Although access to prenatal care is near universal, it would be better if more women started receiving this care earlier in their pregnancies. About 25 percent of adult women are obese, and this is almost twice as many as their male counterparts and obesity is related to increasing incidence of chronic lifestyle diseases, including diabetes, hypertension and heart disease. Violence against women interferes with the right of victims to health and sometimes to survival.

HIV/AIDS

HIV/AIDS has emerged as a major development problem for the region. AIDS is now the leading cause of death in the 15 to 44 year old age group. However, exact data on the number affected is not available due to poor surveillance. In St. Lucia and Grenada, the HIV prevalence rate is 0.1 and 0.5 respectively. In Barbados, the adult prevalence rate is equal to about 1.5 percent with 2,700 reported cases of AIDS. Of this, 1000 are women and less than 100 are children. There is a gender dimension involved, with the annual incidence of HIV three to six times higher in women 15 to 24 years old than in men of that age group. Mother to Child Transmission is also a concern and data suggests that it accounts for 6 percent of all reported cases. About 10 percent of infected persons have access to anti-retroviral drugs. Studies indicate that while most young people are knowledgeable about HIV/AIDS, this knowledge has not yet been translated into concomitant behavioural change. The need for improved monitoring systems to track the epidemic is widely recognized. A major challenge for the sub-region will be to reduce the incidence of the disease in the face of the social and behavioural norms that fuel the epidemic. Promising results from Barbados suggest that progress is possible.

DEVELOPMENT RIGHTS

Education

Enrolment rates among children birth to 2 years old range from 5 percent to 53 percent; preschool enrolment rates range from 55 to 95 percent. The quality of pre-primary service delivery varies widely. Most countries lack planned approaches to early childhood care and development. However, work in the sub-region in the last decade has demonstrated that much can be achieved at regional level through training and workshops and involvement of senior policymakers and monitoring of implementation of policy and plans of action.

All countries have achieved universal primary education for girls and boys; however, primary completion rates average 85 percent. All countries in the region have achieved or on the road to achieving universal secondary education. However, education outcomes are unsatisfactory, and this is despite relatively high spending on education. Girls generally outperform boys in terms of enrolment, completion and pass rates, but this does not hold in all cases. Girls are disadvantaged in the school system, but in different ways, including tracking into lower end technical and vocational training and the fact that most teenage mothers do not complete their secondary education. All countries provide services to children with disabilities, but all countries lack facilities and skills to adequately address the needs of children with disabilities. Opportunities for non-academically oriented students and for post-secondary education and training are limited. In addition, the environment in many schools is not conducive to learning and many schools do not provide sufficiently protective environments for children. Corporal punishment remains a legal option for use in schools in most countries under review. Moreover, it is only one form of violence at schools. Children are involved in fights, they are victims of robbery and some are chased by gangs. Verbal and emotional violence from teachers and other adults and between students is common.

Leisure, Association and Information Rights

Government and civil society partners make efforts to provide leisure, play, cultural activities and information, but resources for fully realizing these rights are insufficient. The freedom of

expression and association is guaranteed by the constitutions of all countries. At the same time, rights of expression and association can be limited in social practice, if not by law. Information and communications technology is underdeveloped and this often limits access to information.

PROTECTION RIGHTS

Children and Their Families

The vast majority of families work hard to fulfil their obligations to their children. Most children live with either one or both of their parents and most feel that their families provide caring environments. However, between 20 to 30 percent of children in some countries is not living with either of their parents. International immigration is the primary reason that children are not living with their parents. Child shifting, the practice of children living in different households at different times, is a long standing practice in the sub-region and does not necessarily mean that children are left uncared for or unsupervised. However, the burden of care for these children falls heavily on female relatives (typically the grandmother) and without the traditional supports from extended families and the communities.

Shortcomings in parenting skills, including authoritarian child rearing practices and the use of corporal and other forms of abusive punishment, have been widely noted. A large number of children are born outside of marriage and protection of these children and their mothers, including legal protection and access to social safety net programmes, is not always guaranteed. There is considerable debate about the role of fathers in the Caribbean. It seems that most fathers are involved with their children – emotionally if not financially but that many fathers fail to meet their financial obligations to children.

Children in Need of Special Protection

Violence against children and women is reported to be widespread, although it is impossible to document its extent due to an unwillingness to report abuse and inadequate systems for reporting and investigation. In a nine-country survey of Caribbean school children, about 15 percent of girls and 17 percent of boys reported that they had been physically abused and about 11 percent of the girls and 9 percent of the both reported that they had been sexually abused. Juvenile justice systems are still not in line with CRC or international standards. In addition, the region is witness to growing violence by children against other children. A number of factors perpetuate this violence, including poverty, lack of parenting skills, mental illness, substance abuse, unwanted children, cultural norms and legal practices. Government and civil society organizations partner to provide protective care for children and women who are victims of abuse, but systems are generally constrained by weak service delivery and marked by inadequate physical infrastructure, staff training, counselling, social work and case management services; and weak administration. In addition, the focus has been on improving the curative side with insufficient attention to prevention.

Children in trouble with the law face juvenile justice systems that are typically inconsistent with the CRC. Countries lack coherent prevention strategies, including appropriate social services and adequate systems for diversion from court proceedings. Inconsistencies in the definition of a child, anachronistic laws and procedures, the absence of protocols for the treatment of juveniles in the justice system and a lack of appropriate facilities and training for police, judiciary, legal and social service professionals are common to all countries. Access to education among children who are incarcerated is uneven. In combination, these deficiencies reduce the likelihood of successful reintegration of the juvenile into the community and threaten adolescent rights.

About 2 percent of children in the sub-region have some form of disability and the rights of these children are frequently violated. Children (and adults) with disabilities have more limited access to health, education, training, public buildings and transportation and have fewer opportunities for employment and social participation. Mainstreaming and inclusion of persons with disabilities remains an important objective.

Some level of child labour exists in all countries in the sub-region but the extent is unknown and the absence of data on child labour makes it difficult to fight the problem. Trafficking in persons is not widespread in the sub-region, but appears to occur in at least some countries.

The Social Safety Net

Countries implement an array of safety net programmes, but these do not adequately protect and support children and their families. Children and women, especially unmarried women and migrant households, are particularly vulnerable in the absence of an adequate safety net. Improved targeting, coverage and efficiency of safety net programmes will be required. Civil society organizations have played an important role in filling gaps in the safety net.

PARTICIPATION RIGHTS

Children and Participation

Efforts to incorporate the views of children and young people, including student government, youth groups, youth ambassadors and others, have created opportunities for participation; however, participation among children in not widely promoted and social norms do not consider participation by children important. More attention to soliciting the opinions of young people in the development of public policies and the design of programmes for young people is needed.

Women and Participation

The legal and constitutional rights of women are reasonably well-established and basic human rights and fundamental freedoms, including political rights, are entrenched. Women participate in the political process through voting, canvassing and membership of boards but despite this active participation, they still do not have a strong political voice. The number of women in national parliaments and at the ministerial level remains small. The under-representation of women at the political and policy levels has implications for democracy and governance and makes it more difficult to mainstream gender into policy and planning.

THE LEGAL AND POLICY FRAMEWORK

Implementation of the CRC and CEDAW

Implementation of the CRC requires a multi-sector, multiple agencies approach; however, mechanisms for coordination are either weak or nonexistent. As a result, most countries lack comprehensive national agendas and strategies for implementation of the CRC. Another challenge for governments, especially in light of fiscal constraints, will be to improve the efficiency of spending on programmes for children and to identify resources for social care and juvenile justice are not sufficient to ensure implementation of the CRC. Capacity to monitor implementation of the CRC (and CEDAW) needs to be strengthened. Continued involvement of civil society will be critical for progress on implementation. A long planning horizon for full

implementation will be needed to change deeply engrained social norms about what is good for children.

The Legal Foundation

Most countries in the sub-region have reviewed their family laws and some revision and reform has taken place in all countries, albeit at a slower than desired pace and typically in an ad hoc fashion. However, legislation in most countries still does not fully recognize social realities, including children born out of wedlock and child protection and domestic violence legislation is absent or not sufficiently comprehensive. Where legislation does exist, attempts to protect children are fragmented, and in different pieces of legislation. The age of majority varies and does not reflect international definitions. A number of agencies provide support for strengthening the legal framework of countries and some countries have moved forward in this regard. However, modernizing and harmonizing legislation across the sub-region remains a challenge.

The Policy Environment

Most countries have articulated social policy frameworks, for example through Poverty Reduction Strategy Papers, Strategic Plans and Medium Term Social and Economic Frameworks, however, sustained efforts will be required to ensure that international conventions regarding children, gender and persons with disabilities are incorporated into policy. Policy for children and women crosses sectors and ministries, and greater inter-ministerial coordination and collaboration is needed to reduce fragmentation in policymaking and programming for children and women. Regional efforts at building social policy analysis capacity have played an important role.

PRIORITIES FOR THE FUTURE

A number of priorities emerge from this Situation Analysis. Realizing these priorities will require sustained and systematic advocacy. Data and data analysis to inform advocacy and strengthen policymaking are vital. Capacity for planning, implementing and monitoring programmes for children and women is required for all priority areas. In addition, it will be important to develop a deeper understanding of the cultural context, values and ideologies that shape attitudes towards the rights of children and women in order to better identify risks to the realization of these rights and to be more effective in addressing these risks. Finally, political and institutional champions need to be identified. Priorities for the future will be to:

- Strengthen Families
- Fill Gaps in Service Delivery for Young Children, Adolescents and Youth
- Make Education for All More Meaningful, Relevant and Equitable
- Increase Priority to Children with Disabilities and Other Socially Excluded Groups
- Strengthen Mechanisms to Address Child Abuse, including Sexual Abuse
- Mobilize All Sectors of Society to Protect and Support Children, Adolescents and Youth
- Strengthen Monitoring, Evaluation and Policy Development
- Expand Public Information and Education

Chapter I. Introduction

I.A. Introduction to the Countries

The ten countries covered by this report are Small Island Developing States (SIDS).[1] Together, they have a combined population of less than 900,000. Barbados, the most populated, has a total population of approximately 270,000; Montserrat, the smallest, has less than 5,000 inhabitants. The most northern of the countries, the Turks and Caicos Islands, is located in the Atlantic Ocean north of Haiti. The remaining countries form a near-continuous archipelago of islands with the British Virgin Islands at the northern end and Grenada at the southern tip. Dominica, the largest of the countries, is 750 sq. km; Montserrat, the smallest, is 103 sq. km.[2]

All countries are characterized by notable political stability with open and competitive democracies and strong opposition parties. Antigua and Barbuda, Barbados, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines were formerly colonies of the United Kingdom (UK). All achieved independence between 1966 and 1983 and all have retained Westminster-style Parliamentary government systems with an executive branch made up of members of the legislature and either a one or a two-house legislature. Montserrat, the British Virgin Islands and the Turks and Caicos Islands remain overseas territories of the UK; however, all have vibrant local government systems.

Social indicators are relatively good in all countries and point to the commitment of governments to improving the quality of life of residents. Infant and maternal mortality rates are low compared to those in other developing countries. Fertility rates have declined and life expectancy has increased. Almost 90 percent of the population has access to safe water and sanitation. All countries have achieved universal access to primary education for girls and boys and all countries have achieved, or are on the way to achieving, universal secondary education.
As discussed in detail in this report, progress on most other Millennium Development and World Fit for Children goals is evident.

Despite these considerable advances, countries face unique challenges in providing services to children and their families. These problems are common to SIDS, and include issues related to small size and high levels of vulnerability. Their small size means that they face significant diseconomies of scale, made worse by shortages of skilled human resources and inefficient administrative systems. Limited economic diversification and high dependence on external trade makes countries vulnerable to external shocks such as global economic downturns, changes in the terms of trade or events that affect tourism such as the terrorist attacks of 9/11. The Caribbean is prone to natural disasters and countries frequently face hurricanes, tropical storms, landslides, earthquakes and/or volcanoes, droughts and flooding. These pose significant economic and environmental threats and increase macroeconomic vulnerability, as well as vulnerability among women and children. By virtue of their size, countries have a restricted land and natural resource base and fragile ecosystems. The mountainous terrain and existence of many smaller islands in some countries makes transportation within countries difficult and increases the challenge of designing, delivering and monitoring programmes for children and their families.

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[1] Antigua and Barbuda, Barbados, the British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines and the Turks and Caicos Islands

[2] These countries are a sub-region of the Caribbean Region and are referred to in this report as the sub-region.

All countries have considerable work left to do to ensure the full realization of the rights of women and children to survival, development, protection and participation. Still on the agenda are reducing poverty and unemployment; expanding access to care and development programmes for young children; improving the quality of education and enhancing the protective environments of schools so as to tap the full potential of all children; improving reproductive health and reducing the spread of HIV/AIDS; protecting children and women from violence and abuse; and expanding meaningful participation by children and women. The goals will need to be reached in the context of an aging population and in the face of the HIV/AIDS epidemic – both of which will drain already scarce resources away from services for children. This report examines progress on the achievement of the rights of children and women, identifies gaps and their causes and consequences, and identifies priorities for future action. This is done in the context of available resources and existing Government, non-governmental and international initiatives.

I.B. Overview of the Situation Analysis

This Situation Analysis (SITAN) of Children and Women was prepared between October 2006 and February 2007. The objective of the SITAN is to establish a common understanding of the main development challenges facing the countries covered by United Nations Children's Fund (UNICEF)/Eastern Caribbean Office as it pertains to children and women. This SITAN presents information on a set of indicators related to survival, development, protection and participation and selected to highlight the condition of children (and of women) in the ten countries covered by this report and provides an assessment of the status of each indicator and its impact on the realization of the rights of the child and women. Indicators relevant to UNICEF's Medium Term Strategic Plan (2006-2009) and to the United Nations (UN) Development Assistance Framework for the Sub-region (2006 –2010) are also included.[3] This report builds on the Sub-regional Common Assessment completed in 2005.

A rights based framework guided the selection of indicators and the assessment of those indicators. This framework, which is guided by the Convention on the Rights of Children (CRC) and the Convention on Elimination of All Forms of Discrimination against Women (CEDAW), views children and women as claim-holders rather than objects of charity (Box 1). Within the overall umbrella of the Millennium Development Goals (MDGs) and its progress and challenges, the Situation Analysis provides a framework for understanding the latest information on the realization of the rights of children to survival, development, protection and participation. To the degree possible given time and data constraints, issues pertaining to CEDAW are also covered. The report focuses particularly on issues pertaining to UNICEF strategic priorities (young child survival and development; basic education and gender equality, HIV/AIDS and children; child protection from violence, exploitation and abuse; and policy advocacy and partnerships for children's rights). It also address issues related to World Fit for Children goals (promoting healthy lives; providing quality education for all; protecting children against abuse, exploitation and violence; and combating HIV/AIDS). The Situation Analysis has been informed by other key international processes pertaining to children and women, particularly the recommendations of the 2002 UN Special Session on Children and the UN Secretary General's Study on Violence Against Children.

[3] The United Nations Development Assistance Framework (UNDAF) represents a common strategy applied by UN system agencies to support governments' national development programmes in Barbados and the OECS. UNDAF focuses on five policy areas (HIV/AIDS advocacy and capacity building; integration of MDGs in the planning framework; disaster preparedness and disaster risk reduction; youth development, human security and peace; and food security).

Box 1: Through a Rights Based Lens

Fulfilment of human rights is the foundation for sustainable human development. Ensuring human rights means creating the conditions for equality so that all people can realize their full potential.
The 1989 Convention on the Rights of the Child details identifies four broad categories as follows:

- **Survival Rights**, which cover a child's right to life and the needs that are basic to existence, including an adequate living standard, shelter, nutrition and access to medical services.
- **Development Rights**, which include things that, children require to reach their full potential, including the right to education, play and leisure, cultural activities, and access to information.
- **Protection Rights**, which require that, children be safeguarded against all forms of abuse, neglect and exploitation, including care for victims of abuse, orphans, children with disabilities, children in conflict with the law, child labour and sexual exploitation.
- **Participation Rights**, which allow children to play an active role in their communities and nations, including the freedom to express opinions, to have a say in matters affecting their own lives, to join associations and to assemble peacefully.

The Convention on the Elimination of Discrimination against Women (CEDAW) guarantees to women the full enjoyment of their political, economic, social and cultural rights by eliminating all forms of discrimination against them. CRC and CEDAW are mutually reinforcing. Women's rights are central to human development and to the rights of the child. The Millennium Development Goals (MDGs) must be met for these basic human rights to be realized.

Both Conventions reaffirm that children and women possess rights that are binding on the State and that they must be viewed as claim-holders rather than as objects of charity. At the same time, the human rights approach recognizes that, collectively, families, communities, institutions and governments are duty-bearers and have an obligation to ensure that the CRC and CEDAW are implemented.

The methodology for the analysis involved review and synthesis of existing quantitative and qualitative data. Completion of the SITAN required collection of a substantial quantity of data across 10 countries. The availability of statistical data was uneven across countries, but a critical issue for all countries is the lack of systematic up-to-date data with which to monitor implementation of the CRC and CEDAW. In many cases, the only available data is more than a decade old. As a result, a primary source for data was the on-line databases of international agencies, including UNICEF, United Nations Development Programme (UNDP), World Bank, United Nations Population Fund (UNFPA) and the United States (US) Census International Division. This information was supplemented with available census data, poverty and welfare assessments, country reports on the status of implementation of the CRC, and other reports and publications (Annex 1). Several caveats about this data are in order. First, data from international sources are not always strictly comparable with those produced by countries since different sources apply different definitions, classifications and calculation procedures. In addition, there is always a risk in attempting to draw conclusions and make recommendations across a number of countries, especially where considerable variation exists between countries in the availability and quality of data. Finally, it is important to note that the intention in presenting data is not to compare countries, but rather to highlight issues that are common across countries.

Data collection also relied on a participatory methodology involving extensive consultations with programme partners and stakeholders. Structured interviews with key informants and focus groups with children and women were held in Barbados, the British Virgin Islands, Dominica,

Grenada, Montserrat and St. Lucia (Annex 2). More than 100 children and adolescents and approximately 90 representatives from government, non-governmental and international agencies provided information and insights for this report (Annex 3).

Chapter II. The Eastern Caribbean Context

The chapter provides a brief overview of the economic and social context of the countries covered by this report. Also included is a discussion of the unique nature of vulnerability and issues of governance. The objective is to provide information on the environment that frames approaches to the fulfilment of the rights of children and women in the sub-region.

II.A. The Economic Environment

The economies of the eastern Caribbean are all small open economies.[4] GDP per capita ranges from around US$4,000 - $4,700 in Dominica, Grenada, St. Lucia and St. Vincent and the Grenadines to around US$ 10,000 Barbados and Antigua and Barbuda, US$17,000 in the Turks and Caicos Islands and US$40,500 in the British Virgin Islands (Table 1). However, income inequality in the sub-region is significant, with Gini coefficients ranging from about 0.4 to 0.5. The inequality in the region will make it more difficult to address poverty, as international experience has taught that countries with high income inequality require higher GDP growth rates to reduce poverty than those with relatively lower levels of inequality.[5]

All countries have transitioned from primarily agriculture-based to predominantly service-based economies, including communications, banking and insurance, distribution (wholesale and retail trade), transport and government services. This trend became even more pronounced when traditional exports, including sugar and bananas, collapsed in the face of eroding trade preferences over the past decade. Services currently account for between 65 to 85 percent of GDP. Agriculture accounts for less than 10 percent in all countries except Dominica and, even here, it contributes to only about 19 percent of GDP. The industrial sector has been growing with growth concentrated in utilities and construction and largely driven by the expansion in tourism and public investments.

The sub-region was characterized by steady economic growth throughout the 1980s and the first half of the 1990s, but economic growth slowed after that. The slowdown was primarily a result of weakening performance in the export sector, competitive pressures from lower-priced tourist destinations and sharp reductions in productivity growth associated with shifts in the composition of investment. These trends were exacerbated by the negative shocks of the early 2000s, including natural disasters, the terrorist attacks of 9/11 and the related reduction in travel, the global economic slowdown, eroding trade preferences and oil price increases. Economies more heavily dependent on agriculture – particularly Dominica, St. Lucia, and St. Vincent and the Grenadines have been hardest hit by the elimination of preferential trade agreements. Governments tried to offset the slowdown and sustain employment as well as meet natural

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[4] Antigua and Barbuda, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Montserrat and the British Virgin Islands – are members of the Organization of Eastern Caribbean States (OECS) and the Eastern Caribbean Currency Union (ECCU). They share a common central bank, the Eastern Caribbean Central Bank (ECCB), and a common currency.

[5] See Economic Commission for Latin America and the Caribbean, Shaping the Future of Social Protection: Access, Financing and Solidarity, 2006, for an in depth discussion of these issues.

disaster related costs through unsustainable fiscal policies, including increased public investments financed by expensive commercial borrowing (both external and domestic). This created persistent fiscal deficits and boosted public sector debt to unsustainable levels. Among the independent countries of the Organization of Eastern Caribbean States (OECS), debt to GDP ratios range from 43 percent in Antigua and Barbuda to 99 percent in Grenada. These fiscal and debt imbalances dampen growth. They also reduce government fiscal space for investments in children and women.

Table 1: Selected Economic Indicators, 2004

	GDP/capita at Current Prices (US$)	GDP Growth (%)	Annual Change in Consumer Prices (%)	Central Government Surplus (Deficit) as a % of GDP (%)	Agriculture as a % of GDP (%)	Services as a % of GDP (%)	Total Debt as a % of GDP (%)
Antigua and Barbuda	10,213	5.2	1.7	(9.4)	3.7	83.2	43.2
Barbados	10,325	4.8	1.0	(2.3)	3.6	79.9	25.1
British Virgin Islands	40,529	n.a.	1.0	(1.1)	1.1	93.5	n.a.
Dominica	4,056	3.2	2.5	2.6	18.7	66.1	83.3
Grenada	4,183	-3.0	2.3	(2.8)	8.5	78.6	99.0
Montserrat	8,786	4.5	2.4	(2.6)	1.2	84.3	n.a.
St. Kitts and Nevis	8,440	6.4	2.3	(7.4)	3.2	76.2	79.7
St. Lucia	4,708	3.6	1.5	(2.5)	5.5	85.1	54.2
St. Vincent/Grenadines	4,054	5.4	3.0	(3.3)	8.3	73.7	63.6
Turks and Caicos Islands	17,662	12.9	3.3	(3.6)	1.3	85.0	n.a.
n.a. = not available							

CDB, Social and Economic Indicators, 2005

The sub-region is experiencing a period of renewed growth, but economic prospects remain uncertain. Average per capita GDP growth increased from negative 1.3 percent in 2001 to about 4.8 percent in 2004. Preliminary indications for 2005 are that GDP expanded in a large number of countries, but that the rate of growth declined due to lower rates of expansion in tourism and a decline in agricultural production. Construction continues to increase because of reconstruction and rehabilitation of hurricane damaged assets and investment in infrastructure, housing and in production facilities for the 2007 World Cup cricket competition.[6]

The economies of the sub-region are among the most vulnerable in the world. Antigua and Barbuda is ranked as the second most vulnerable country out of the 111 countries ranked on the Commonwealth Vulnerability Index,[7] while Barbados, the least vulnerable of the eastern Caribbean economies, is ranked 38 out of the 111 (Table 2).[8] Caribbean countries are vulnerable for a number of reasons. They are located in a natural disaster-prone zone. Countries depend on a few commodities or sectors and a few markets for their exports. In addition, the openness of the economies exposes them to terms of trade shocks and the prominence of tourism and other traded services also makes Caribbean countries sensitive to the business cycles in developed countries. Small countries also face diseconomies associated with small scale and are limited in their ability

[6] Caribbean Development Bank, The Caribbean Economies in 2005, Bridgetown, 2005
[7] A composite measure of GDP and output volatility.
[8] Joint Commonwealth Secretariat/World Bank Task Force on Small States, Small States: A Composite Vulnerability Index, 1999.

to put in place institutions and policies that would help manage their exposure to shocks. Finally, macroeconomic and fiscal policies have often been a source of vulnerability rather the remedy. [9]

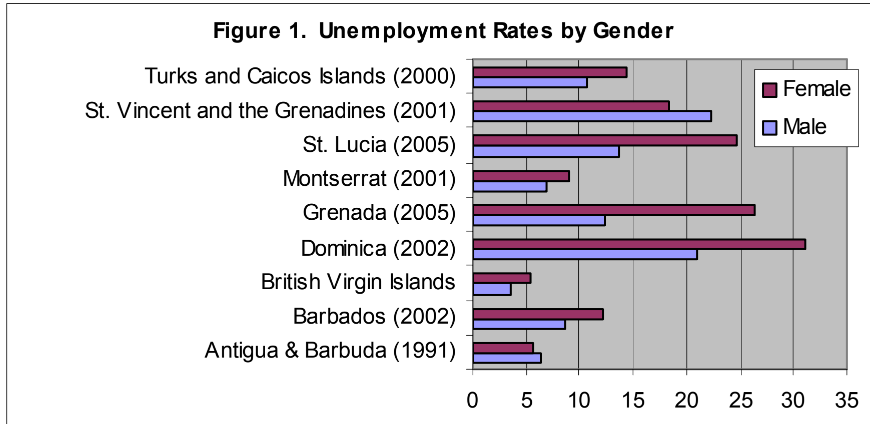
Table 2: Commonwealth Vulnerability Index

	Real Per Capita GDP Volatility Index Rank	Output Volatility Index Rank	Composite Vulnerability Index Rank
Antigua and Barbuda	86	3	2
Dominica	76	41	12
Grenada	61	31	15
St Lucia	74	35	19
St Vincent and the Grenadines	69	43	24
St Kitts and Nevis	103	50	29
Barbados	105	74	38

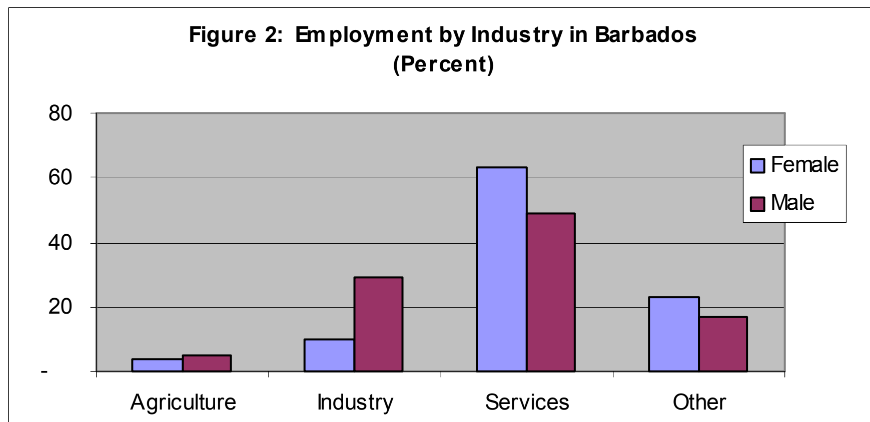
Source: Commonwealth Secretariat/World Bank Task Force on Small States, Small States: A Composite Vulnerability Index, 1999.

Unemployment rates are high in most countries, with unemployment generally higher among women and young people. Average unemployment rates are equal to 12 percent among men and 16 percent among women. Women in the sub-region generally have higher levels of education achievement than men, but men are more likely to be employed (Figure 1). This is at least partially explained by labour market segmentation in which women are channelled into lower paying female-dominated industries and occupations. For example, growth in the construction sector benefits more men than women because women are less likely to be employed in the construction trades (Figure 2). Similarly, although women are well represented in the managerial/profession/technical occupations, they are over-represented in lower paying clerical and sales occupations while men dominate the higher paid skilled trades (Figure 3). Women are also over-represented in health and education related professions and this has implications for the availability of role models for boys, especially boys who do not have positive male role models at home. Youth unemployment is a significant concern, with average unemployment rates among youth ranging from 13 percent in Antigua and Barbuda to an alarming 56 percent in Dominica Figure 4). Consistent with these findings, focus group participants identify unemployment as a key concern of and risk factor for families and young people.

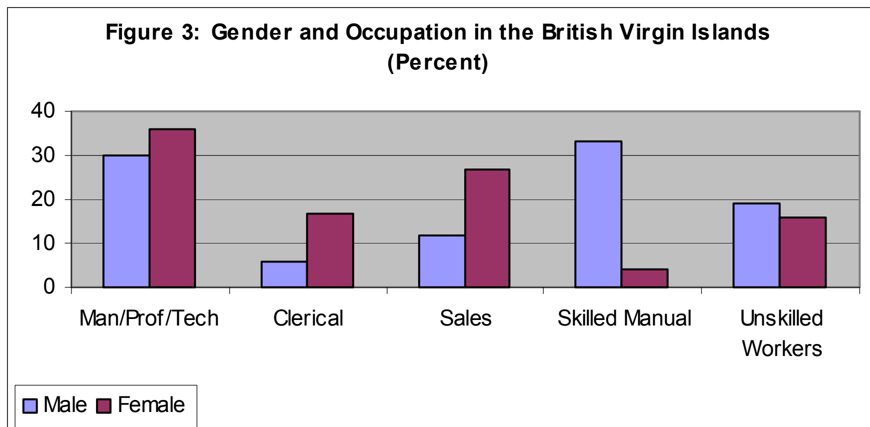
[9] World Bank, OECS: Towards a New Agenda for Growth, Washington, D.C, 2005.



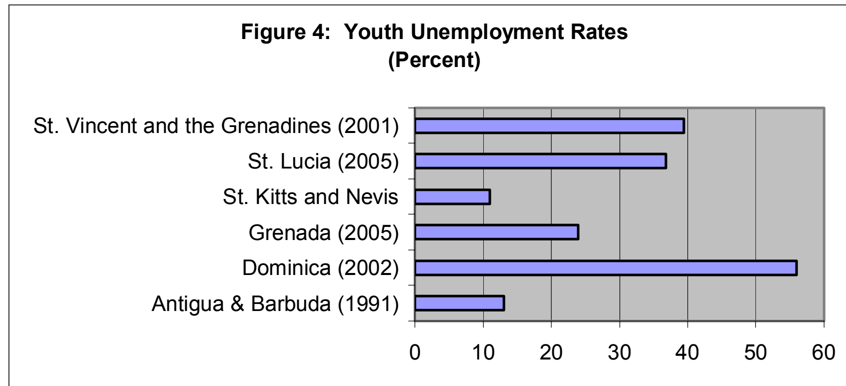
Sources: World Bank, Caribbean Social Protection Strategy, draft, 2005; Dominica Country Poverty Assessment; Grenada CWIQ, 2005; Montserrat, Population and Housing Census, 2001; St. Lucia CWIQ, 2005; Turks and Caicos Islands, Country Poverty Assessment, 2000



Source: UNDP, Sub-Regional Country Assessment of Barbados and the OECS, 2005



Source: Halcrow Group Limited, Country Poverty Assessment Caribbean Development Bank/Government of the British Virgin Islands, 2003



Source: World Bank, Organization of Eastern Caribbean States: Towards a New Agenda for Growth," Washington, D.C. 2005.

Except for Montserrat, all of the countries covered by this report are signatories to the Caribbean Single Market Economy (CSME).[10] The CSME will allow CARICOM goods, services, people and capital to move throughout the Caribbean Community without tariffs and without restrictions. University graduates, performing artistes, business owners, teachers, and nurses and others are free to move to any participating country without a work permit. Further integration is planned following the 2008 launch of the Caribbean Single Market and Economy, including free movement of capital and goods. Planners also envision a single currency. Considerable technical and policy work remains to be done for the CSME to realize its full potential. The CSME will require harmonization of constitutions; qualifications and credentials; tax systems and social security systems. Questions of particular concern to children and women include requirements for harmonization of legal systems, social insurance and social assistance systems and education systems; citizenship and registration of children; responsibilities of absent parents; access to health care; and others. The OECS Secretariat is planning a social assessment of the CSME to get a better understanding of the social impacts of the CSME, although the date of implementation of this study had not been finalized at the time of preparation of this SITAN.

II.B. Population and Human Development

Most countries have nearly completed their demographic transition, as evidenced by their low fertility and mortality rates.[11] Fertility rates are close to replacement rates and average birth and death rates are low: 14.3 and 6.9 per 1,000 persons, respectively. In 2005, the populations of the sub-region increased by an average of 0.9 percent, with growth rates ranging from negative 0.3 in Dominica to 2.9 percent in the British Virgin Islands. Men and women both live longer than in the past, but women still live longer than men, with life expectancy ranging from 66 to 75 years for men and from 69 and 80 years for women (Table 3).

The sub-region has a relatively young population – 35 percent of residents are under the age of 20 and about 9 percent are between the ages of 20 and 24. Approximately 50 percent of the

[10] The participating countries are Antigua and Barbuda, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Suriname, and Trinidad and Tobago.

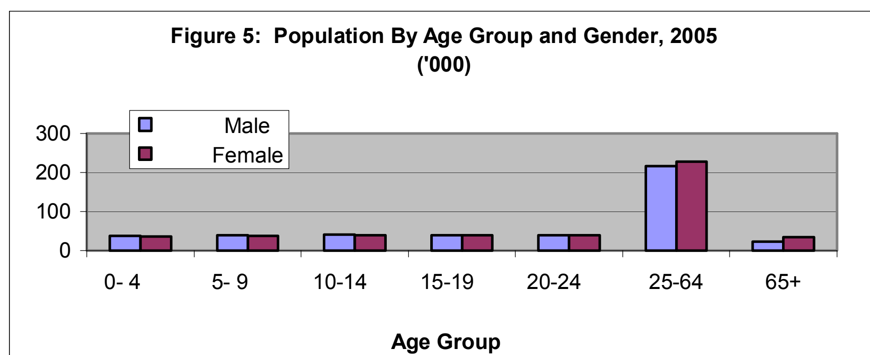
[11] The demographic transition refers to countries moving from high birth and death rates to low birth and death rates. The developed countries began the transition in the eighteenth century. In less developed countries, the transition started later and countries are still in the process of transition.

population is female, with women accounting for an equal share in all age groups except for the 65 and over age cohort where they comprise 60 percent of the cohort (Figure 5).[12] Because of declining fertility and increasing longevity, the absolute and relative number of children is declining in most countries, while the number and proportion of elderly persons is increasing (Figure 6). The decline in the number and share of the population under the age of 18 could provide a window of opportunity to address gaps in service delivery for young people without necessarily increasing expenditures. On the other hand, increases in the numbers of elderly, especially elderly women, will have implications for health and social protection systems and for the primarily female headed households that will be called upon to care for elderly family members.

Table 3: Basic Demographic Indicators, 2000-2005
(Most recent available year)

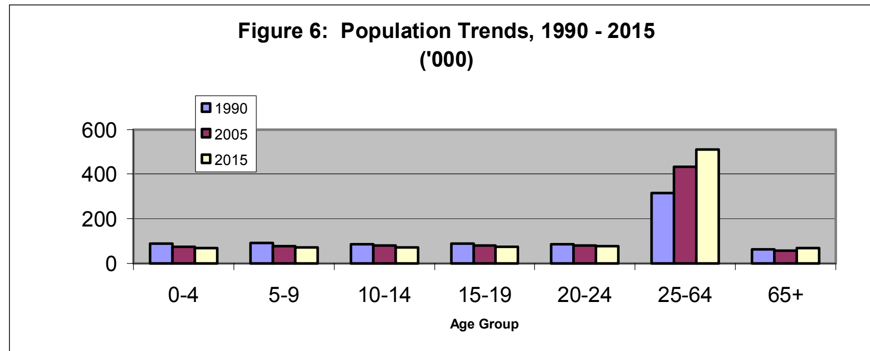
	Annual Population Growth Rate	Crude Death Rate	Crude Birth Rate	Total Fertility Rate	Life Expectancy at Birth	
	(%)	(Per 1,000)	(Per 1,000)	(Per 1,000)	(Years)	
					Male	Female
Antigua and Barbuda	0.6	4.8	12.9	2.3	70	75
Barbados	0.4	7.9	15.0	1.5	71	78
British Virgin Islands	2.0	4.8	12.9	n.a.	75	80
Dominica	(0.3)	7.9	15	2.0	72	75
Grenada	0.2	7.1	18.6	2.4	66	69
Montserrat	1.0	12.3	9.6	n.a.	n.a.	n.a.
Saint Kitts and Nevis	0.4	7.6	15.6	2.4	69	72
Saint Lucia	1.3	6.9	14.6	2.2	71	77
Saint Vincent and the Grenadines	0.3	7.6	18.5	2.2	66	73
Turks and Caicos Islands	2.9	1.7	10.4	n.a.	n.a.	n.a.
n.a. = not available						

Sources: U.S. Census, International Database; CDB, Social and Economic Indicators; WHO, Core Health Indicators Database.



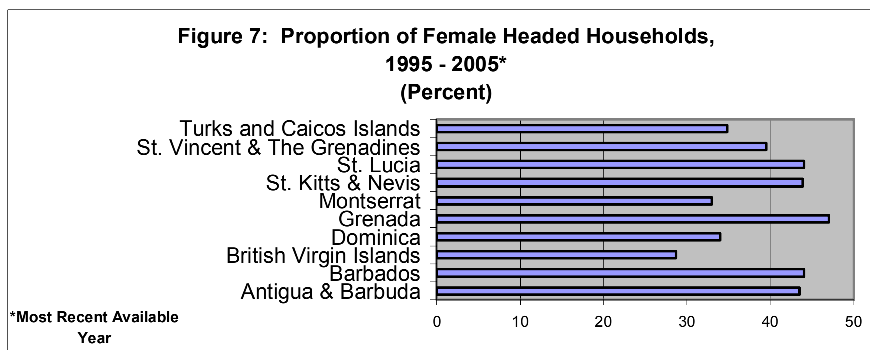
Source: US Census, International Database, 2006

[12] Figures 5 and 6 are based on data from all 10 countries. See Annex 3 for the source data.



Source: US Census, International Database, 2006

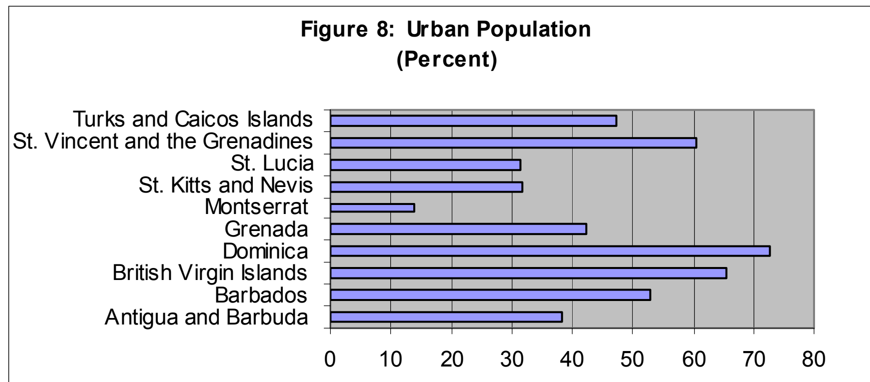
An important demographic feature of the countries in the sub-region is the predominance of female-headed households. Available evidence suggests that women head between 30 and 45 percent of households (Figure 7).[13] The female-headed households are more vulnerable than male-headed households for a number of reasons. As discussed in more detail below, female-headed households are more likely to be poor, are typically larger and have more dependents (children and elderly relatives) than male-headed households.



Sources: Sources: UNDP, Sub-Regional Country Assessment of Barbados and the OECS; Antigua and Barbuda, Population and Housing Census, 2001; Dominica Country Poverty Assessment, 2002; Grenada CWIQ, 2004; Montserrat Census, 2001; St. Lucia Country Poverty Assessment, 2005; Turks and Caicos, Country Poverty Assessment, 2000.

The countries covered by this report remain predominantly rural – more than half the populations of most countries live in rural areas (Figure 8). The urban population exceeds 50 percent in only four countries – Barbados, the British Virgin Islands, Dominica and St. Vincent and the Grenadines. As discussed below, poverty levels are typically higher in rural areas and access to services more limited. SITAN stakeholders and focus groups participants confirmed that children and women in rural areas are particularly vulnerable due to higher poverty levels and limited access to services. The vulnerability of children in rural areas needs to be considered in the design of programmes for children.

[13] Data on female and male headship comes from census and survey data in which the respondent is asked to identify the head of their household. A female-headed household may have male members, but this is not always the case. Similarly, a male-headed household may or may not have female members.



Source: ECLAC, Statistical Yearbook, 2005

Table 4: Dominica: Characteristics of Residents Who Have Migrated	
	(Percent)
Left within last 10 years	50
Reason: Work	77
Migrated To:	
North America	41
Other Caribbean Countries	42
Other (mostly UK)	17
Source: CDB, Dominica Country Poverty Assessment, 2002	

Migration is a central element of the demographic landscape. This includes migration within the sub-region and migration to countries outside the Caribbean. There is no systematic information on the extent of this migration, but there is no doubt that it is extensive. About one-third of the population growth in the British Virgin Islands is the result of in-migration with the bulk of those migrants coming from other Caribbean countries. At the same time, about half of all households have at least one family member living overseas.[14] In Dominica, 55 percent of all households have a close relative living overseas. Equal shares (40 percent) went to North American and to other Caribbean countries. Half have been gone more than 10 years. More than three-quarters left to seek employment (Table 4). In St. Lucia, 7 percent of children, 14 percent of adults and 26 percent of elders have lived abroad at one time.[15] Internal migration from rural to urban areas is also common. Migration affects children and women in many ways. Migration has helped to kept population growth in check and remittances provide essential economic support. However, migration also extracts social costs in terms of the separation of children from parents. Children are sometimes left with questionable supervision and there have been reports of children being left to raise other children. Depending on the final impact of the CSME on the movement of labour, the demographic profile of countries could change and this is likely to increase social tension. Migration also raises questions about the rights of children. For example, are parents going to their home countries to have the birth of children born in a foreign country registered or are children left "stateless"? Are children falling through the cracks of the health systems in their country of birth and/or their country of nationality? How do migrant households cope with their more limited access to social protection programmes in their adopted countries? Trafficking in persons, which is forced migration, is discussed under Protection Rights.

About 2 percent of children in the countries under study are disabled and these children lag behind in the realization of their rights. A number of studies have documented the fact that children (and adults) with disabilities have more limited access to health, education, training,

[14] Halcrow Group Ltd, British Virgin Islands: Country Poverty Assessment, CDB/GoBVI, 2003.
[15] Saint Lucia, Population And Housing Census, 2001

public buildings and transportation and have fewer opportunities for employment and social participation and are subject to prejudice and discrimination. Mainstreaming and inclusion of persons with disabilities remains an important objective.[16]

The sub-region is heterogeneous with respect to race and religion, and this means that a number of different cultural orientations shape social norms regarding treatment of women and children. Protestant Christianity is the main religion, but there are also Catholics, Muslims, Rastafarians, Jews and Hindus in many countries. The population is predominantly black, although countries also have Caucasian and Asian populations. Dominica and St. Vincent and the Grenadines are home to Carib Indians, an indigenous group. All countries are English speaking; however, the influx of immigrants from non-English speaking countries means that the sub-region is becoming increasingly multi-lingual. This heterogeneity speaks to the need for cultural sensitivity in designing programmes for children and their families.

Despite their small population size, the countries covered by this report are crowded. Population density ranges from a high of 627 persons per sq. km. in Barbados to a low of 44 in Montserrat. This compares with 61 per persons per sq. km in LAC as a whole, 63 in less developed countries and 27 in more developed countries. Since a considerable share of the population still lives in rural areas, the level of over-crowding in urban areas is more severe than these statistics suggest. In addition to overcrowding, urbanization is often accompanied by inadequate housing and over- taxed water and sanitation services.[17] These conditions increase social pressures and the risk of accidents and illnesses for children and may result in a general deterioration of the protective environment for children and women.

Income growth over the past three decades has been accompanied by increased access to basic services and has contributed significantly to improvements in well-being. On average, 97 percent of the population in the sub-region has access to improved drinking water sources with the average on slightly higher in urban areas. Similarly, over 90 percent of the population – in both urban and rural areas – has access to adequate sanitation facilities (Table 5). The countries covered by this report are all ranked as “medium” or “high” on the UNDP Human Development Index, a composite indicator that covers three dimensions of human welfare: income, education and health and that serves as an indicator of well-being (Annex 3).

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[16] Brian O'Toole, The Challenge of Children and Adolescents with Disabilities in the Caribbean, in Children’s Rights and Caribbean Realities (ed) Christine Borrow, Kingston, 2001; UNICEF (2000) An Assessment of the Status of Children and Adolescents with Disabilities in the Caribbean, Barbados.

[17] CAREC, Overview of Health in the Region, 2001.

Table 5: Access to Improved Drinking Water and Adequate Sanitation Facilities, 2002
(Percent)

	Population Using Improved Drinking Water Sources			Population Using Adequate Sanitation Facilities		
	Total	Urban	Rural	Total	Urban	Rural
Antigua and Barbuda	91	95	89	95	98	94
Barbados	100	100	100	99	99	100
British Virgin Islands	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Dominica	97	100	90	83	86	75
Grenada	95	97	93	97	96	97
Montserrat	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Saint Kitts and Nevis	99	99	99	96	96	96
Saint Lucia	98	98	98	89	89	89
Saint Vincent and the Grenadines	n.a.	n.a.	93	n.a.	n.a.	96
Turks and Caicos Islands	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
n.a. = not available						

Source: UNICEF, State of the World's Children 2006, online statistical database

Violence is a regular feature of the lives of many Caribbean children and women and this violence diminishes the quality of their lives. Violence is a feature of many homes, schools, institutions and communities. Child abuse and abuse against women is common. Research in Dominica indicates that children are exposed to a variety of different kinds of violence (physical, sexual, emotional, verbal) and that there is a high level of tolerance of violence – especially in the home and school and within the context of discipline and punishment.[18] Violence between young people at school and in their communities is also common.

Drug related crime and violence is an increasing concern. Many countries serve as trans shipment points for drugs, mostly cocaine and marijuana, travelling from South America to the U.S. and Europe and marijuana is grown in many countries for local use and export. Although law enforcement agencies are committed to controlling the passage of illegal substances, international drug trafficking organizations and organized crime groups have infiltrated many countries. The global drug trade drives the increase in small arms and light weapons (SALW), especially small arms. The availability of guns, criminality and violence affects many communities. Illicit trafficking in SALW causes considerable human suffering and it can have a negative impact on human development.[19] A better understanding of the underlying issues, including how and why young people resort to arms, how the cultural environment of young people shapes their attitudes towards use of arms (including traditions and practices of use of small arms, concepts of manhood, violence in the family and other settings). Practical ways of addressing the problem are needed.

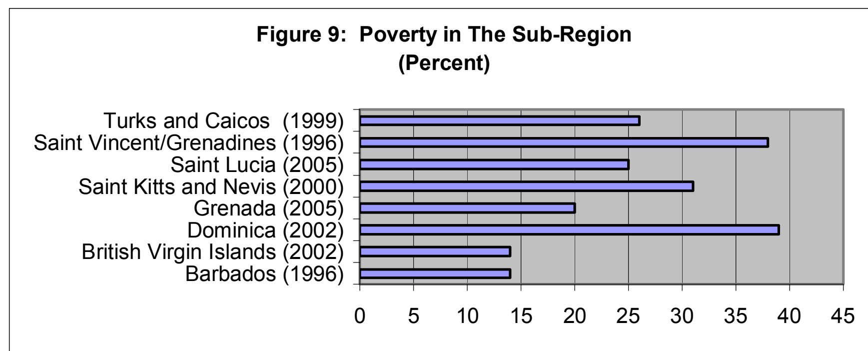
Concerns about violence and diminished social cohesion are common in the sub-region. One third of school-going adolescents in the Caribbean reported that they were concerned about

[18] Le Franc, Elsie et al, Violence against Children: An Evaluation of the Protective Environment in Dominica, UNICEF, Barbados, 2006.
[19] See for example, Women's Institute for Alternative Development, A Human Security Concern: Traffic, Use and Misuse of Small Arms and Light Weapons in the Caribbean, 2006; United Nations, Final Declaration, IV Annual Meeting of Representatives Parliamentary Forum on Small Arms and Light Weapons, Uruguay, 2006.

violence.[20] Participants in the Caribbean Regional Consultation on UNSGVAC underscored the importance of eliminating violence in homes, communities, institutions and schools.[21] Stakeholders speak of violence amongst young people, of guns and weapons at school, of police being placed at some schools and of young men and women on "the most wanted" lists. Children and women who participated in SITAN focus group reaffirmed that violence is a frequent occurrence in their communities, in their schools and, as some said, in their homes. Concerns about violence and diminished social cohesion were common themes in focus groups. When asked what they would do to improve the lives of children in their countries, focus group participants in every country said that they would stop the violence. Efforts by duty bearers to create protective environments for children are needed.

II.C. Poverty and Inequality[22]

Poverty is a problem in the sub-region despite the fact that countries have reached a level of development that should allow a significant proportion of the poor to escape from poverty.[23] Poverty levels range from about 12 to 14 percent in Barbados and the British Virgin Islands to 38 percent in St. Vincent and the Grenadines (Figure 9). In St. Lucia, the only country with comparable time series data, the poverty head count increased from 25 percent in 1995 to 29 percent in 2005. In addition, as discussed in detail below, women and children are most at risk of poverty.



Sources: Country Poverty Assessments and Core Welfare Indicator Surveys

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[20] WHO/PAHO, A Portrait of Adolescent Health in the Caribbean, Washington, DC. 2000. This 9-country study surveyed over 15,000 secondary school students from Antigua and Barbuda, The Bahamas, Barbados, the British Virgin Islands, Dominica, Grenada, Guyana, Jamaica and St. Lucia. The total sample size was over 125

[21] Caribbean Regional Consultation on United Nations Secretary General's Violence Against Children Study, 2005.

[22] Unless otherwise indicated the data for this section are drawn from the various country poverty assessments and core welfare indicator surveys produced over the last decade. In examining this data, the reader is cautioned that some of the poverty estimates reported here are over 10 years old. In addition, the estimates are based on different methodologies for determination of poverty.

[23] The MDG declaration establishes the US$1 and $2 per day (PPP values) as the measure of poverty. In the absence of recent data on this indicator, this report examines the percent of the population living in poverty as determined by a poverty line established for each country. The percent of the population that is indigent; i.e., with consumption lower than the cost a food basket required for basic nutrition, reported food insufficiency and malnutrition are used to examine hunger in the region.

Poverty is at the heart of a considerable amount of vulnerability in the sub-region and a considerable amount of this poverty derives from inequality. As reported above, income inequality is significant, with Gini coefficients ranging from about 0.4 to 0.5. The various poverty assessments undertaken over the past decade point to the fact that inequality is manifested in more limited access to education and other basic services, inadequate housing and unsafe environments, social discrimination and exclusion, and more limited participation in decision-making. Households with inadequate income are more vulnerable to changing economic and social circumstances and reduced income-earning potential. The poor tend to live in inadequate and unsanitary housing, in poor neighbourhoods and without indoor water or bathroom facilities. This increases household vulnerability to weather related damage. Poor households are more at risk from domestic violence, teenage pregnancy and drug use.

Reducing hunger poverty is an MDG goal; however, pockets of malnutrition and food insufficiency are still found. On average, 9 percent of children are moderately to severely underweight, 6 percent are wasted and 8 percent are stunted (Table 6). Indigence, another measure of poverty, exists to some degree in all countries for which there is data (Figure 10). The indigence headcount ranges from 1 percent in the British Virgin Islands to 11 percent on St. Kitts and 17 percent on Nevis. In 1996, about one in four persons St. Vincent and the Grenadines were indigent. About three out of every 20 children in Barbados, eight out of every 20 in St. Lucia and nine out of 20 in St. Vincent live in households that do not always have enough food.[24] In Grenada, 15 percent of rural poor household report that they often or always have trouble satisfying food requirements, with female headed households having more difficulty than male-headed households (Figure 11). Other studies report high numbers of food insecure households: 13 percent in Barbados, 38 percent in Saint Lucia, and 46 percent in Grenada, (particularly during the year after hurricane Ivan).[25] Some encouragement may be drawn from St. Lucia where, despite an overall increase in the poverty rate between 1995 and 2000, indigence declined significantly – from 7.1 percent in 1995 to 1.6 percent in 2005.

Table 6: Moderate and Severe Malnutrition in Children Under Five (Percent)

Country	Underweight (< -2 SD)	Wasted (< -2 SD)	Stunted (< -2 SD)
Antigua-Barbuda	14	10	7
Barbados	6	5	7
Dominica	5	2	6
Grenada	> 6	---	---
Saint Lucia	14	6	11

Source: TANGO International, Overview of Food/Nutrition Security and Natural Disaster Risk Analysis in Eight Caribbean Countries: Regional Summary, WFP/ UNICEF, 2006

[24] UNICEF, A Study of Child Vulnerability in Barbados, St. Lucia and St. Vincent & the Grenadines, 2005
[25] TANGO International, Overview of Food/Nutrition Security and Natural Disaster Risk Analysis in Eight Caribbean Countries: Regional Summary, WFP/ UNICEF, 2006.

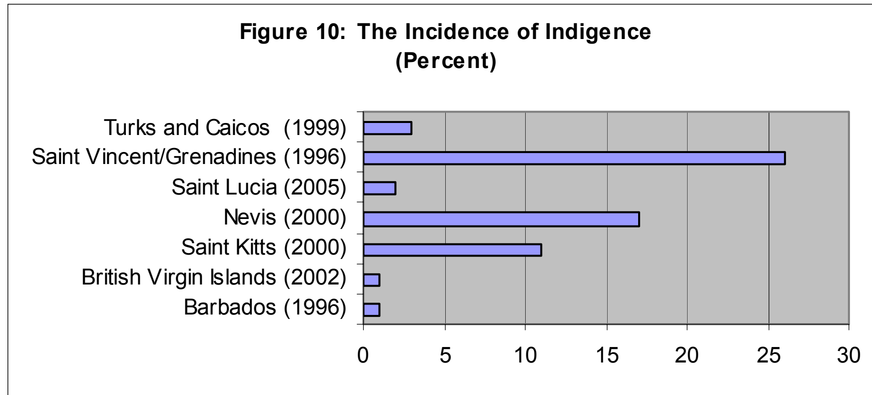

Figure 10: The Incidence of Indigence (Percent)

Source: Country Poverty Assessments

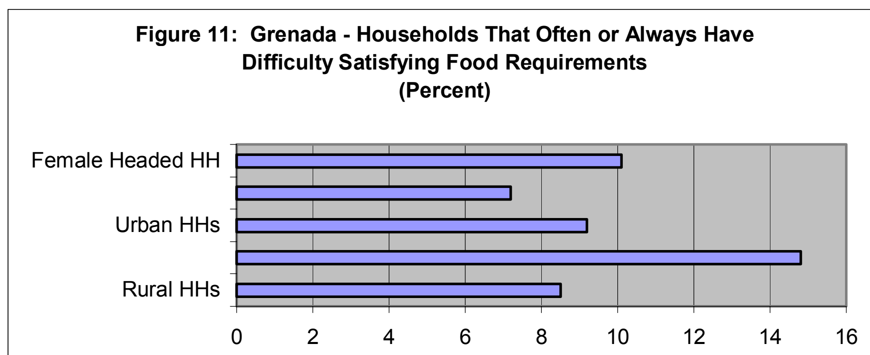

Figure 11: Grenada - Households That Often or Always Have Difficulty Satisfying Food Requirements (Percent)

Source: Grenada, Core Welfare Indicator Survey

Box 2: What Life is Like for Poor Children

- No Food
- No Bed
- Home in bad physical condition
- Can't afford to go to school all the time
- Can't afford school books

Children Who Participated in SITAN Focus Groups

Children bear the burden of poverty. Poor households are typically large and they have more children than non-poor households. In the British Virgin Islands, poor households contain proportionately more children than non-poor households – 34 percent of the population of poor households is under 15 years in contrast to only 24 percent in not poor households. In addition, poor households are almost 50 percent larger than non-poor households: 4.0 persons versus 2.7 persons and almost 20 percent of poor households have seven or more members compared to 2 percent of non-poor households. In St Lucia and Dominica, children 15 and younger account for 30 percent of the population but 39 and 38 percent of the poor, respectively. The average household in Dominica has just over three people, but the average poor household has 4.5 members and almost half have five or more members. On average, households in the poorest quintile in St. Lucia have four times as many children as households in the wealthiest quintile. In the Turks and Caicos, children under fifteen years old make up 41 percent of poor households but only 27 percent of non-poor households. Poor households are also more likely to have elderly members. In consequence, in poor households, there are fewer persons in the main working age years to support a larger number of dependents.

Poor children are frequently left behind in the fulfilment of their rights. Available evidence indicates that children who are poor have more limited access to early childhood care and development programmes, are less likely to complete their secondary education and are less like to enrol in post-secondary programmes. The only longitudinal study of cognitive development and academic achievement in the Caribbean was conducted in Jamaica but has applicability to the eastern Caribbean. That study found that children who live in more deprived socio-economic circumstances fare less well academically and cognitively.[26] As a result, they are less likely to find meaningful employment as young adults. In other words, poverty creates the conditions for the perpetuation and intergenerational transmission of poverty; i.e. a poverty trap. In addition, child abuse seems to be more common in low-income households.[27] Children understand that poor children do not have the same advantages as their wealthier counterparts (Box 2).

The gender dimension of poverty is evident in most countries. In the British Virgin Islands, women account for 53 percent of the population but 61 percent of the poor. About one-third of poor households contain no adult men as compared to 20 percent of non-poor households.[28] In Grenada, 44 percent of female-headed households are in the bottom three welfare quintiles compared to 18 percent of male heads. In Dominica, there is little difference in the incidence of poverty among individual females and males; however, the poverty headcount is 45 percent in female-headed households as compared to 36 percent in male-headed households. Thus, while female-headed households make up 34 percent of all households, members of female-headed households are home to 39 percent of the poor. No statistical relationship between gender and poverty was found in the Turks and Caicos Islands. The gender gap in economic empowerment is at the heart of the high poverty rates among female-headed households. It results from a number of factors, including the significant number of women working in unwaged and low paying jobs and in the informal sector, gender biases in skills training, and more limited access to credit for women. However, another important determinant for many households is the failure of fathers to meet their financial obligations to children. UNIFEM, UNICEF and other partners are spearheading legislative reform and public education initiatives, with the objective of increasing financial support from fathers.

The working poor constitute the largest sub-group of poor in the sub-region. For the majority of the poor, the primary issue is inadequate income rather than open unemployment. In the British Virgin Islands, over 80 percent of poor households have at least one person working. Over half of poor households have two or more workers and only one in seven have someone who is unemployed. The existence of the working poor is an indicator of low levels of human capital development among the poor. This results from the fact that about three quarters of the poor could not go beyond primary level education - due to limited school places and/or financial constraints among poor households. Because they have more limited education, economic opportunities for the poor are more limited.[29]

People in rural areas are more likely to be poor but urban poverty is also a concern. In St. Lucia, for example, poverty is primarily a rural phenomenon, with poverty in predominantly rural

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[26] Maureen Samms-Vaughan, Cognition, Educational Attainment and Behaviour of a Cohort of Jamaican Children, Planning Institute of Jamaica, 2000.

[27] Elsie Le Franc et al, Violence Against Children: An Evaluation of the Protective Environment in Dominica, UNICEF, 2006.

[28] Some of these households may have transient male members; however, the respondent did not identify these men as household members.

[29] OECS, Human Development Report, Castries, 2002.

districts ranging from 38 to 45 percent. Moreover, rural districts in St. Lucia also have the highest rates of indigence. However, about 13 percent of the poor live in Castries. In Dominica, the incidence of poverty is lowest in the urban areas of Roseau and Portsmouth, but because of the population distribution in Dominica, 25 percent of the poor live in Roseau and Portsmouth. In Saint Kitts and Nevis, although the incidence of poverty is significantly higher in rural parishes, the majority of the poor are found in the two urban parishes. Similarly, in the Turks and Caicos, poverty rates are much higher on the out-islands (60 percent on North Caicos and Middle Caicos as compared to 10 percent on Providenciales), but almost a third of the poor live on the most populated islands. The exodus to urban centres is understandable in light of the high levels of poverty in rural areas.

Some households are poor due to long-term, structural issues that result in chronic poverty; other households are newly poor. Structural poverty results from unemployment and underemployment (seasonal work, part time work and/or low wages). A key factor contributing to the group of newly poor is the demise of key exports (bananas and sugar) as a result of changes in the terms of trade. It is also not clear how many of the newly poor will remain poor for a brief period of time and how many, if any, will become chronically poor. Natural disasters are another contributor to temporary and chronic poverty. A recent study in Dominica found that transient poverty appeared to be more prevalent than chronic poverty – 39 percent of the Dominican population was poor in 2002 and about 44 percent (17 percent of the total population) appeared to be chronically poor while about 56 percent of the poor (22 percent of the total population) appeared to be temporarily poor.

Household faced with poverty often adopt coping strategies that are harmful to children. Most households are able to manage shocks such as loss of income from natural disasters or illness or death of a breadwinner in neutral ways – for example; they may rely on family members for support or withdraw savings. But other households, especially poor households, do not have these resources and often resort to selling assets, reducing food intake or keeping children home from school. These coping strategies can have long-term negative consequences for children and can create the conditions for the perpetuation of poverty. Social programmes need to be designed with both the chronic and transient poor in mind and with a view to minimizing negative coping strategies that adversely affect children.

Governments actively pursue poverty reduction programmes in collaboration with international agencies and civil society; however, these do not sufficiently target children and women. In addition, although countries have developed poverty reduction plans, implementation of these plans has lagged. Support from a number of international development agencies is specifically targeted to poverty reduction, including *inter alia* support from the Caribbean Development Bank (CDB); the UK Department for International Development (DFID); the Canadian International Development Agency (CIDA); the World Bank; the UNDP; the United Nations Economic Commission for Latin America and the Caribbean (ECLAC); and the European Union (EU). The smallness of countries means that it is essential for international development partners to coordinate efforts, possibly through sector wide approaches. This would be consistent with the MDG goals of developing global partnerships with recognition of the special needs of small island states.

II.D. Natural Disasters and Vulnerability

Natural disasters, including hurricanes, floods, landslides, droughts, earthquakes, and volcanic eruptions, are regular occurrences. In 1995, Hurricanes Luis and Marilyn caused

direct damage estimated at US$149 million in St. Kitts & Nevis, US$254 million in Antigua and Barbuda and US$175 million in Dominica. In 2004, Hurricane Ivan devastated Grenada causing an estimated US$900 million of damage, then, in 2005, tropical storm Emily caused damage equal to about US$51 million. In St. Kitts and Nevis, Hurricane George caused more than US$400 million of damage in 1998. In Montserrat, the Mount Soufriere volcano erupted in 1997. There were 32 fatalities and approximately 70 percent of the population had to be evacuated. Half the island is expected to remain uninhabitable for another decade and the agriculture sector continues to be affected by the lack of suitable land for farming. In 2004, Dominica experienced an earthquake, measuring 6.0 on the Richter scale and causing damages estimated at 7 percent of 2004 GDP. In addition to these widely publicized events, there are also ongoing "silent" emergencies, such as the droughts and floods that affect countries every year.

Disasters affect people in many ways and compound vulnerability of women and children. Families are made homeless and forced to live in shelters for long periods of time. Family members are sometimes injured or killed. Income is disrupted when businesses close. Natural disasters can lead to a loss of productive assets, such as fishing boats, crops, livestock or arable land. In the case of agricultural, the lost of income generating assets can be long term (as in the case of the loss of the nutmeg crop in Grenada) and sometimes permanent (as in Montserrat after the volcano). Disasters are expensive for families. Insurance markets are underdeveloped and most households do not have property insurance. This implies significant expenses for home repairs and a reduction in disposable income. Single mothers, already vulnerable in the labour market, are most affected. Disasters can push vulnerable households below the poverty line or make it difficult for poor households to work their way out of poverty. Disasters disrupt daily lives and psychosocial trauma. School is disrupted and this increases the risk of sexual abuse of children who are not in supervised environments. Moreover, it is mainly women who are called on to manage with limited resources and to provide psychological support to family members (Box 3).

National disaster organizations, under the umbrella of the Caribbean Disaster Emergency Response Agency (CDERA), plan, coordinate, educate, train and advocate emergency response efforts but considerable work remains if countries are to be better prepared. A number of regional and international agencies, including the CDB, CDERA, United States Agency for International Development (USAID), CIDA, Inter-American Development Bank (IDB), and others provide technical assistance for development of disaster preparedness capacity. The UNDP, Pan-American Health Organization (PAHO)/World Health Organization (WHO), UNICEF, World Food Programme (WFP), UN Economic Commission for Latin American (ECLAC), United Nations Education, Scientific and Cultural Organization (UNESCO) and non-governmental organizations (NGOs) are collaborating in the establishment of systems to manage mainstreaming of disaster risk reduction policies and strategies. UNICEF provides technical inputs with respect to children and collaborates with the WFP to ensure food security for children in emergencies. UNICEF is also leading within the UN team on child protection and education in emergencies. CARICOM, in collaboration with the World Bank, is examining the feasibility of a regional disaster insurance scheme. However, it seems that little in the way of disaster preparedness and mitigation has filtered out to communities and households and there is a general sense of "unpreparedness" for emergencies among stakeholders. In addition, the needs of children with disabilities are typically overlooked in emergency planning and none of the disaster management agencies has contingent plans for maintaining the basic minimum services for HIV/AIDS (prevention, treatment, care and support) during an emergency.

Box 3: The Social Impact of Hurricane Ivan

Hurricane Ivan took the lives of twenty-eight persons – most were men (69 percent) and most were over 60 years old (70 percent). Seven persons died indirectly because of the hurricane. The accident and emergency departments of the two largest hospitals treated 680 persons for various injuries. Cases of gastroenteritis in children surfaced as shortages of potable water became acute. In response, the Ministry of Health began distribution of re-hydration kits.

Seventy-five percent of Grenada's poor live in the most affected parishes. The effect of the disaster on the parishes with the significant proportions of the poor exacerbated their already difficult situation. In the wake of Ivan, many persons found themselves without shelter, food, belongings or a social network to provide immediate support. It was reported that 18,000 persons were without homes and required relocation to approximately 160 formal and informal shelters. Unfortunately many locations designated as shelters had their roofs damaged by the hurricane forcing persons to seek alternate places of refuge. In one instance, where some 540 persons took refuge in an informal shelter, there were no sanitation facilities until portable toilets were installed. Two weeks after Ivan, approximately 5,700 persons remained in shelters. In other cases, displaced households moved in with family or friends. Reports indicated that in some instances, as many as five families could be found crowded into single-family dwellings.

Fallen trees, landslides, debris strewn on the roads (galvanized sheeting, boards, parts of household furnishings) and broken poles and downed telephone lines resulted in the isolation of a number of communities. This hampered the distribution of food and other relief supplies. Almost the entire population was without access to potable water in the immediate aftermath of the hurricane. Water was gradually restored after two weeks. The entire population was without access to electricity and telecommunications immediately after the event.

The vulnerability of women and children was evident in the disproportionate numbers of females and children in shelters. The food distribution situation was slow and tedious, often not reaching the people who needed it most. There were anecdotal reports of young women, offering transactional sex in order to secure needed supplies. Reports were also received of instances of gender-based violence in informal shelters.

The shock at the devastation caused by Hurricane Ivan and the resulting psychosocial trauma to the entire population, although acknowledged, could not be given the attention it required. The health services were burdened treating the physical needs of the population following the crisis and trying to prevent outbreaks of infectious diseases. A number of bilateral and multilateral agencies provided humanitarian assistance. UNICEF played an important role through its support for community level peer counselling for children in shelters and bringing child psychologists and counsellors from off island. UNICEF, with other partners, also assisted in getting schools open.

OECS Secretariat, Grenada: Macro-Socio-Economic Assessment of the Damages caused by Hurricane Ivan, 2004

II.E. Governance

Strengthening governance, including increasing accountability, promoting government effectiveness and promoting the rule of law, will be required to advance the rights of children and women. Planning and administrative capacity are weak. There are a large number of programmes serving children and women, and the lack of coordinated efforts across ministries and departments results in overlaps, duplication, inefficiencies, and administrative waste. Concentrated efforts to reduce inequality and promote protection of children and women are needed. There is a need to strengthen the planning and executing capacity of programmes and to put in place mechanisms for their fiscal prioritisation. Inadequate management information systems limit effective planning and weaken fiscal accountability. More attention to gender and

children's budgeting is also needed. Concerns about abuse of power, lack of transparency and accountability in decision-making and governance systems have led to some level of dissatisfaction with systems of governance. To varying degrees, governments in the sub-region have committed to public sector reform and poverty reduction agendas with the assistance a number of international agencies, including the World Bank, Caribbean Development Bank (CDB), European Union (EU), DFID, CIDA and the UNDP.

The lack of data on the status of children and women makes it difficult to track progress toward achievement of the MDGs and the rights children and women. Evidence-based policymaking will require strengthening social planning capacity, including the capacity to monitor and evaluate programmes in the different ministries and agencies that provide services to children and women. The UNDP is providing technical assistance to the Human and Social Development Unit in the OECS Secretariat to facilitate coordination and analysis of social statistics and for the design and implementation of data collection systems. Household survey capacity has been upgraded in national statistical offices in the OECS. The Support to Poverty Assessment and Reduction in the Caribbean (SPARC), a joint effort by UN and donors to enhance quantitative and qualitative assessments, provides a framework for monitoring poverty and human development outcomes with the objective of improving country-level capacity for continuous poverty and human development assessments, post-disaster socio-economic assessment and evidence-based policy-making and programmes. SPARC is a collaborative effort between the UNDP, other UN agencies including UNICEF and UNIFEM, the Caribbean Development Bank (CDB), United Nations Fund for Women (UNIFEM) and the IDB. In addition, the CDB, UNDP, the U.K. Department for International Development (DFID), the World Bank, and UNICEF, in collaboration with governments have implemented poverty assessments, social impact assessments, core welfare indicators surveys, social protection studies, and situation analysis strengthen monitoring and, hence, governance. DevInfo (a computer program developed with UNICEF support) assists countries to monitor the MDGs and advocate for their achievement. This effort is being lead by CARICOM. All initiatives will need to ensure that gender and age disaggregated data is systematically collected and analysed.

Countries participate in a number of regional institutions and these organizations provide important opportunities for policy alignment, technical collaboration and capacity building. Regional cooperation also serves as a strategy for rationalizing the use of scarce resources by pooling resources at the sub-regional and regional levels. The OECS Secretariat provides research and strategic policy advice, resource mobilization and technical support to member countries. Regional programmes for capacity building and legal reform are underway at the OECS level and other regional initiatives could be cost effective for both countries and international agencies. All countries in the sub-region are members of the Caribbean Community (CARICOM), which addresses a range of issues that affect children and women. Of particular importance has been the Caribbean Plan of Action for Early Childhood Development, Pan-Caribbean Partnership against HIV/AIDS (PANCAP), harmonizing education policies, portability of social insurance benefits, the Kingston Accord for persons with disabilities and others. CARICOM is also the key vehicle for moving the Caribbean Single Market Economy (CSME) forward and for addressing the challenge of cross-country harmonization of social programmes. Regional organizations provide an important forum for dialogue and consensus building; however, implementation of regional initiatives has often lagged and support for enhancing implementation capacity is needed.

Civil society, particularly non-governmental and community-based organizations, has been an active partner in advancing the rights based agenda. A number of non-governmental organizations are well established and have ongoing partnerships with international agencies.

Nevertheless, inadequate financing, and weak administrative, monitoring and accountability systems are common characteristics of civil society organizations and have weakened their implementation capacity and therefore their impact on the rights agenda. This is particularly true of community-based organizations. In addition, very few civil society organizations are youth-led and only a few specifically focus on children and youth. Stakeholders report that activism in civil society has declined in the past years. However, the existence of tripartite arrangements led by government, for example in Barbados, Dominica and St. Vincent and the Grenadines, suggests that, despite these constraints, civil society has an important role to play.

II.F. Challenges for the Future

The above analysis indicates that overall economic and social indicators are positive, but that a number of factors interfere with the fulfilment of the rights of children and women. They are crosscutting themes that undermine the realization of both the CRC and CEDAW.

- **Poverty**, including chronic poverty and transient poverty;
- **Gender discrimination** and conflict between traditionally held attitudes and values, including work stereotypes that restrict women's access to traditionally male occupations
- **Vulnerability** at the macroeconomic as a result of size, location, limited economic diversity and limited resource bases and at the household level as a result poverty, female-headedness, violence (including sexual violence and incest), disability, HIV/AIDS, natural disasters and changing social fabric due to migration and weakening of extended families and community supports; and
- **Weak governance**, including weak planning, implementation, monitoring and evaluation capacity of governments and civil society.

The following challenges emerge in light of the above:

- To sustain and increase inclusive economic growth by tightening fiscal policy through expenditure reductions and reorientation of capital expenditures to projects geared to growth and poverty reduction, realizing fiscal savings from public sector reforms, increased efficiency of public service delivery, and improvements in monitoring and evaluation;
- Direct investments towards human capital development of children, including investments in preventive health services for children and adolescents, quality education relevant to the demands of the global economy and social protection programmes that enable children who are poor to take advantage of these opportunities.
- Increase efforts to address gender-based discrimination through initiatives to promote gender equality and equity; empower girls and boys and women and men; promote gender-sensitive policies; sensitise program partners; and increase gender-sensitive communications and advocacy
- Address sources of vulnerability at macro and micro level, including enhanced disaster prevention and mitigation efforts
- Build capacity to monitor the status of children and women, including child poverty, women's poverty and poverty related manifestations of child rights transgressions.

Chapter III. Analysis of the Situation of Children and Women

III.A. Survival Rights

The CRC establishes the obligation of State Parties to ensure the highest attainable standard of health and facilities for treatment and rehabilitation and to ensure that no child is deprived of his or her right of access to such health care services. More specifically, the Convention specifies that State Parties will take appropriate measures to diminish infant and child mortality; ensure provision of necessary medical assistance and health care to all children; combat disease and malnutrition; ensure appropriate prenatal and postnatal health care for mothers; ensure that all segments of society are informed, have access to education and are supported in the use of basic knowledge of child health and nutrition; and develop preventive health care, guidance and family planning services.

Because of the public commitment to health care, most health indicators are quite good. However, a number of pressing health concerns challenge health systems and interfere with the realization of the rights of children and women. This section reviews the health status of children, adolescents and women in light of these concerns.

The Health Status of Children

Infant mortality rates are low and declining. Average infant mortality (less than 1 year old) fell from 25 per 1,000 life births in 1990 to 17 in 2004; average child mortality (less than 5 years old) fell from 22 to 14 per 1,000 over the same period (Table 7). Most countries are not strictly on target for meeting the MDG target of a reduction of two thirds from 1990 to 2015, but it is important to recognize that the MDGs get harder to achieve as countries move towards relatively low mortality rates. For this reason, the specified target for this MDG may not be relevant for the sub-region due to already low child mortality.

Mortality rates among newborns less than one week have remained either stable or increased in all countries. This seems to be partly related to the high incidence of teenage pregnancy.[30] PAHO is providing assistance for establishment of a Perinatal Information System in St. Vincent and the Grenadines, St. Kitts and Nevis, Barbados, Dominica, St. Lucia and Antigua and Barbuda. This will provide useful monitoring data to better understand the risk factors for perinatal mortality and to design interventions to promote survival among newborns.

[30] William Adu Krow, PAHO/Barbados

Table 7: Basic Health Indicators for Children

	Infant mortality rate (< 1)		Under-5 mortality rate		% of infants with low birth weight	% of children who are exclusively breastfed (<6 months):
	1990	2004	1990	2004	1998-2004*	(1996-2004*)
Antigua and Barbuda	n.a.	11	n.a.	12	8	n.a.
Barbados	14	10	16	12	10	n.a.
British Virgin Islands	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Dominica	15	13	17	14	10	n.a.
Grenada	30	18	37	21	9	39
Montserrat	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Saint Kitts and Nevis	30	18	36	21	9	56
Saint Lucia	20	13	21	14	8	n.a.
Saint Vincent and the Grenadines	22	18	25	22	10	n.a.
Turks and Caicos Islands	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Most recent available year n.a. = not available						

Source: UNICEF, State of the World's Children 2006, online statistical database

Box 4: The Goal of Reducing Low Birth Weight

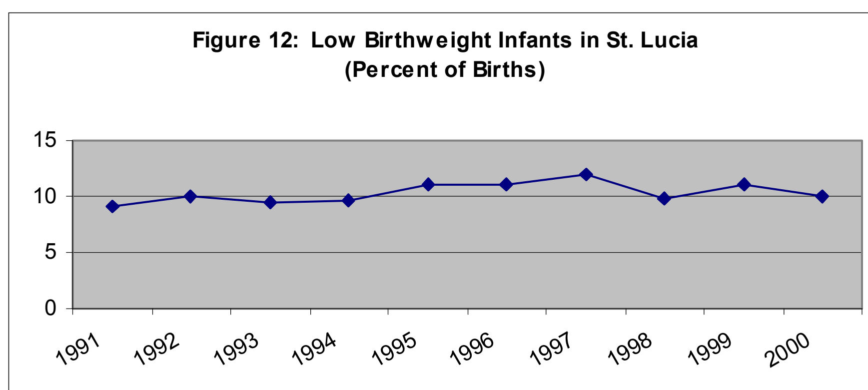
The goal of reducing low birth weight incidence by at least one third between 2000 and 2010 is one of the major goals in 'A World Fit for Children', the Declaration and Plan of Action adopted by the United Nations General Assembly Special Session on Children in 2002. The reduction of low birth weight also forms an important contribution to the MDGs for reducing child mortality. Activities towards the achievement of the MDGs will need to ensure a healthy start in life for children by making certain that women commence pregnancy healthy and well nourished, and go through pregnancy and childbirth safely. Low birth weight is therefore an important indicator for monitoring progress towards internationally agreed-upon goals.

Source: WHO/UNICEF, Low Birthweight: Country, Regional and Global Estimates, New York, 2004.

The proportion of infants with low birth weight remains high and is a public health concern.[31] This is because low birth weight is a reflection of a multifaceted public health problem (Box 4). Infants with low birth weight account for about 8 to 10 percent of live births in all countries for which data is available (Table 7, above). As data from St. Lucia highlights, the rate has remained stable over time (Figure 12). Birth weight is affected by the mother's own foetal growth, her diet from birth to pregnancy and her body composition at conception. Mothers who are poor frequently have low birth weight infants because of their mother's poor nutrition and health over a long period, including during her pregnancy. Physically demanding work during pregnancy also contributes to poor foetal growth.[32] The correlates of low birth weight are not completely understood. In St. Lucia, the Chief Medical Officer reported that the only conclusive correlate of low birth weight was teenage

[31] The World Health Organization (WHO) defined low birth weight as weight at birth less than 2,500 grams (5.5 pounds). Not all low birth weight infants are at risk.
[32] WHO/UNICEF, Low Birthweight: Country, Regional and Global Estimates, New York, 2004.

pregnancy. Since, low birth weight is an important predictor of child health and cognitive development, it is important that more efforts go into measuring it accurately, understanding its determinants and organizing services accordingly.



Source: St. Lucia, Chief Medical Officer's Report, 2000

Low birth weight infants and malnourished infants are at risk of diminished physical and cognitive development, but only a few of these infants have access to the early stimulation programmes that have been shown to improve functioning. Rigorous evaluations of programmes for malnourished and low birth weight infants in Jamaica indicate that these programmes can have a significant positive impact. Malnourished infants showed sustained physical and cognitive benefits compared to a malnourished control group when they were evaluated 12 years later. Low birthweight infants who participated in an early intervention program had significantly better problem solving skills and behaviour than the control group children did when they were evaluated at 7 months. The critical component of both interventions was the psychosocial stimulation rather than the nutrition supplementation.[33] An assessment of the feasibility, including the costs and benefits, of replicating these programmes in the sub-region would provide useful information for planning.

A significant factor contributing to good health among children is the existence of immunization programmes in all countries. The sub-region has achieved excellent coverage with rates above 95 percent for DPT, polio, and measles, mumps, and rubella (Table 8). At around 80 percent, immunization rates in Grenada are lower. This may reflect lingering impacts of Hurricane Ivan since prior to Ivan immunization coverage was also about 95 percent.

The mortality profile of children has changed in recent years. The Caribbean Epidemiology Centre (CAREC) reports that slow foetal growth, hypoxia, and congenital abnormalities have replaced intestinal infections and acute respiratory infections are the leading causes of infant death and that AIDS is emerging as a cause of death among infants. CAREC also reports that intestinal infections, acute respiratory infections, congenital abnormalities, AIDS, automobile accidents and fires are leading causes of death among children between the ages of one and four. Accidents and injuries (often violent injuries) are leading causes of mortality among older children and adolescents, particularly adolescent boys. Homicide, motor vehicle accidents, AIDS and suicide are the leading causes of death among youth 15 to 24 years old. Lifestyle related

[33] S. M. Grantham-McGregor et al, Nutritional Supplementation, Psychosocial Stimulation, and Mental-Development of Stunted Children - the Jamaican Study. Lancet, 338(8758), 1-5, 1991.

illnesses, including cardiovascular disease and diabetes are leading causes of mortality among adults.[34]

Table 8: 1-Year-Olds Children Receiving Immunizations, 2004
(Percent)

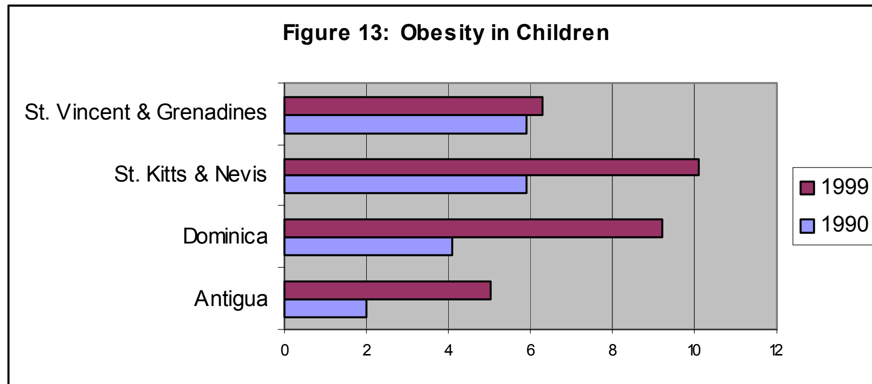
	BCG	DPT1	DPT3	Polio3	Measles	HepB3	Hib3
Antigua and Barbuda	n.a.	91	97	97	97	97	97
Barbados	n.a.	97	93	93	98	93	93
British Virgin Islands	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Dominica	99	99	99	99	99	n.a.	n.a.
Montserrat	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Grenada	-	87	83	84	74	83	83
Saint Kitts and Nevis	89	87	96	96	98	96	95
Saint Lucia	99	99	91	91	95	91	91
Saint Vincent and the Grenadines	99	99	99	99	99	99	99
Turks and Caicos Islands	95	95	95	95	95	95	95
n.a. = not available							

Source: UNICEF, State of the World's Children 2006, online statistical database; data submitted for SITAN by Government of the Turks and Caicos Islands

Despite the benefits of breastfeeding, the incidence of exclusive breastfeeding for six months is low. In Grenada, about 39 percent of babies are exclusively breastfed at six month. In St. Kitts and Nevis, the figure is about 56 percent (Table 7, above). In Antigua, 86 percent of women continue breastfeeding into the third month, but only 39 percent exclusively breastfeed until the end of the sixth week.[35] Reasons given for the low incidence of breastfeeding include concerns about body image and the need to return to work.

Obesity among children is a public health concern. The available (albeit dated) information on the nutritional status of children suggests that between 5 and 10 percent of children are overweight or obese (Figure 13). As a result, diabetes among school age children appears to be increasing. Reducing childhood obesity would require promotion of breastfeeding, education (of parents and children) for proper nutrition and programmes that encourage physical activity in children. A “healthy school’ policy, – including close supervision of the nutritional content of school feeding programmes and regulation of the vendors who line up outside schools to sell junk food – would help to create an environment that promotes and supports healthy eating.

[34] Caribbean Epidemiology Center, Mortality Profile of the Caribbean, 2004. Note: this data refers to the wider Caribbean region.
[35] TANGO International, Overview of Food/Nutrition Security and Natural Disaster Risk Analysis in Eight Caribbean Countries: Regional Summary, WFP/ UNICEF, 2006.



Source: Fitzroy J. Henry, The Obesity Epidemic, Cajunus, Vol. 37, No.1, 2004

The micronutrient status of children is unclear due to a lack of comprehensive and up-to-date information. A 1997 study conducted in Antigua, Dominica and Saint Vincent reported that iron anaemia was the most common micronutrient deficiency. In Dominica, the rate of iron deficiency was 34 percent among children aged 1 to 4 years old and 31 percent among 5 to 16 year olds. At that time, anaemia appeared to be decreasing among children 1 to 4. Vitamin A and Vitamin E deficiencies are rare in the sub-region. The researchers concluded that iron deficiencies could be reduced through nutrition education programmes and that food fortification could be effective if they target specific high-risk groups, such as by fortifying cornmeal, which is consumed largely by young children.[36]

Most countries do not have structured approaches for nutritional monitoring and nutrition counselling. If mothers attend public health centres, they receive messages about the importance of exclusive breastfeeding for the first six months, but beyond this, little guidance is provided. Some countries have more structured approaches. In Grenada, for example, nutritional monitoring is the responsibility of the Grenada Food and Nutrition Council, a department of the Ministry of Agriculture. They provide support to the dietician at the General Hospital in following up on children with low birth weight. In addition, their surveillance program includes growth-monitoring checks at day care centres and schools, as well as monitoring of anaemia based on referrals from the health centres. However, a draft Nutrition Policy was developed in 1998 but never approved.[37] National planning to address nutritional issues, especially the obesity epidemic, seems mostly limited to public health messages. More widely available nutrition education programmes will be required. However, detailed and up-to-date information on the nutritional status of children is required to better inform interventions. PAHO is providing assistance for development of growth monitoring charts, which will help practitioners to identify growth problems earlier. In addition, the Food and Agricultural Organization (FAO), WFP, (PAHO/WHO, UNDP, UNICEF, UNESCO and UNIFEM are working with the Caribbean Food and Nutrition Institute (CFNI) and governments to **s**trengthen national and sub-regional capacity for nutrition education and to establish behavioural change initiatives to prevent chronic diseases. Ministries of Health and NGOs collaborate in these initiatives.

[36] Caribbean Food and Nutrition Institute, Vitamin A, Beta-carotene and Serum Ferritin Deficiency Study in St. Vincent and the Grenadines, Cajunus, 35, 1, 2002, pg. 26-29.
[37] Education for All, Global Monitoring Report

Most countries lack adequate systems for developmental monitoring and provision of early intervention services.[38] All countries do some basic monitoring in terms of general hearing, sight and physical abnormalities; but most countries do not have the resources to systematically evaluate more subtle developmental problems, including retardation, learning disabilities, etc. St. Kitts and Nevis and Dominica have the basic elements of a developmental monitoring system. In St. Kitts and Nevis, all children are examined every month for the first year and full physical examinations are done at 1 month and at 18 months. Thereafter, complete examinations are done every 3 months. All children identified as being in need of follow-up are referred to the District Medical Officer, who will then refer them as appropriate to a paediatrician, physiotherapist, child psychologist or other specialist.[39] In Dominica, the Ministry of Education introduced an Early Identification Checklist to be used in the final year of preschool and in the kindergarten and Grade 1 classes. PAHO has provided training and screening tools for early development screening; however, high staff turnover means that training needs to be almost continuous. St. Lucia has a well-developed early identification system; however, sustainability remains a concern (Box 5). All countries have limited services for children identified with developmental disabilities. A complete mapping of existing services and specialists would help to identify gaps and requirements.

Health Status of Adolescents

Adolescents in the sub-region are essentially healthy. Most adolescents rate their health as good.[40] Consistent with this, the leading causes of death among adolescents are accidents and injury, including homicide.[41] However, the health of adolescents is adversely affected by early and unprotected sex and its consequences. About 20 percent of Caribbean students under the age of 12 report having had at least one sexual experience. About one-third of students ages 13 to 15 and about one-half of students ages 16 to 18 are sexually active. Among adolescents who are sexually active, almost 80 percent of boys and 50 percent of girls report that sexual initiation occurred before the age of 13. Sexually active young people, especially boys, are likely to have had more than one sexual partner. However, it is important to note that initiation of sexual activity is not always a decision of the child; it may also reflect high rates of child abuse. In fact, the same study reports that about 48 percent of girls and 32 percent of boys say that their first sexual encounter was forced or somewhat forced. Moreover, 11 percent of girls and 9 percent of boys reported that they had been sexually abused.[42] One consequence of this early and unprotected sex is HIV/AIDS. The impact of the epidemic is discussed in more detail below.

[38] About 2 percent of children are disabled. The most prevalent disabilities are: learning difficulties (33 percent), hearing and speech difficulties (20 percent), and difficulty seeing (15 percent).
[39] UNICEF, ECD Rapid Assessment, Barbados 2006.
[40] WHO/PAHO, A Portrait of Adolescent Health in the Caribbean, Washington, DC. 2000.
[41] Caribbean Epidemiology Center, Mortality Profile of the Caribbean, 2004.
[42] WHO/PAHO, A Portrait of Adolescent Health in the Caribbean, Washington, DC. 2000.

Box 5: Developing an Early Intervention System: The St. Lucian Experience

Structured developmental assessments consisting of routine checks of weight for height, head circumference and basic vision and hearing started in St. Lucia in the late 1980s. These checks were conducted when children were brought in for immunization during their first 18 months. Outside of this, children with developmental delays were only identified when problems were noticed at school or at home and the children were referred for further diagnosis and treatment. For children identified through these processes, there were limited services and no therapists e.g. speech and language therapists, paediatric physiotherapists or occupational therapists on the island. The need for further assessment and the development and implementation of an individual intervention/treatment plan by a multi-disciplinary team of professionals was the rationale for the initiative in 1997 to start the Child Development and Guidance Centre in St. Lucia.

The CDGC is a registered non-profit organization affiliated to SLADD, St. Lucia Association for Developmental Disabilities and its main source funding is from short-term private grants, in kind donations and contributions secured mainly in Europe. Since its formation in 1997, the Centre has worked with the Ministry of Health to strengthen the developmental screening processes. In 2001, a grant of US$10,000 was received from the Dutch Government, which financed a series of workshops during the 2001 – 2003 period for nurses and community health nurses on methodologies of developmental assessments. It also supported the provision of an early intervention kit in each of the medical centres across the island. These kits are used to perform a comprehensive developmental check on children at 6 weeks, 8 months, 3 years and 5 years. Children identified as having problems are referred to the CDGC for follow-up.

The CDGC provides a multi-disciplinary team that consists ideally of a paediatrician, a paediatric physiotherapist, a speech and language therapist and an occupational therapist. The Ministry of Education pays the physiotherapist. Overseas volunteer therapists support the team as frequently as possible. There are no fees for assessments and therapy sessions for parents referred by health centres.

Since its establishment in 1997, the CDGC has assessed and provided therapy to 380 children from across St. Lucia. It has also been active in programmes aimed at increasing community awareness of children's needs, including broadcast of 14 radio programmes; training of individual caregivers and community health aides and nurses at annual summer camps; and provision of equipment like therapeutic chairs, wheel chairs, crutches and other physiotherapy materials to individuals and institutions in need. The major challenge facing the system is one of sustainability. The CDGC is the technical support arm of the entire developmental monitoring system, ensuring the continuing development of the monitoring processes and skills and providing the follow-up treatment and support. However, the CDGC is an independent non-profit organization, staffed mainly by expatriates and supported financially by charitable funding from abroad. Efforts to get the government to integrate it within the Ministry of Health and therefore assume financial responsibility for its operations have not been successful to date, despite the critical role that it plays within the St. Lucia Health system.

Source: Sian Williams and Leon D. Charles, Background Paper for the Education for All Global Monitoring Report, UNESCO, 2007.

Teenage pregnancy is a concern in all countries and raises a number of human rights issues. Teenage mothers account for between 10 to 20 percent of live births in Dominica, St. Kitts and Nevis, St. Lucia and the Turks and Caicos Islands (Table 9). Teenage pregnancy results in health problems for the mother and a disproportionate share of maternal deaths, in part because teenagers are less likely to seek appropriate care. In addition, teenage pregnancy is more likely to result in health problems for the baby. Meeting the MDGs for infant and maternal mortality is integrally linked to reducing teenage pregnancy. In addition, pregnancy interferes with the teen mother's right to education and development. Stakeholders report that when a girl becomes pregnant, more frequently than not, her education stops. The economic cost of adolescent pregnancy – both the immediate costs related to the birth period and the long-term financial costs related to lower lifetime earnings of the mother– are significant.[43] Teen mothers tend to have larger families, are more likely to be poor (they work more and earn less) and are more likely to have children who themselves become teenage parents. The psychological costs, although not quantifiable, are also significant and teen mothers who participated in SITAN focus groups talked about feeling like failures, having a low sense of self-esteem and being ostracized by their peers. SITAN participants also raised human rights concerns about girls whose parents force them to have abortions.

Table 9: Teenage Births in Four Countries
(As a Percent of Total Births)

	1998	1999	2000	2001	2002	2003	2004	2005
Dominica								
< 15	1	0	1	1	1	1	n.a.	n.a.
15 – 19	15	16	15	15	13	15	n.a.	n.a.
Total	**16**	**16**	**16**	**16**	**14**	**16**	**16**	**16**
St. Kitts and Nevis								
10 – 14	1	0	0	0	0	0	1	1
15 – 19	17	17	19	20	18	19	17	18
Total	**19**	**18**	**19**	**21**	**18**	**19**	**18**	**19**
St. Lucia								
Total	**16**	**16**	**16**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**n.a.**
Turks and Caicos								
Total	**n.a.**	**n.a.**	**n.a.**	**10**	**10**	**11**	**9**	**9**
n.a. = not available								

Sources: Dominica and St. Kitts and Nevis, data submitted to UNICEF for SITAN; St.. Lucia, CMO Report, 2000

Adolescent boys are also at risk. A World Bank study of Caribbean youth found that school drop out, crime, violence and substance abuse affect boys more than they affect girls.[44] Young men are disproportionately the victims of violence. Substance abuse is more common among boys. Alcohol is the most commonly used substance among Caribbean students and boys are twice as likely as girls to drink once or more a month. Boys are also more likely to use marijuana, inhalants and steroids (Table 10). The lower life expectancy among men is, in part, a reflection of the risky nature of adolescence for young men.

[43] World Bank, Caribbean Youth Development, Issues and Policy Directions, 2003; Mayra Buvinic, Costs of Adolescent Childbearing: A Review of Evidence from Chile, Barbados, Guatemala and Mexico, 1998.
[44] World Bank, Caribbean Youth Development, Issues and Policy Directions, Washington, D.C., 2003.

Table 10: Substance Abuse among Caribbean School Students

	Gender			Age Group		
	Female	Male	≤12	13-15	16-18	Total
Use ≤ Monthly						
Cigarettes	1.2	1.6	1.1	1.3	1.9	1.4
Alcohol	3.9	7.9	3.1	5.6	9.4	5.5
Marijuana	1.2	2.3	0.7	1.4	3.7	1.7
Inhalants	1.6	2.4	1.8	2.0	2.1	1.9
Speed	1.5	1.4	1.4	1.6	1.4	1.5
Steroids	1.4	3.2	2.8	1.9	1.2	2.1
Any substance monthly or more	8.2	14.2	8.1	10.6	14.4	10.6

Source: WHO/PAHO, A Portrait of Adolescent Health in the Caribbean, Washington, DC. 2000.

A number of externally funded initiatives operating in partnerships with government and/or civil society organizations target adolescents with messages about healthy lifestyles and risky sexual behaviour and its consequences. One on-going initiative is the UNICEF supported Health and Family Life Education (HFLE) program, a cooperative effort between Ministries of Health and Education across the sub-region (Box 6). Other behavioural change programmes focus broadly on reducing risky sexual behaviour and specifically on reducing the risk of HIV/AIDS. UNICEF, UNIFEM, UNFPA and other international agencies and in partnership with governments and civil society organizations support the Youth Empowerment Program, Together We Can, the Faces Campaign and other peer education and communication programmes that train young people to communicate with other young people in an attempt to reduce risk of HIV/AIDS, STDs, and pregnancy. The CARICOM mini-grants initiative provides funding for peer-to-peer HIV/AIDS education projects and has helped to establish inter and intra country linkages between young people. A Regional Behaviour Change and Communication Strategy for Youth was developed with involvement of 60 young people from 18 countries during a 3-day workshop organized by UNFPA in partnership with UNICEF, UNIFEM, UNDP, UNAIDS, CARICOM and other partners. The "Got it? Get it" campaign targeting youth for condom use was undertaken. The logo appeared in television commercials airing in the OECS, and Barbados.

Efforts to inform young people about the consequences of unsafe sex, including pregnancy, STDs and HIV/AIDS, have been relatively successful but have not resulted in concomitant behavioural change. Only about 30 percent of girls and 24 percent of boys in the Caribbean adolescent health study reported that they always use birth control. In a survey of children and youth aged 10 to 30 in four communities in St. Lucia, almost one-half said that they would have sex without a condom.[45] Girls interviewed in Barbados were reasonably informed about the consequences of risky sexual behaviour, but this knowledge did not result in concomitant behavioural change.[46] Stakeholders suggested more attention to coordination of programmes, developing peer educator skills, monitoring and evaluation, power relations, negotiation skills and power of girls. Children and adolescents who participated in SITAN focus groups spoke to the need to get messages to students in ways that are more creative, including drama and music.

[45] St. Lucia, Report On The Knowledge, Attitude And Practice Survey OPEC/UNFPA, 2006.
[46] Christine Barrow, The "At Risk" Behaviours, Sub-cultures and Environments of Adolescent Girls in Barbados: Sexuality, Reproductive Health and HIV/AIDS, UNICEF, 2005.

Box 6: Health and Family Life Education

HFLE seeks to increase the knowledge, skills, attitudes and behaviours of adolescents to facilitate the adoption of healthy and productive lifestyles. In 1996, CARICOM Ministers of Education and Health endorsed the Strategy for Strengthening HFLE in the Caribbean. The HFLE program focuses on development of policy, increased advocacy and funding for the overall strengthening of HFLE in and out of schools; strengthening the capacity of teachers to deliver HFLE programmes; development of comprehensive life skills-based teaching materials; and improvement of coordination among agencies. So far, three countries have cabinet-approved HFLE National Policies and three other countries have draft policies awaiting formal adoption. In the case of Barbados, HFLE is integrated into the approved core curriculum, though a separate policy does not exist. Self-esteem, life skills and positive behaviour formation are key components of HFLE. HFLE is increasing in its reach – and it is largely offered in primary and secondary schools. Project coordination has been driven by UNICEF in collaboration with the CARICOM secretariat. Other key partners include CARICOM, PAHO/WHO, UNESCO, the United National Organization on Drugs and Crime (UNODC), UNFPA, UNIFEM, UNDP, Schools of Education at the three campuses of the University of the West Indies (UWI), and the Fertility Management Unit at UWI. This working group took a leadership role in advancing the process across the region.

A number of challenges have been encountered in implemented HFLE. These include inter alia the need to combat misconceptions about HFLE (especially that it is "sex-education"; uneven implementation and implementation delays, including delays in teacher training; difficulties in sustaining commitment; inadequate leadership and coordination; insufficient resources and inadequate project monitoring and evaluation. Following are some of the lessons have been learned in the more than 10 years of implementation of HFLE in the Caribbean:

- Curriculum needs to be life-skills instead of information based;
- Providing effective HIV/AIDS education, distributing information and sharing knowledge is not enough;
- Adolescents need to be empowered with life skills necessary for assertive communication, critical thinking and decision making so that they would be able to make the right choices in their actual life situations.
- A gender-sensitive approach is required to respond to different risks and needs among boys and girls;
- Teachers' readiness and comfort level to handle the sessions is crucial to maximize the effectiveness of the program;
- HFLE needs to be delivered in a positive classroom climate through a participatory approach;
- Local capacity building through teacher training is needed;
- Enhanced co-operation between the home, school and community is needed; and
- Including groups outside of the classroom requires different methodologies, interventions, approaches and partners to effectively reach these groups.

New curriculum is being developed that will promote life-skills; explores values and attitudes, explores gender differences, addresses multiple behaviours concomitantly, develops skills towards effective use of (does not sound complete) significant work has been done to enhance the quality of HFLE teaching by ensuring that the subject has a life skills approach. Countries are now working to revise their HFLE curricula within the coming years to make them more comprehensive and skills-based. For instance, Barbados has incorporated age-appropriate HIV/AIDS modules to their revised primary school HFLE curriculum. UNICEF is planning to work more closely with community-based organizations and youth groups to expand HFLE into communities.

Sources: UNICEF, HFLE in Caribbean Schools, New Approaches, Prospects and Challenges, Barbados, 2006; UNICEF, Health and Family Life Education, 10 Years and Beyond, In-Focus, 15, 2, 2002.

Adolescents do not have access to confidential health services, particularly reproductive health services. Most countries require that parents be notified if a teenager requests health services. Adolescent focus group participants emphasized that fear of parental notification made them reluctant to seek care and even to seek information. The small size of countries reduces confidentiality – adolescents repeatedly noted that, even if parents were not notified, the "nurses or counsellors would chat them up" after they left the office and the "community would know everything" and that even walking into a health centre or HIV testing facility would "make them uncomfortable." In many countries, a pregnant teenager cannot access health care without the consent of her parents but once the baby is born, the adolescent can seek medical care for the baby and for herself without parental consent. Several stakeholders highlighted that these laws make the teen feel as if she will "become an adult" if she has a baby.

Health Status of Women

Maternal health indicators are positive and maternal mortality rates are relatively low. This is the result of widespread access to prenatal care and care at the time of delivery. There is also wide access to family planning services with contraceptive prevalence rates at about 50 percent (Table 11). Countries seem on target to meet MDG targets with respect to maternal mortality, antenatal coverage and presence of skilled attendants at birth.

Table 11: Maternal Health Indicators

	Contraceptive prevalence (%)	**Antenatal care coverage (%)**	**Skilled attendant at delivery (%)**	**Maternal mortality ratio (reported)**
Countries and territories	**1996-2004***	**1996-2004***	**1996-2004***	**1990-2004***
Antigua and Barbuda	53	100	100	65
Barbados	55	89	98	0
British Virgin Islands	n.a.	n.a.	n.a.	n.a.
Dominica	50	100	100	67
Grenada	54	98	100	1
Montserrat	n.a.	n.a.	n.a.	n.a.
Saint Kitts and Nevis	41	100	99	250
Saint Lucia	47	100	100	35
Saint Vincent and the Grenadines	58	99	100	93
Turks and Caicos	n.a.	n.a.	n.a.	n.a.

* = most recent available year
n.a. = not available

Source: UNICEF, State of the World's Children 2006, online statistical database

Although access to prenatal care is near universal, it would be better if more women started receiving this care earlier in their pregnancies. In Dominica, only 36 percent of women seen for prenatal care at health centres in 1995 were seen before the 16th week of pregnancy. In Grenada, it is estimated that 78 percent of pregnant women attend prenatal clinics held in community health facilities but that only about 5 percent of these women make their first visit before the twelfth week of pregnancy, while 80 percent do not come until after their fifteenth week. In St. Lucia, an estimated 50 percent of pregnant women use the public health clinics for prenatal care, and only 10 to 15 percent of these women register before the 6th week of pregnancy. In the Turks and Caicos Islands, during 1996, only 25 percent of 283 new prenatal

clients made their first visit within the first 16 weeks of gestation, but 17 percent did not make their first visit until after the 28th week.[47] There is a paucity of data, but iron deficiency anaemia among pregnant women seems to be a concern in the sub-region. In Dominica, the rate of iron deficiency was 35 percent among pregnant women in 1996. Among pregnant women, there was a greater rate of iron deficiency among women below 20 years old (50 percent) than over 20 years old (33 percent). Estimates that are more recent indicate that iron deficiency in pregnant women is in the range of 20 to 30 percent.[48]

Obesity is pandemic among women in the Caribbean. About 25 percent of adult Caribbean women are obese and this is almost twice as many as their male counterparts. Between one-half and two-thirds of all adults are either overweight or obese, with rates for adult women consistently higher than for men. Diabetes, heart disease and hypertension, all closely related to diet and overweight, are as the leading causes of death in adults 45 years and older.[49]

Violence against women interferes with the right of victims to health and sometimes to survival.[50] Violence against women is reported to be widespread; however, there is very little data on the extent of this abuse. A 1998 study of domestic violence in the British Virgin Islands suggested that physical abuse of women is pervasive. That study reports that almost 30 percent of employed women said that they had been physically abused at least once. Moreover, violence is often a reoccurring feature of a women's life – almost half of the victims of abuse reported that the abuse had occurred "a few times" and over twenty percent reported that the abuse occurred regularly.[51] A study of psychiatric admissions in Barbados in 1996-1997 revealed that one in every three female first admissions reported that they had been sexually abused before the age of 18.[52] Violence against women has physical and emotional consequences for women. It also affects the mental health of her children. Moreover, since access to counselling and support services is limited, the emotional problems that go hand in hand with abuse go largely untreated. Although domestic violence is a widely discussed concern, the physical and mental health dimensions have not been adequately studied.

HIV/AIDS

HIV/AIDS has emerged as a to major developmental problem for the Caribbean. AIDS is now the leading cause of death in the 15 to 44 year old age group. There are an estimated 5,100 persons living with HIV/AIDS (PLWHA) in the OECS region and average incidence is approaching 0.1 percent, the second highest in the world.[53] In St. Lucia and Grenada, the HIV prevalence rate is 0.1 and 0.5, respectively.[54] In Barbados, the adult prevalence rate is equal to about 1.5 percent with 2,700 reported cases (of which less than 1,000 are women and less than

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[47] PAHO, Country Profile Reports.

[48] TANGO International, Overview of Food/Nutrition Security and Natural Disaster Risk Analysis in Eight Caribbean Countries: Regional Summary, WFP/ UNICEF, 2006.

[49] Fitzroy J. Henry The Obesity Epidemic, Cajunus, Vol. 37, No.1, 2004; Caribbean Epidemiology Center, Mortality Profile of the Caribbean, 2004; FAO, The Barbados Food Consumption and Anthropometrics Survey, 2000.

[50] Domestic violence as it relates to the right to protection is discussed in more detail in Chapter III.C.

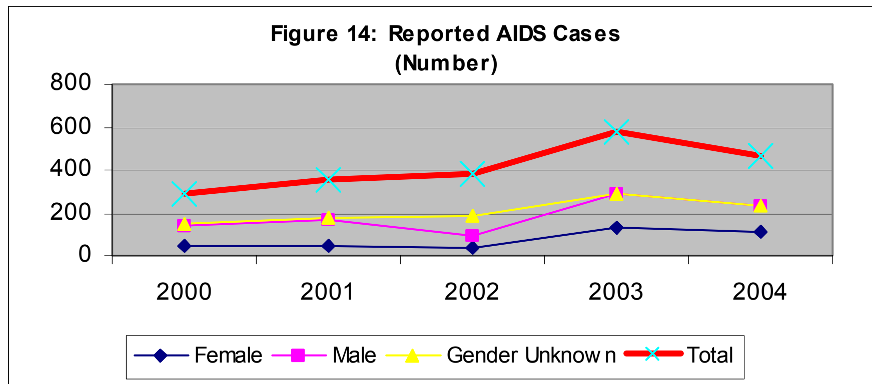
[51] Nesha Haniff, A Study of Domestic Violence in the British Virgin Islands, Commonwealth Fund, 1998.

[52] Pauline Riley-Hunte, UNICEF Presentation, 2006.

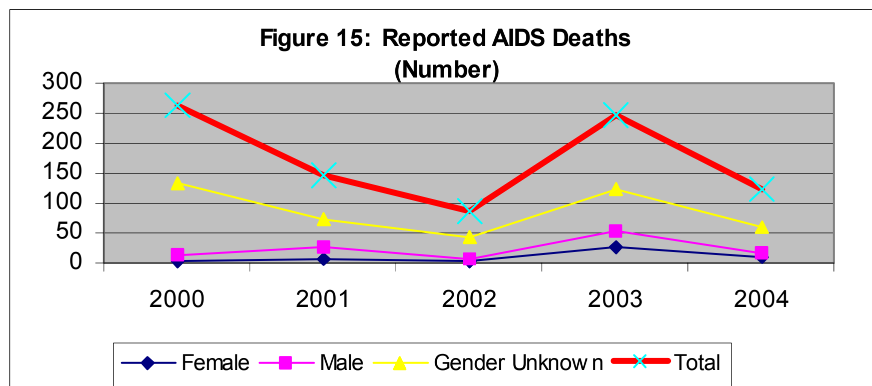
[53] OECS Secretariat, Scaling Up Prevention, Care and Treatment to Combat the HIV/AIDS Pandemic in the OECS, 2006.

[54] Edward Greene, A Reflection on the Challenges and Opportunities for the Pan Caribbean Partnership Against HIV/AIDS: PANCAP at Five, 2006.

100 are children).[55] The number of reported AIDS cases and reported AIDS deaths in the sub-region has remained stable in recent years (Figures 14 and 15 and Annex 3); however, official data underestimates the extent of the epidemic. This is because some individuals go to private doctors for testing and treatment and, in countries without mandatory reporting, these patients are not captured in official data. In addition, many patients do not seek care until the late stages of the disease, and are not reflected in official statistics until that time.



Source: CAREC, on-line database, 2006



Source: CAREC, on-line database, 2006

The economic costs of the epidemic could be significant. In Barbados, an estimated 3 to 5 percent of the GNP could be spent on AIDS.[56] This is as much as some countries spend currently on health overall. In addition, the epidemic could increase poverty levels as persons in their prime working age find themselves unable to work.

The HIV/AIDS epidemic in the Caribbean is driven primarily by heterosexual intercourse, which is the documented mode of transmission in three quarters or more of all AIDS cases. A thriving sex industry, which services both local and foreign clients, is a prominent factor. The overall share of reported HIV infections attributed to sex between men is approximately 12 percent, but cultural taboos about homosexuality mean that the actual proportion could be larger.

[55] UNAIDS/WHO, Report on the Global AIDS Epidemic, 2006.
[56] CARAC, Overview of Health in the Region, 2001.

Injecting drug use is responsible for a small minority of HIV infections.[57] In addition, many patients are not tested and do not receive care until the disease is in an advanced stage. Since they do not know that they are infected, they are likely contributing to the further spread of the disease.

A gender dimension to the epidemic appears to be emerging. Two times as many men as women are reported to have AIDS. However, the annual reported incidence of HIV is three to six times higher in women 15 to 24 years old than in males in that age group. The rate among pregnant 15-24 year olds is double the national average rate.[58] Certainly, this data bears further scrutiny to verify its reliability. However, if it is accurate, it raises a number of questions as to what has changed in the way the epidemic spreads that was not the case previously. The physiological susceptibility of females to infection may account for some of this difference. Another determinant could be gender inequality in which, for various reasons, women have difficulty negotiating safer sex. Violence against women is another possible explanation. The common practice of younger women establishing relationships with older men also helps to fuel the epidemic. Understanding the gender issues that drive the HIV/AIDS epidemic will be important for development of policies and programmes to halt its spread.

In 2002, only an estimated 10 percent of persons living with HIV/AIDS (PLWHA) had access to anti-retroviral drugs (ARVs). At that time, the goal was to increase access to 25 percent by 2005 and to 100 percent universal access to care, including antiretroviral drugs (ARVs), by 2010. Only Barbados has made significant progress towards universal access.[59] The OECS Secretariat implements a project financed by the Global Fund for HIV/AIDS, Tuberculosis and Malaria to develop a coordinated strategy among six countries (Antigua and Barbuda, Dominica, Grenada, St. Kits and Nevis, St. Lucia and St. Vincent and the Grenadines). The objective is to offer comprehensive prevention (access to information, condoms, etc); care and treatment; and support to all persons in the six countries living with and or affected by HIV/AIDS. The project provides universal access to care and treatment according to national protocols, making services available to general population, strengthening local testing capacity, procuring ARV medication at low cost, removing barriers of stigma and discrimination and support for persons living with or infected by HIV/AIDS and orphans and other vulnerable children. The challenges are twofold: to get countries to collaborate on care and treatment programmes and to get people to come out for testing. A 2005 Brazil-PANCAP Agreement resulted in the award of ARVs for all PLWHA in the OECS for a period of five years, beginning in 2007. UNICEF will also be supporting this process.

Mother-to-child transmission (MTCT) is a growing concern because, as HIV/AIDS increases among women, the number of children born with HIV could also grow. Data for the wider Caribbean region suggests that MTCT accounts for 6 percent of all reported cases.[60][61] Transmission of the infection from an HIV-positive mother to her child during pregnancy, labour, delivery or breastfeeding is almost entirely preventable. Global access to interventions to prevent

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[57] Caribbean Commission on Health and Development, 2005; J. A. Inciardi et al, HIV/AIDS in the Caribbean Basin, AIDS Care, 17, 1, 2005.

[58] CAREC, The Caribbean HIV/AIDS Epidemic Epidemiological Status, 2003.

[59] Edward Greene, A Reflection on the Challenges and Opportunities for the Pan Caribbean Partnership Against HIV/AIDS, 2006.

[60] OECS Secretariat, Scaling Up Prevention, Care and Treatment to Combat the HIV/AIDS Pandemic in the OECS, 2006.

[61] Pan-Caribbean Partnership on HIV/AIDS: The Caribbean Regional Strategic Framework For HIV/AIDS2002-2006, CARICOM, 2002.

HIV infections in infants was a key concern at the UN General Assembly Special Session on HIV/AIDS in 2001. MTCT has been significantly reduced in Barbados through a program of testing, counselling and access to retroviral therapy. In the absence of these treatments, an estimated 25 to 30 percent of children born to HIV-infected mothers will be infected with the virus.

Governments, civil society organizations and international agencies are working to tackle the HIV/AIDS epidemic. The Pan-Caribbean Partnership against HIV/AIDS/ (PANCAP) was established in 2001 to mobilize the collective resources of the Caribbean Region and the world to provide a unified vision and direction to halt the spread of HIV/AIDS in the Caribbean. PANCAP is a collaborative effort of over 15 core agencies and approximately 70 partners (including the EU, World Bank, CIDA, the Global Fund, USAID and others). Achievements include political mobilization, international resource mobilization, global visibility in putting the issue on the international agenda, and an expanded and strengthened response to AIDS. In 2004, PANCAP was identified by UNAIDS as a "best practice." UNFPA, UNESCO, UNICEF, UNDP, and PAHO/WHO are providing funding for initiatives to reduce the risk of contracting HIV reduced. UNAIDS, UNIFEM, UNFPA, PAHO are working to develop culturally appropriate messages and approaches to address the HIV/AIDS epidemic. UNESCO and UNFPA are providing funding for development of "Edutainment" methodologies to encourage behavioural change, removal of stigma and greater involvement of people living with HIV/AIDS. UNESCO, UNICEF, UNIFEM are promoting a human rights approach to HIV/AIDS and youth friendly and culturally sensitive programmes.

The Caribbean Regional Strategic Framework (CRSF) on HIVAIDS provides strategic direction and programmatic orientation. The established priority areas within the CRSF include advocacy, policy development, and legislation; care, treatment and support; prevention and regional and national capacity building. PANCAP is responsible for coordination while partner agencies provide lead and support roles in implementation based on their comparative advantage. The major challenge has been how to give form and substance to such a broad-based network of partners comprising governments, regional organizations, the private sector, labour, civil society, NGOs, PLWHA, development partners and UN Agencies.

A number of initiatives have been implemented under the PANCAP umbrella. A public health approach with integrated management of adulthood illness is being promoted by CAREC. Clinical care and treatment guidelines, including paediatric treatment guidelines, have been finalized. Guidelines on voluntary counselling and testing have been developed to facilitate universal access to testing and counselling, including promotion of new approaches such as provider-initiated testing. CAREC has supported rapid testing approaches using new testing methods, training, and promoting same-day testing. The CARICOM Secretariat has entered into a Memorandum of Understanding with CAREC that would facilitate CAREC undertaking an assessment of MTCT programmes in the OECS, training counsellors in testing and promoting rapid testing in the OECS. Training exercises for laboratory staff have been conducted in Antigua, St Kitts and Nevis and St Vincent and the Grenadines. A training manual on Home-Based Care was developed by the Caribbean Conference of Churches for the purpose of equipping volunteers with skills required to support PLWHA. The International HIV/AIDS Alliance in the Caribbean has trained peer treatment counsellors and treatment advocates from Saint Lucia, Grenada and St. Vincent and the Grenadines. These counsellors will provide treatment adherence counselling in their respective countries and will work with national programmes to advocate for clients on care and treatment issues.[62]

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[62] PANCAP VI, Consolidated Implementation Report, 2006.

The need for improved monitoring systems to track the epidemic is widely recognized. A Monitoring and Evaluation Framework for the Caribbean was developed in collaboration with partner agencies and representatives from National AIDS Programmes/Commissions. The framework should serve as a blueprint for monitoring and evaluation of National AIDS Programmes, reporting requirements and coordination of technical assistance. In addition, the Caribbean Health Research Council entered into a Co-operative Agreement with the Centres for Disease Control and Prevention/Global AIDS Program to "Build National Monitoring and Evaluation Capacity in the Caribbean." This Agreement provides for support for infrastructure development, recruitment of staff and delivery of technical services to countries. However, many countries need to update their develop National Strategic Plans and strengthen Monitoring and Evaluation Plans. CAREC is assisting in establishment of a regional treatment and care database through development of patient tracking and monitoring tools. UNAIDS is also supporting this component.

A number of HIV/AIDS prevention initiatives targeted to youth have been implemented with technical leadership and funding from UNICEF, UNDP, UNAIDS, UNIFEM, UNFPA and others. CARICOM Youth Ambassadors developed a regional youth-friendly communication campaign aimed at reducing HIV/AIDS-related stigma and discrimination. Four messages for television, radio and print were developed. Training modules on community resource mapping, HIV/AIDS sensitisation and project development were produced and applied in delivering capacity building programmes for youth workers and leaders. Youth workers and leaders participated in a monitoring and evaluation workshop. Youth workers were trained in community resource mapping. Mini-grants each worth US$5,000 awarded to youth groups in five countries allow youth organizations to undertake activities with an HIV/AIDS orientation. A manual for the training out-of-school youth was developed and a core of persons from across the Caribbean trained as trainers in its application. Out-of-school youth from St. Kitts and Nevis, Saint Lucia and St. Vincent and the Grenadines have been exposed to HIV and AIDS education using this modality. Community Animators, drawn from identified at-risk groups such as men who have sex with men, people who exchange sex and PLWHA, undertake peer exchanges at bars and clubs, on the street and during private social gatherings with interventions that include risk assessment with clients, risk reduction practices and condom demonstration. Information is also provided about HIV and sexual health services. If requested, Community Animators will accompany persons for services. This activity is being led by the International HIV/AIDS Alliance in the Caribbean.

The major challenge for the sub-region will be to reduce the incidence of the disease in the face of the social and behavioural norms that fuel the epidemic. These include early initiation of sexual activity and multiple sex partners and gender roles and socialization that contribute to poor communication between partners. Social and economic dependence of women on men limits their ability to negotiate safe sex. Limited places for confidential testing; continuing myths about HIV/AIDS; and stigma, discrimination and lack of legal protections for PLWHA are other factors. Limited fiscal and human resources, including the frequent turn over of human resources result in limited institutional capacity. Finally, while a few countries have made progress in monitoring and dealing with their epidemics, inadequate HIV surveillance hampers real understanding of epidemiological trends and the required responses. Moreover, AIDS reporting is not mandatory in all countries and this further hampers data collection. Despite the availability of free testing in many countries, it has been hard to overcome resistance to testing. Violence against women and children may also be fuelling the epidemic. The extent to which violence and abuse (including incest) is instrumental in the early age of sexual debut, the extent to which violence influences decision to test for HIV and access treatment, to what degree has

violence contributes to unsafe sex remain unknown and could benefit with a vigorous research. Enhanced coordination of partners is also a challenge.

While these challenges are daunting, promising results from Barbados suggests that progress is possible. In Barbados, wider access to antiretroviral treatment, which increased from 45 to 95 percent between 2003 and 2005, has helped to reduce the number of AIDS deaths with new HIV diagnoses among pregnant women decreasing from 0.7% to 0.3% between 1999 and 2003. The expansion of voluntary counselling and testing services, and provision of antiretroviral prevention regimens has reduced mother-to-child transmission of HIV.[63] A second major policy thrust in Barbados has been a comprehensive information and education campaign as part of Health and Family Life Education in schools and other programmes to sensitise young people to HIV/AIDS. However, despite these efforts, fear continues to keep infected persons from seeking treatment and is a cause of premature deaths. It also makes the epidemic more difficult to halt (Box 7).

Box 7: HIV/AIDS and the Fear of Disclosure

In a study of HIV-infected women who delivered a baby in Barbados, about 70 percent of HIV-infected post parturient women never disclosed their result to a partner or a close relative. Fear of stigmatisation and fear of the reaction from partners, including violence, were the most common reasons for not disclosing. Lack of disclosure limited their ability to engage in preventive behaviours or to obtain the necessary emotional support for coping with their HIV status or illness. Women who had not disclosed their HIV status were less likely to use condoms during all sexual encounters and more likely to have a subsequent pregnancy from a different sex partner compared to those who did disclose. They were also less likely to have a partner who had been tested for HIV and less likely to be attending the centralized HIV clinic for follow-up and care.

In addition, many people opt for treatment only after they have become severely ill. Between 1994 and 2004, 37 percent of women who tested positive never attended an HIV clinic for treatment and care. As a result, mortality rates among these women were high.

Sources: A, Kumar et al, Prevalence and correlates of HIV Serostatus Disclosure: A Prospective Study Among HIV-infected Post-Parturient Women in Barbados. AIDS Patient Care STDS, 20:724-30, 2006.

[63] Caribbean Epidemiology Center, The Caribbean HIV/AIDS Epidemic, Epidemiological Status, 2003, CAREC website; M.A. St. John, Efficacy of Nevirapine Administration on Mother-to-Child Transmission of HIV Using a Modified HIVNET 012 Regimen, West Indian Medical Journal, 51, 3, 2003; A. Kumar A and B. Singh, Impact of the AIDS Prevention Program on Trends in Prevalence and Incidence of HIV Infection among Pregnant Women in Barbados. XV International AIDS Conference, 2004; Krishna R. Kilaru et al, Changing HIV Infection–Related Mortality Rate and Causes of Death Among Persons With HIV Infection Before and After the Introduction of Highly Active Antiretroviral Therapy, Journal of the International Association of Physicians in AIDS Care, 5, 3, 2006.

Survival Rights: Challenges for the Future

The above analysis indicates that overall health indicators are good but that threats to the realization of the right to health and survival remain. The manifestations of this vulnerability are:

- Perinatal mortality
- Low birth weight infants
- Nutritional concerns, including pockets of malnutrition and food insecurity, low levels of exclusive breastfeeding, micronutrient disorders of unknown extent and obesity
- Developmental disabilities
- Teenage pregnancy
- HIV/AIDS
- Preventable accidents and injuries
- Violence against women

Underlying causes

- Late initiation of prenatal care
- Inadequate early intervention/ stimulation programmes for at risk infants
- Lack of structured approaches for nutritional monitoring and nutrition counselling
- Inadequate systems for developmental monitoring and early intervention
- Inadequate access to confidential health services for adolescents
- Cultural norms that condone violence against women and children
- Insufficient attention to the safety of children in the home and on the roads
- Uneven access to testing and treatment for HIV/AIDS

Root Causes

- Cultural norms that lead to early initiation of sexual activity and multiple sexual partners
- Lack of enabling environment that supports full access to health care, particularly reproductive health services, for teenagers
- Social and economic dependence of women on men, which limits their ability to negotiate safe sex and increases the risk of sexual abuse
- Stigma and discrimination
- Continuing myths about HIV/AIDS
- Inadequate attention to the rights of special needs children
- Limited capacity for data driven policy analysis to inform strategic interventions

The following challenges emerge in light of the above situation analysis:

- Begin nutritional counselling for mother and infant as early as possible
- Introduce targeted early cognitive stimulation programmes for low birth weight and malnourished children
- Increase capacity for developmental monitoring and introduce the require specialist services.
- Make youth friendly confidential health services more available. This will require addressing supply side constraints (availability and capacity, especially as they relate

to HIV/AIDS) and addressing legal barriers to access, including ages when teens can seek care without parental consent.

- Implement approaches to the HIV/AIDS epidemic that balance prevention, treatment, advocacy and public awareness
- Strengthen HFLE programmes by teaching teenagers to negotiate safe sex.
- Empower youth to educate other youth
- Improve surveillance systems and systems for collection and analysis of health related monitoring data; and
- Increase awareness of injury prevention – especially seat belt and helmet use

III.B. Development Rights

The Convention on the Rights of the Child guarantees the child a right to education, play, leisure, cultural activities and access to information to protect and promote the child's right to develop to her/his full cognitive potential. State Parties are also mandated to take all appropriate measures to ensure that school discipline is administered in a manner consistent with the child's human dignity and in conformity with the Convention. This section reviews progress and gaps in the achievement of development rights.

Education

Access to day care for the birth to two-year-old age cohort is low throughout the sub-region while access to pre-primary education is uneven. [64] Enrolment rates among children birth to 2 years old range from 5 percent to 53 percent; preschool enrolment rates range from 55 to 95 percent (Table 12).[65] There is little gender disparity in participation at the early childhood level.[66] Access to both day care and pre-school is relatively more limited in rural areas, except in St. Lucia where government is heavily involved in the provision of day care in the "Banana Belt."

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[64] Information and conclusions about day care and pre-school are drawn from Sian Williams and Leon D. Charles, Background Paper for the Education for All Global Monitoring Report 2007; Leon D. Charles, ECD Policy Scan, Caribbean Support Initiative, 2006.

[65] In institutionalized settings, including the home visiting programmes.

[66] The exceptions are in British Virgin Islands, where the participation rates are higher for females than males (51percent and 45 percent at for the birth to 2 age cohort and 96 percent and 87 for the pre-school group and in St. Kitts-Nevis where the female participation rate is higher than the male – 84 percent and 78 percent, respectively. In the absence of time series data, it is impossible to determine whether the data reflect real trends or a statistical artifact due to the small size of the cohort.

Table 12: Pre-Primary Gross Enrolment Ratios

	Gross Enrolment Ratio Total		Gross Enrolment Male		Gross Enrolment Female	
	Birth to 2	Pre-school	Birth to 2	Pre-school	Birth to 2	Pre-school
Antigua	12	61	12	62	13	60
Barbados	n.a.	89	n.a.	89	n.a.	90
British Virgin Islands	48	92	45	87	51	96
Dominica	10	55	11	84	9	83
Grenada	9	95	10	88	8	102
Montserrat	40	111	n.a	n.a	n.a	n.a.
St. Lucia	19	57	19	56	20	57
St. Kitts and Nevis	53	81	52	78	54	84
St. Vincent/Grenadines	5	89	5	89	5	88
Turks/Caicos Islands	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
n.a.= not available						

Source: Sian Williams and Leon Charles, Global Monitoring Report on Early Childhood Education, UNESCO, 2006; World Bank, EdStats, online data base

The quality of pre-primary service delivery varies widely. This is a result of the high proportion of untrained caregivers, inadequate regulation of service delivery (standards, licensing and certification) and weak monitoring systems. In most countries, small and undercapitalised private operators dominate the sector and, even if they wanted to, they generally lack the resources to improve quality. In response to these challenges, CARICOM Heads of Government adopted the Caribbean Plan of Action for Early Childhood Education, Care and Development in 1997. The Plan focuses on mechanisms and strategies to achieve a legislative framework for coordinated service provision and monitoring; integrated social planning and implementation; adequate financing; equitable access; provider upgrading; curriculum and materials development; increased parent, community and media awareness and involvement; coordinated national and regional action; and research to inform development of the sector. The Plan provides a common framework within which early childhood programmes have been monitored over the last ten years; however, implementation of the plan has been uneven across countries.

Most countries lack planned approaches to early childhood care and development. However, work in the sub-region in the last decade has demonstrated that much can be achieved at the regional level through training and workshops and involvement of senior policymakers and by monitoring implementation of policy and plans of action. These initiatives have helped to mobilize the early childhood sector, provide tools for government officials and produce outputs for immediate use and implementation. A network of early childhood practitioners in nineteen countries has emerged with the potential for collective advocacy at regional level and for maximizing learning and sharing. In Grenada for example, standards, policy and regulatory framework for early childhood were established and endorsed through a consultative process at every level in the society in the period 1998-2002. Through a combination of political and capable leadership, early childhood development has been mainstreamed within services and systems in Barbados and St. Kitts and Nevis.

Four countries implement structured programmes to provide cognitive stimulation to young children but most countries do not have early stimulation programmes. Dominica, Grenada and St. Vincent and the Grenadines and St. Lucia implement a Roving Care Givers Program (RCP). These programmes are modelled after the Jamaica Roving Caregivers Program and offers a non-formal program of child development provided by young high school graduates (mostly women) trained in early childhood stimulation techniques who visit homes to teach parents (primarily mothers) these techniques. They program targets poor households in rural areas and is intended to address the concern that poor households typically lack appropriate parent-child interaction to promote emotional development. These projects are supported by the Caribbean Support Initiative, with support from the Bernard van Leer Foundation and UNICEF. In Dominica and St. Vincent and the Grenadines, the Christian Children's Fund also contributes. In St Lucia and Grenada, the governments contribute. Grenada's program came on stream in 2005. It employs 22 caregivers and serves 376 children in 343 families, of which approximately 70 percent are single. In 2006, the Dominica program employed 20 rovers and served 215 children. Anecdotal reports from caregivers in Dominica suggest that the program has a positive impact on children, parents and caregivers; however, rigorous evaluations are needed to understand whether and in what ways the program changes parenting skills and cognitive and social outcomes among children. [67]

Further work is needed to sustain qualitative improvements in the early childhood sector. The major challenges will be to establish enabling environments with clear policy frameworks, minimum standards, certification and regulatory systems, monitoring and evaluation processes, supported by appropriate institutional and individual leadership. Identifying resources for early childhood, better targeting of vulnerable populations, and strengthening of the partnership between the private, non-governmental and public sectors are also needed.

All countries have reached universal primary education for both girls and boys, thus, ostensibly meeting the MDG goals. However, in some countries, a number of students do not complete primary school. Primary completion rates average 85 percent and boys generally under-perform relative to girls (Table 13). Some non-completion can be explained by migration, but an unknown number of students leave school without completing their basic education. In addition, since some countries have automatic promotion policies, completion statistics may mask achievement deficits. A better understanding of student performance and primary non-completion is needed to address learning deficiencies that emerge at the primary level.

Access to secondary education has increased throughout the sub-region with enrolment rates among females slightly higher than males. Gross enrolment rates are over 100 percent in a number of countries; however, lower net secondary enrolment rates mean that a substantial number of the age cohort is not in school (Table 14).[68] All OECS countries are expected to officially achieve universal secondary education by 2007. In Grenada, St. Lucia and St. Vincent and the Grenadines, ongoing reforms should have already resulted in a jump in the secondary enrolment rate over those reported.

Education outcomes are unsatisfactory despite relatively high spending on education. Average public spending in the six independent OECS countries is equal to 6.4 percent of GDP

[67] The evaluation of the Jamaica program indicated that the program had a measurable impact on cognitive development of children but that the transfer of knowledge to parents was less than anticipated. This seemed to be because rovers preferred working with babies to teaching parents.

[68] Higher gross than net enrolment rates indicate that there are a number of students who are over or under the specified age for grade

compared to the Latin American and OECD averages of 4.1 and 4.6 percent, respectively.[69] However, pass rates on various examinations point to significant quality constraints. Across the sub-region, between one quarter and three quarters of primary students receive passing grades on nationally administered examinations (Table 15). On the Caribbean-wide Caribbean Examination Council (CXC) examinations taken at the end of Grade 11, the average pass rate in Language and Mathematics were 57 percent and 38 percent, respectively (Table 14). Since the weakest students do not sit CXC examinations, achievement levels are even lower than reflected by CXC results. Moreover, outcomes vary widely within each country, suggesting considerable inequality in quality of education within countries (Table 15).

[69] World Bank, OECS: Towards a New Agenda for Growth, Washington, D.C, 2005.

Table 13: Primary Education Indicators

	Gross Enrolment Rate			Net Enrolment Rate			Girls Share of Primary	Expected Primary Completion (2001 - 2004)			Passing Rate in Math			Passing Rate in Language or English		
	Total	**Male**	**Female**	**Total**	**Male**	**Female**		**Total**	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**	**Male**	**Female**
Antigua and Barbuda	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Barbados	107	108	106	97	98	97	49	107	107	108	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
British Virgin Islands	108	110	105	95	95	95	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Dominica	95	96	95	88	87	88	48	63	64	61	25	n.a.	n.a.	40	n.a.	n.a.
Grenada	92	94	90	84	84	84	49	79	n.a.	n.a.	21	n.a.	n.a.	26	n.a.	n.a.
Montserrat	108	109	106	94	96	92	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
St. Kitts and Nevis	101	98	105	94	91	98	50	94	n.a.	n.a.	29	25	34	62	51	74
St. Lucia	106	108	103	98	99	96	48	n.a.	n.a.	n.a.	26	n.a.	n.a.	37	n.a.	n.a.
St. Vincent/Grenadines	106	109	103	94	95	92	48	76	n.a.	n.a.	75	72	78	76	67	84
Turks and Caicos	94	92	95	81	78	85	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

Sources: UNESCO, Statistics Database; World Bank, World Development Indicators, World Bank, EdStats; Dominica Grade 2 National Assessment (2, 2001); Grenada Minimum Competency Test (4, 2001); St. Kitts and Nevis Test of Standards6t (6, 2001); St. Lucia Minimum Standards Examinations (4, 2000); St. Vincent/Grenadines Common Entrance Examinations (6, 2001

Table 14: Secondary Education Indicators

Country	Gross Secondary School Enrolment Ratio (2004)			Net Secondary School Enrolment Ratio (2004)			Expected Secondary School Completion Rates (2004)			Proportion of Students Passing CXC (2003)	
	Total	Total	Total	Total	Male	Female	Total	Male	Female	English	Math
Antigua and Barbuda	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	58	34
Barbados	110	110	110	95	93	98	n.a.	n.a.	n.a.	n.a.	n.a.
British Virgin Islands	96	96	96	80	75	84	n.a.	n.a.	n.a.	n.a.	n.a.
Dominica	107	107	107	90	89	92	57	55	58	66	45
Grenada	101	101	101	78	75	82	66	55	76	46	35
Montserrat	114	114	114	100	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
St. Kitts and Nevis	94	94	94	87	86	88	61	55	66	53	46
St. Lucia	81	81	81	71	68	74	62	60	64	58	39
St. Vincent and the Grenadines	78	78	78	62	60	65	42	27	53	61	37
Turks and Caicos Islands	91	91	91	78	78	78	n.a.	n.a.	n.a.	n.a.	n.a.

* = Most recent available year
n.a. = not available

Sources: UNESCO, Statistics Database; World Bank, World Development Indicators, World Bank, EdStats; World Bank, OECS CAS, 2006.

Table 15: Range of CXC Pass Rates Across Schools, 2003

	Percent
Dominica	56-96
Grenada	18-90
St. Kitts and Nevis	64-80
St. Lucia	69-96
St. Vincent and the Grenadines	40-81

Source: World Bank, OECS: Towards a New Agenda for Growth, Washington, D.C, 2005.

Education in the Caribbean is academically oriented and the needs of non-academic students are poorly served. Secondary education is focused on preparing students to sit CXC examinations. This leads to feelings of failure and alienation and to dropouts among the non-academic student and stakeholders suggested that it could be at the root of many of the behavioural problems at schools. SITAN focus group participants who are enrolled in NGO operated remedial programmes report that school systems made them feel "left out" or "bad about themselves" or "like a failure." Efforts to universalise secondary education will need to take into account the fact that increasing numbers of less academically oriented students will be entering the secondary system. Some acknowledgement of this has come from CARICOM through its recommendation to establish a regional secondary school-leavers certificate for students.

Box 8: What Students In Dominica Say Would Improve Their Schools

- More books for children
- More school supplies
- Better teachers
- Computer rooms
- Working toilets
- A comfortable place to eat lunch
- More comfortable classrooms
- A security fence
- Better transportation

SITAN Focus Group Participants

The environment in many schools is not conducive to learning. Pre-primary schools are rarely designed with the needs of small children in mind. Schools lack adequate learning materials that make learning interesting, including maps, diagrams, visual aids, etc. Access to ICT, while growing, remains limited. Teaching methods rely on traditional "chalk and talk" and are not conducive to learning. Students who participated in SITAN focus groups reported that schools are crowded and noisy. Children in a SITAN focus group in Dominica provided a number of suggestions to improve the learning environment of their schools (Box 8).

Girls generally outperform boys in terms of enrolment, completion and pass rates, but this does not hold in all cases. Net secondary school enrolment rates among girls are higher than among boys. In St. Vincent, boys are 40 percent more likely to drop out of secondary school than girls are. In St. Kitts and Nevis, boys are more likely to complete primary school but girls are more likely to complete secondary education.[70] A survey of secondary school students in Grenada, found that boys fared worse in the academic system in many ways: boys like school less, have lower self-esteem, perceived competence, and sense of purpose in attending school, exert less effort in school, have more frequent behaviour problems, and have poorer academic performance.[71] On the other hand, in the Turks and Caicos Islands, there is no clear pattern

[70] World Bank, OECS Fiscal Issues Series, St. Kitts and Nevis and St. Vincent and the Grenadines Reports.

[71] Kairi Consultants Ltd (2003) Secondary School Students in Grenada: Improving the Assistance Programmes, Government of Grenada, Trinidad.

between gender and repetition rates at either the primary or secondary level.[72] In Dominica, there were 114 girls for every 100 boys in secondary school in 1998/99, but only 95 girls to every 100 boys in 2002/03.[73] Male underachievement in education is partly attributed to societal roles and attitudes, which place less emphasis on school performance among boys. However, the fact that so many boys are doing well in school speaks to the complexity of this issue. A better understanding of the gender differentials in performance is needed.

Girls are disadvantaged in the school system, but in different ways. These disadvantages arise from a number of factors. First, girls are typically tracked into lower end technical and vocational training. This tracking impacts on future income earning possibilities.[74] In addition, teen mothers are unlikely to finish their education – because of social exclusion, lack of childcare facilities for the baby, lack of money and/or inability to juggle the demands of homework and childcare. Social protection programmes to assist teen mothers with the costs of continuing her education are needed. Mainstreaming teen mothers back into schools, as in St. Kitts and Nevis, is the most appropriate strategy; however, alternative learning programmes for teen mothers such as the NGO operated Program for Adolescent Mothers in Grenada, Social Centre in Dominica, Edna Nicholls Centre in Barbados and CARE in St. Lucia are also needed. These programmes offer a "second chance" to teen mothers; however, access is limited.

All countries provide services to children with disabilities, but all countries lack facilities and skills to adequately address the needs of children with disabilities. Children with disabilities have limited access to education – due to inaccessibility of buildings and to the lack of specialized services. In a majority of countries, coverage is below 20 percent with a range from 10 percent in the Turks and Caicos Islands to 60 percent in St. Kitts and Nevis (Figure 16).[75] If they do attend school, it is most often at a special school that does not offer a complete primary and secondary curriculum. In addition, countries have few, if any, audiologists, physical therapists, speech pathologists or specialist teachers. There are several promising initiatives for special needs children in the sub-region. In St. Vincent and the Grenadines, the Government is constructing a new facility with support from the EU. The World Bank OECS Education Project is providing support for construction of a fully accessible high school in St. Kitts and Nevis. The project is also supporting training of special education teachers and development of a special services unit in St. Lucia. Greater attention to increasing coverage, including possibilities for community-based care is needed. In addition, maximizing opportunities for regional approaches to address diseconomies of scale in the provision of services to children with disabilities should be explored. Programmes for parents (education, support and counselling) and social assistance for families unable to afford the added costs of educating a special needs child are also necessary.

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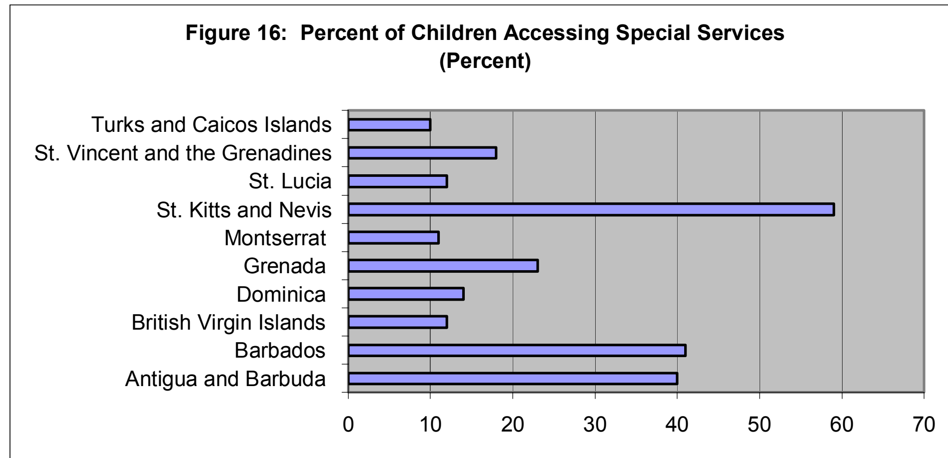
[72] Statistics Submitted by Government of the Turks and Caicos Islands for the SITAN.
[73] Statistics Submitted by Dominica Office of Statistics for the SITAN.
[74] Barbara Bailey, Gender and Education in Jamaica: Who is failing and by whose standards? Prospects: Quarterly Review of Comparative Education, 2004 and Barbara Bailey and Gemma Tang Nain, (Ed), Gender Equality in the Caribbean: Reality or Illusion, Ian Randle, Kingston, 2003.
[75] Brian O'Toole, The Challenge of Children and Adolescents with Disabilities in the Caribbean, Children's Rights and Caribbean Realities (ed) Christine Borrow, Kingston, 2001.



Source: Brian O'Toole, the Challenge of Children and Adolescents with Disabilities in the Caribbean

Opportunities for post secondary education and training are limited. In 2001, an estimated 57 percent of the relevant cohort graduated from secondary schools in the OECS, but only 15 percent entered tertiary institutions. These rates are almost 10 percentage points lower than in the Caribbean as a whole, and 13 and 15 percent lower than in Latin America and the rest of the world, respectively. Given per capita incomes levels, the OECS should have tertiary enrolment rates double the current rate. There seem to be two primary bottlenecks: insufficient tertiary services and low demand due to inadequately qualified candidates.[76] Various scholarship funds, financed by governments and international agencies, provide grant aid for students. The EU is providing funding to upgrade technical and vocational education and community colleges in several countries. Governments provide support for skills training offered in community colleges and non-formal training centres. Training is also offered through community based initiatives such as the World Bank and EU supported Poverty Reduction Fund in St. Lucia, CDB Basic Needs Trust Funds, EU supported social funds in Dominica and St. Vincent and the Grenadines, and government funded community initiatives and Women/Gender units of government and through NGOs. Despite the numerous efforts to provide skills training, access remains limited. In addition, programmes suffer from poor design and weak targeting and have few links to labour market demand. Moreover, gender biases in training mean that girls are channelled into the traditionally female trades (Figure 17). NGO programmes such as CARE in St. Lucia and NEWLO in Grenada, give school dropouts a second chance at an education; however, most school dropouts do not have access to these programmes.

[76] World Bank, OECS: Towards a New Agenda for Growth, Washington, D.C, 2005.

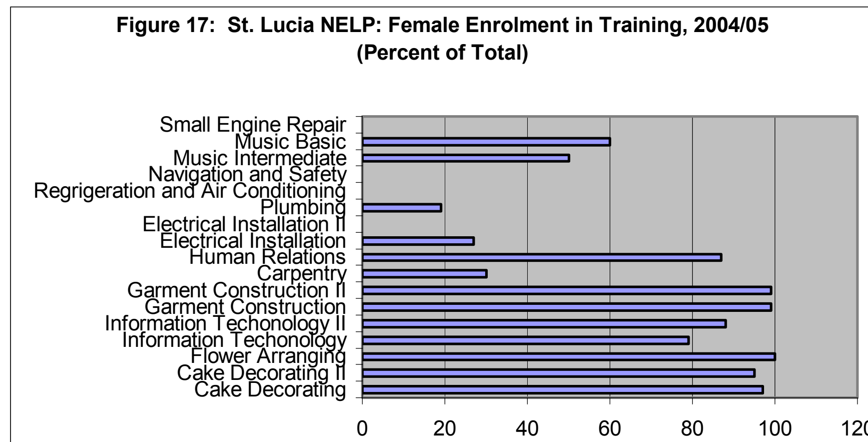


Figure 17: St. Lucia NELP: Female Enrolment in Training, 2004/05 (Percent of Total)

Source: Theresa Beltramo, Skills Enhancement in the Tourism Industry: A Case Study of St. Lucia, World Bank, Washington, D.C., 2006.

Corporal punishment is widely used in schools in the independent countries. [77] Furthermore, children participating in SITAN focus groups say that corporal punishment is not applied equitably and that boys and students from poor families are the most likely recipients. The CRC condemns corporal punishment and countries are obligated (through ratification of the CRC) to implement internationally accepted standards of how children should be treated. Corporal punishment of children is a concern frequently highlighted by the Committees on the Rights of Children. The importance of eliminating violence against children, including corporal punishment, was most recently reaffirmed in UNSGVAC.

Eliminating corporal punishment in schools will not be easy – it is deeply ingrained in the cultural mores of the countries. Parents expect schools to use it and many students agree that corporal punishment is necessary. The apparent acceptance of some degree of corporal punishment by children was illustrated in the Voices of Youth Report on the Caribbean Consultations on the UNSGVAC study. Similarly, in Barbados, over 40 percent of students and over 60 percent of parents thought corporal punishment in schools was acceptable.[78] Although SITAN focus group participants (children and adults) noted that corporal punishment is not effective and that "after they get their lashes, children are worse than before" most thought some corporal punishment was okay, particularly for younger children.

[77] By order of the U.K., corporal punishment is not allowed in the overseas territories.

[78] Caribbean Research Development Services, Attitudes towards Corporal Punishment in Barbados, UNICEF, 2004.

Box 9: When Schools Are Not Protective

Disciplinary practices as described by children in six countries:

- Lashes
- Standing in the sun
- Standing on your desk
- Standing with chair over your head
- Doing push-ups in the sun
- Calling children names (dull, nasty, dense, thieve, liar, stupid)
- Swearing at children
- Locking child out of class

SITAN Focus Group Participants

Corporal punishment is only one form of violence at schools. Children are involved in fights, they are victims of robbery and some are chased by gangs. Verbal and emotional violence from teachers and other adults and between students is common.[79] Children who participated in SITAN focus groups describe the environment in their schools and their descriptions supports the fact that corporal punishment is only one form of inappropriate punishment metered out to students (Box 9).

Creating protective environments at school so that all children have an opportunity to learn in a positive environment is urgently required. Across the Caribbean, school connectedness is the single most protective factor for adolescent risk behaviours. Students who feel connected to school are: less likely to use substances, experience less emotional distress, engage in less violent or deviant behaviour and are less likely to become pregnant.[80] Creating protective environments will require changing the approach to children in the classroom. In order for schools and classrooms to serve as models where children learn about conflict resolution and tolerance, teachers need to be better equipped to teach children and youth with specific learning difficulties and various social-emotional difficulties. DFID is providing support for behavioural management, training for principals and teachers on alternative disciplinary practices, diversity in the classroom, including the needs of children with disabilities. HFLE teacher training includes conflict resolution. As part of the UNDP governance program, the Peace Ambassador Initiative, targets school age children to provide conflict resolution and life skills. Thirteen schools currently have an Ambassador. The UNICEF led Xchangers program teaches young people to replace violent approaches with more tolerant and peaceful ones. In the context of ongoing education reform, greater attention needs to be given to policies that enhance the protective environments of schools, conflict resolution skills for school personnel, parents and children and supportive procedures for reporting violations. Parent Teacher Organizations and community organizations have a role to play in this process – as duty-bearers, organizers and participants.

Continued improvements in access, quality and efficiency in education and promotion of more protective school environments are all required to realize the right to development for all children. Education systems in the sub-region face a number of constraints, including inadequate regulation of early childhood programmes and, at all levels, untrained and inadequately trained teachers, out-dated curriculum and teaching methods, limited access to appropriate learning materials, the need for continuous assessment systems; and the need for remedial programmes combined with clear promotion and retention policies. Various studies have documented inefficiencies in education spending, including inefficient teacher deployment, leave and hiring provisions.[81] Over 90 percent of public spending on education goes to personnel costs, which leaves little for essential learning materials and school maintenance. Spearheaded by UNICEF and with assistance from, the CDB, the Bernard van Leer Foundation, the Organization of American States and other donors and governments have begun to address the

[79] Le Franc, Elsie et al, Violence against Children: An Evaluation of the Protective Environment in Dominica, UNICEF, Barbados, 2006

[80] WHO/PAHO, A Portrait of Adolescent Health in the Caribbean, Washington, DC. 2000.

[81] See for example, World Bank, OECS Fiscal Issues Series.

needs for increased coverage, quality and regulation of early childhood programmes. A number of countries are implementing broad based education reforms focused on increasing access, curriculum reform and development, teacher training, education policy formulation and institutional development of the Ministries of Education, including development of education management information systems. The reform agenda also focuses on harmonization of education systems in the nine member states in order to benefit from economies of scales, more efficient deployment and movement of talent, pooling and sharing resources effective and efficient coordination, and education management. These reforms are supported by the World Bank, the CDB, the IDB and bilateral agencies and under the umbrella of the OECS Education Reform Unit.

Leisure, Association and Information

The rights to leisure, play, cultural activities and information are widely recognized but the resources for realizing these rights are insufficient. This is, in part because parents seem generally unaware of the possibilities of play being beneficial to development.[82] As a result, children and adolescents have few options for recreation. SITAN focus group participants say that they hang out "on-the-block" or "on-the-road" or that they "just idle around because they have nothing to do" and talked about community centres, youth clubs and sports clubs as desirable, but hardly available. Young people, primarily girls, also mentioned churches as a source of recreation. Across the Caribbean, participation in recreational activities increases as socio-economic status increases, with sharper rises in sports for boys than for girls, and a greater increase for younger than for older adolescents.[83] Government youth and sports departments in a number of countries provide opportunities for recreational activities, but these are typically under-resourced and coverage is low. There is little or no provision for after school or holiday care when children are out of school. When both parents work, this means that parents are sometimes forced to leave children in the care of available adults or older siblings. This often forces older siblings to forego extra-curricular activities needed for their development. It also exposes children to higher risks of abuse. Adolescents attend dances and musical events, but not all of these are sponsored by responsible agencies and many are unsupervised and expose adolescents to increased risks.

Young people see provision of safe places to play as a responsibility of their communities and note that they feel their communities have let them down. Community based programmes, attempt to fill the void, but with somewhat mixed results. Playfields and community centres have been constructed in communities in a number of countries, but it is not clear whether young people were involved in their design, or the degree to which young people use them. Stakeholders noted that young people are not sufficiently involved in the design of the recreation areas or the programmes. As a result, young people do not feel a sense of ownership of these recreational spaces. Consequently, the young people often make play areas unsafe by using them for drugs, gang meetings and other non-approved activities. In addition, there is insufficient attention to the need for supervision of programmes and maintenance of facilities. Sustainability is also a concern.

The freedom of expression and association is guaranteed by the constitutions of all countries. These are subject only to the limitations prescribed by law and to the right of parents

[82] Janet Brown and Sian Williams, Research Approaches and Findings on Childrearing and Socialization of Young Children in the Caribbean, A Literature Review, Caribbean Support Initiative, 2006.
[83] Bonnie Shepard, Situation Analysis and Recommendations to UNICEF TACRO on Adolescent Health, Development and Participation, UNICEF/TACRO, 2005.

to provide guidance. At the same time, rights of expression and association can be limited in social practice, if not by law. This may be most evident in the case of homosexual youth who, because of social taboos, cannot freely express their sexual preferences. In addition, children who are members of minority religions, while free to associate, may be subject to discrimination by peers and teachers.

Information and communications technology is underdeveloped in the countries covered by this report and this limits access to information. While all countries have public libraries and most secondary schools and primary schools have some form of library, these frequently contain limited and outdated materials and not all schools and libraries have Internet connections. Access to computers at the pre-primary level is also inadequate. The use of education technology (computers and connectivity, computer labs and ICT as a learning tool) is limited. The UNDP is addressing some of these gaps by expanding ICT access into remote schools in St. Lucia, Grenada, St. Vincent and the Grenadines and Dominica. Similarly, with funding from the World Bank, CDB and others, a number of governments are building ICT equipped resource centres in secondary and primary schools.

All countries implement regular cultural events, including festivals, carnivals, independence days and these involve a variety of cultural forms, including dance, music and/or visual art. Students also have fairly wide access to information about their cultures although some noted that studying history as part of a regional CXC examine meant that the history of individual countries gets relatively little attention. In addition, messages about Carib Indian culture do not also promote a sense of self-worth among Carib children. Carib children spoke about denigrating messages, for example, "Carib Indians were cannibals." They also note that they are hardly portrayed in regional textbooks and that "they did not learn enough about our own history, we get a history that is their history."

Development Rights: Challenges for the Future

The above analysis indicates that overall education indicators are good but that threats to the realization of the right to development remain. The manifestations of this vulnerability are:

- Children not enrolled in pre-primary care and education programmes
- Disappointing performance of students at primary and secondary levels, especially but not only among boys
- School dropout and attrition at primary and secondary levels
- Aggression and violence (both verbal and physical) in schools
- Girls streamed into traditionally female occupations
- Teen mothers not returning to school
- Very few students enrolled in post-secondary education
- Significant number of children with disabilities not enrolled in school
- High youth unemployment rates
- Children not engaged in positive recreation and leisure

Underlying Causes

- Limited early stimulation programmes for vulnerable children, particularly children from poor families
- Limited access to day care, especially in rural areas
- Access to pre-primary uneven and often linked to family income

- Largely unregulated early childhood sector leading to varying quality of provision
- Poor quality of provision at primary and secondary, including physical environment, untrained teachers, quality of teaching, teaching materials
- Undiagnosed and untreated developmental and learning disabilities
- Insufficient remedial education programmes
- Insecure school environments due to violence, including corporal punishment and violence between students
- Lack of programmes for teenage mothers
- Inadequate safety net programmes for needy children
- Inadequate facilities and skills to address needs of children with disabilities
- Lack of appropriate play areas, especially in communities
- Limited access to ICT

Root Causes

- Poverty
- Social norms that keep teenage mothers away from school
- Social norms that condone corporal punishment
- Gender biases that keep girls tracked in low paying occupational skills and give some boys the message that school is not important
- Insufficient attention to rights of children with disabilities
- Diminishing community cohesiveness with communities no longer as active in providing safe places for children to play

The following challenges emerge in light of the above situation analysis:

- Improve the quality of and expand access to early childhood interventions
- Improve the quality of primary and secondary education through improvements in teaching quality, relevance of curriculum, facilities, learning materials, introduction of continuous assessment systems and remedial programmes for slow learners
- Schools as cultural transformers – violence, gender, diversity
- Schools implement alternatives to corporal punishment
- Expand support services for children with disabilities, learning and behavioural problems through development of a region wide strategy
- Make sure all children can afford to go to school
- Understand and address gender differences in performance
- Expand educational opportunities for adolescents who have left school through market-driven non-formal education and training that promotes partnerships with the private sector
- Sustaining positive involvement of parents – both fathers and mothers – in the development of their children
- Mobilize and empower communities to reduce violence in schools and communities

III.C. Protection Rights

The CRC recognizes the family as the fundamental social group and the natural environment for the optimal growth and development of children. Children also have the right to have their birth registered and to have an identity. In the absence of protective family environments, the CRC mandates that States Parties take all appropriate legislative, administrative, social and educational measures to protect the child from physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation. The CRC mandates that these protective measures should include effective procedures for the establishment of programmes to provide support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement of abuse, and restoring dignified conditions of life through reparation, restitution and rehabilitation. This section examines children and their families and children in need of protection. It also looks briefly at care and protection, juvenile justice and social protection systems with a view towards their role in fulfilling (or interfering with) the rights of children and women.

Children and Their Families

The vast majority of families work hard to fulfil their obligations to their children. Most children live with either one or both of their parents (Table 16). Most children feel that their families provide a caring environment – only 8 percent of adolescents feel their mothers don't care about them and only 15 percent say that about their fathers. Around three quarters of all adolescents report that they can talk to their parents (mothers more than fathers) about their problems. [84] Most parents are doing an admirable job of parenting despite social and economic adversity. This suggests that there are parenting models in communities who could be recruited to mentor youth and/or their parents, especially young parents and parents without adequate social and family supports.

Boys are slightly more likely to feel that parents do not care and to have difficulty talking to parents. This may be due, at least in part, to the different norms, expectations and styles of supervision between boys and girls. Boys are assigned fewer chores and are allowed outdoors more than girls are and boys are expected to learn to take care of themselves. There is a price for this freedom since boys are at increased risk of physical or sexual abuse and exposure to drugs and violence when they are outside. Boys, especially boys growing up in female headed households, have few positive male role models, receive conflicting messages about what it means to be a man, including messages that masculinity is defined through having multiple children with multiple mates, and often pattern their behaviour after older males that they see on the streets.

[84] WHO/PAHO, A Portrait of Adolescent Health in the Caribbean, Washington, DC. 2000.

Table 16: Living Arrangements of Children[85]

	Barbados	St. Lucia	St. Vincent
Parent(s)	78.2	82.2	71.5
Grandparent	9.3	9.8	15.3
Aunt or uncle	6	2.7	5.8
Step-parent	1.6	1.7	1.2
Other Relative	1.5	1.3	3.1
Adoptive or foster parent	0.1	1.4	0.8
Other/don't know	3.4	1	2.2

UNICEF, A Study of Child Vulnerability in Barbados, St. Lucia and St. Vincent and the Grenadines, 2005

A significant number of children do not live with either biological parent. As reported in Table 16, between 18 and 28 percent of children did not reside with their biological parent and the number of children not living with parents is high relative to other regions of the world.[86] Most of these children live with grandparents, aunts, uncles or other relatives. Child shifting, the practice of children living in different households at different times, is a long standing practice in the sub-region and does not necessarily mean that children are left uncared for or unsupervised. However, the burden of care for these children falls heavily on female relatives (typically the grandmother) and without the traditional supports from extended families and the communities. In addition, the circumstances and whereabouts of children orphaned by AIDS are unknown which means that appropriate response strategies cannot be established.

Systems of birth registration generally function well and most children are registered within a relatively short time after birth. Children who are not registered at birth are generally registered by the time they enter school, since birth certificates are required for entry. Countries have adopted different approaches to paternal identification on birth certificates in cases where the father and mother are not married. These procedures frequently result in discrimination against children around issues of proof of paternity. In addition, it is not clear that systems for birth registration function as smoothly for children who are born outside their parent's country of nationality. Despite historically high levels of birth registration, trends should be closely monitored. For example, in the Turks and Caicos Islands, 99 percent of births were registered in 2001, but only 63 percent in 2002 and 77 percent in 2003.[87] It is also not clear whether similar trends are observed in other countries and what the explanations for this decline would be.

International immigration is the primary reason that children are not living with their parents. Children left behind by parents can wait years before they see their parents again. Studies on the impact of parental migration on Jamaican children indicate that the children struggle with feelings of rejection, abandonment and loss and frequently manifest antisocial and acting out behaviours. The

Box 10: When Parents Migrate

"It's hurtful when your parents are overseas. I get jealous. I was left with my grandparents who can't give me any advice. My mother calls a few times a year, but I hardly know my father. I never grew with my parents, so I feel like an orphan. So, I just make my own decisions."

A SITAN Focus Group Participant From Grenada

[85] This study slightly overestimates the number of children living with parent since it the study did not include children living in institutions.
[86] Research supported by the Child Support Project, a joint UNIFEM/UNICEF initiative.
[87] Data submitted by Government of the Turks and Caicos Islands for the SITAN.

absence of a parent, but especially the mother, is a primary determinant of criminal behaviour among Jamaican boys.[88] In Trinidad, children separated from parents because of migration were more than twice as likely as other children to have emotional problems. One-third had serious levels of depression or interpersonal difficulties affecting schooling.[89] SITAN focus group participants who had parents living overseas talked about feeling "left behind," and said that other "children make fun of them" (Box 10). Government and NGO stakeholders spoke of families in which children are left to care for children or in which children are left in the care of grandparents unable to meet the challenges of raising children in the modern world. More information is needed on the social impact of migration on children and women, including research on the social costs and benefits of migration.

Shortcomings in parenting skills, including authoritarian child rearing practices and the use of corporal and other forms of abusive punishment, have been widely noted. Data on disciplinary practices in Barbados, St. Vincent and the Grenadines and St. Lucia suggest that physical punishment and other abusive forms of punishment, including verbal abuse, is common. These studies also note that corporal punishment is more likely to be used on younger children and on boys and that reliance on physical punishment that crossed socio-economic and ethnic groups and that abusive punishment. Further, physical violence against children is seen an alternative to productive communication with children.[90] Similarly, stakeholders noted that the general philosophy of "spare the rod, spoil the child" and "I was beaten as a child and look what a good person I am," prevail. Changing disciplinary practices will be difficult. Children support corporal punishment, and this sets the stage for its perpetuation into the next generation. Stakeholders identified the children of teenage parents as a particularly vulnerable group, since teenagers generally lack adequate parenting skills. UNICEF has partnered with a range of NGOs to provide parenting education, but programmes have generally not attracted the most at risk parents. Stakeholders in all countries identified the need for expanded parenting education for parents and prospective parents to include training in child-discipline, nutrition, child development, children's rights and parent's responsibilities, disabilities and substance abuse, sexuality and other topics. Stakeholders suggested that parenting education programmes be offered in context of other supports and that "preventive" parenting education for pregnant women and for mothers just after delivery could help to build parenting skills from the beginning. Nurses provide this early parenting education although not on a systematic basis.

There is considerable debate about the role of fathers in the Caribbean, with one side arguing that Caribbean fathers are generally marginal in their children's lives and the other side arguing that men are far more involved in contributing to the development of children than commonly thought, but it seems that both are true. Most fathers are involved with their children – emotionally if not financially. The evidence of this comes from adolescents across the sub-region – about 70 percent of male adolescents and about 75 percent of females said that they could talk to their fathers about their problems.[91] Research conducted almost a decade ago reported that Caribbean fathers are active in bathing, playing and reasoning with their children and in helping with homework. Fathers also indicate that they feel they have an

[88] Claudette Crawford-Brown, Who Will Save Our Children?: The Plight of the Jamaican Child in the 1990's, Canoe Press, Kingston, 1999.
[89] Adele Jones et al, Children's Experience of Separation from Parents as a Consequence of Migration, Caribbean Journal of Social Work, Vol. 3, 2004 Pp. 89-109.
[90] D.R. Grannum and R. Rohner, The Relationship between Parenting Styles and Negative Psychological Adjustment in Barbadian School Children, UNICEF, 2006; UNICEF A Study of Child Vulnerability in Barbados, St. Lucia and St. Vincent and the Grenadines, Bridgetown, 2005; Wilma Bailey, Clement Branche and Elsie Le Franc, "The Family Unit: An Elusive Dream?" *Caribbean Dialogue*, 4, 1, 1998.
[91] WHO/PAHO, A Portrait of Adolescent Health in the Caribbean, Washington, DC. 2000.

important responsibility to develop social values, moral principles, a sense of discipline and work and self-confidence in their children.[92] SITAN focus group participants in several countries pointed to the fact that young fathers seem to be more involved with children than was the case in the past. On the other hand, the prevalence of female headed households, many of which are poor, points to the fact that many fathers fail to meet their financial obligations to children. Social norms about whether men need to take care of their children are mixed – for some men there is the expectation that they will be the breadwinners, even if they are unable to do so. For others, child support seems to be discretionary.[93] Legal systems to enforce child maintenance are weak and women are often reluctant to go to court, particularly in the absence of adequate legal aid services and in the context of small societies where anonymity is impossible and where there is a bias against handling family matters in court. For example, in Barbados in 2004, there were 1,600 child support cases raised but only 250 agreements reached. Over ninety percent of claimants were women and 65 percent were single. The compliance rate was 75 percent.[94] The data suggest the extent of fathers are not fulfilling their responsibilities, but it also speaks to the difficulties in resolving cases and actually collecting support from fathers. Support collection systems are archaic and time consuming and need to be modernized so that they are easier for all concerned. Parenting education programmes attempt to reach fathers, but stakeholders note that fathers rarely attend. Stakeholders say that more emphasis on meeting men "where they are" is needed, including at sporting events, youth and men's group meetings, police/prison officer training and functions "on the street."

A large number of children are born outside of marriage, especially in Afro-Caribbean families.[95] In many cases, women lack the legal protections afforded those in official unions, including alimony, pensions and inheritance and mothers and children are vulnerable to poverty and discrimination. This means that many countries have not fulfilled their commitments with respect to CEDAW, which calls on States to eliminate discrimination against women in all matters relating to marriage and family relations. Although most territories have amended legislation to give rights to children born outside of marriage, it is not clear how much this has actually affected the financial status of children. In addition, there are social impacts for the "outside child." Available data suggests that a father's interaction with his outside child is much less than that with his inside children, unless he has no inside children in which case the relationship with the outside child is strong.[96] A better understanding of the financial and psychological situation of children who are born out of wedlock is needed.

Children in Need of Special Protection

Violence against children and women is reported to be widespread, although it is impossible to document its extent due to both an unwillingness to report abuse and inadequate systems for reporting and investigation. In a nine–country survey of Caribbean secondary school students, about 15 percent of girls and 17 percent of boys reported that they had been physically abused and about 11 percent of girls and 9 percent of boys reported that they had been sexually

92 Janet Brown, Patricia Anderson and Barry Chevannes, The Contribution of Caribbean Men to the Family, 1993.
93 Research supported by the Child Support Project, a joint UNIFEM/UNICEF initiative.
94 Preliminary data from UNIFEM/UNICEF/IDRC/UWI and Grencoda study
95 Indo-Caribbean households are largely based on marriage with children born inside of marriage; however, Indo-Caribbean households represent a small minority of the populations in the 10 countries covered by this study. Jaipaul L. Roopnarine Cultural Bases of Childrearing and Socialization in African Caribbean and Indo Caribbean Families Bernard van Leer Foundation, 2006.
96 as reported in Janet Brown and Sian Williams, Research Approaches and Findings on Childrearing and Socialization of Young Children in the Caribbean, UNICEF, 2006.

abused (Table 17). A considerable amount of this abuse involves sexual abuse within the family, including incest. Official data on abuse is limited and varies widely between countries and between years within a country (Table 18). This suggests that agreed definitions of abuse and protocols for recording it are needed. In addition, child abuse protocols are required. The number of reported cases of abuse appears to be growing but it is not clear whether this reflects an increase in abuse or in the willingness to report it. As reported above, violence against women is widespread, with almost 30 percent of employed women in the British Virgin Islands saying that they had been physically abused at least once and over twenty percent of these saying that the abuse occurred regularly.[97]

Table 17: Self-Report of Abuse by Caribbean Adolescents

	Gender		Age Group			
	Female	**Male**	**≤ 12**	**13-15**	**16-18**	**Total**
Ever physically abused	15.1	16.9	14.8	16	17.8	15.9
Ever sexually abused	10.5	9.1	9.3	10.3	10.1	9.9

Robert Blum and William Gates, Adolescents in the Caribbean: risk and protective data, Report of WHO Adolescent Health in the Caribbean.

Table 18: Reported Child Abuse Cases in Three Countries

	2001	2002	2003	2004	2005
Dominica					
Male	28	32	77	17	25
Female	124	93	212	94	110
Don't Know	3	13	5	1	0
Sexual Related	96	68	105	84	106
Physical Related	36	44	60	17	36
Emotional Related	37	13	24	1	12
Neglect Related	15	28	35	1	10
British Virgin Islands					
Male	n.a.	26	22	22	16
Female	n.a.	31	15	37	25
Sexual Related	n.a.	9	7	8	10
Physical Related	n.a.	24	15	21	10
Emotional Related	n.a.	8	2	3	3
Neglect Related	n.a.	16	13	27	18
Turks and Caicos Islands					
Male	0	6	3	0	1
Female	1	18	13	1	13
Sexual Related	1	16	11	1	2
Physical Related	0	6	5	0	1
Emotional Related					
Neglect Related	0	2	0	0	0
Other	0	0	0	0	11

Sources: Dominica and TCI - Data supplied by Government for SITAN; BVI: Canute Thompson, Situational Analysis of Risks and Vulnerabilities Facing Children in the BVI; DFID, 2006.

[97] Nesha Haniff, A Study of Domestic Violence in the British Virgin Islands, Commonwealth Fund, 1998.

A number of factors perpetuate violence against children and women, including poverty, lack of parenting skills, mental illness, substance abuse, unwanted children, cultural norms and legal practices. Corporal punishment is socially sanctioned and even expected and, in its most severe forms, results in physical and psychological damage. There is an acceptance of male seduction of young girls; in fact, relationships between younger girls and older "sugar daddies" may be encouraged for economic reasons. Similarly, there is continuing ideology of women and children as property in which abuse of is seen as a man's prerogative. Social norms condone abuse and in many cases, police and courts are unable to prosecute offenders because parents refuse to testify or prevent children from testifying. Legal systems work against reporting and can be psychologically damaging to the child. The lack of shelters and social services for abused women and their children makes it difficult for women to take action. SITAN focus group participants report that women are reluctant to report abuse because fear of loss of income from the father. They also reported a perceived apathy about abuse against children and women. As focus group participants noted, women are reluctant to report abuse (of themselves or their children) because "if I do, where will I get breakfast for my children?" They noted, "It is not that you want to take it, but you have no choice, you can't do otherwise." Moreover, even if they do report the abuse "the police take it for joke and they don't respond quickly, especially in poor areas" and that "there is no privacy for reporter." In addition, "If a women goes to court, she's told to get a lawyer, but how can she do this if she doesn't have money?" Despite this, more women are reporting abuses than in the past.

Government and civil society partners implement programmes for victims of domestic violence. For example, the Department of Gender Affairs in St. Kitts and Nevis offers counselling for victims of abuse and training on domestic violence and gender violence for officials in the police and fire departments, nurses, school guidance counsellors, and other government employees. The Women's Support Centre in St. Lucia, a government shelter for abused persons, receives crisis calls and offers residential services to clients and their dependent children. The centre also engages in an active community outreach program that included visits to schools, health centres, and community centres. In Barbados, the Business and Professional Women's Club operates a crisis centre staffed by trained counsellors that provide legal and medical referral services. Government funds an NGO operated shelter for battered women, which offers psychological and physiological services to victims of domestic violence.

In most countries, a number of agencies are involved in the investigation and management of reported child abuse and neglect cases and coordination among agencies is generally inadequate. Involved agencies include social service departments, police departments, health departments, probation and child welfare boards and others. Most countries lack adequate protocols for responding to reported cases of abuse. Financial and human resources are critically limited and support structures for abused children and their families limited. More emphasis on working with children within their own families and providing more parenting programmes, implementing support and preventative services, earlier intervention with vulnerable and at risk children and removal of the offender from the home of the child would assist. Mandatory reporting requirements are also needed. However, stakeholders noted that, even where mandatory reporting existing, it is hard to enforce because teachers and heath professionals are afraid to report abuse for fear of reprisal by the perpetrator.

All countries have made some provision for care of children who are abandoned, abused, neglected or orphaned. State arranged foster care exists in all countries, with 15 to 30 foster children in each country from about 10 to 110 children in institutional care (Table 19). Information on adoptions is incomplete, but it seems that about 1 percent of all children live with

an adoptive or foster parent and that the number of adoptions each year is quite small.[98] In 2000, Dominica, St. Lucia and the British Virgin Islands, recorded 12, 4 and 1 adoption, respectively. An informal network of foster care operates in parallel to the formal system, but it is impossible to say how many children are placed in informal fostering and adoption arrangements.

Table 19: Number of Children in Care

	Foster Care	Institutional Care
Antigua and Barbuda	16	56
Barbados		
British Virgin Islands	30	26
Dominica	29	9
Grenada	27	111
Montserrat		
St. Kitts and Nevis	20	23
St. Lucia	15	29
St. Vincent and the Grenadines	30	53
Turks and Caicos Islands		

Source: NCH/UNICEF, Social Services Delivery I the OECS and Turks and Caicos Islands, 2002.

All countries have formal procedures for adoption; however, only Grenada and St. Vincent and the Grenadines have adoption boards to oversee the process. The adoption process in most countries suffers from weak legislation, lack of policies and procedures with social service agencies and fragmented service delivery. This results in an uncoordinated approach to adoption. Upgrading requirements include strengthen recruitment, assessment, selection, support and training practices for prospective adoptive parent and development of policies and procedural practice manuals Stronger working relationships and assessment systems between foster care, institutions and family support services are needed to identify children suitable for adoption at the earliest opportunity. Support services for children and their biological parents are needed to ensure that adoption is always made in the child's best interest. In addition, the role and function of the Guardian Ad Litem needs to be outlined. Protocols and procedures for cooperation between national and overseas adoptions agencies are also needed.

Information on the number of children orphaned by HIV/AIDS is non-existent; however, the number of children orphaned by HIV/AIDS is expected to increase over the next decade. Social services and social protection programmes will be needed for these children. Some countries have begun to make efforts to address the social and emotional problems that can be encountered by orphans. Barbados, for example, implements programmes for children whose parent(s) have tested HIV-positive to assist them with coping with the imminent loss of a parent or parents and for children who have already lost a parent to the disease. Children's camps and a family-care support group are organized for these children.

Government and civil society organizations partner to provide protective care for children, but systems are generally constrained by weak service delivery and marked by inadequate physical infrastructure; staff training; counselling, social work and other case management services; administration. In addition, the focus has been on improving the curative side and on ensuring safe places for children who are removed from their families. More attention needs to

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[98] UNICEF A Study of Child Vulnerability in Barbados, St. Lucia and St. Vincent & the Grenadines, Bridgetown, 2005; NCH/UNICEF, Social Service Delivery in the OECS and Turks and Caicos Islands, 2002.

be given to how to prevent children from entering the care and protection system. We know that the main factors that bring children into care are neglect, abandonment, behavioural problems, inability of caregivers to cope emotionally or financially with a child, death of a parent and physical abuse but a better understanding of how these factors combine and how best to address them in their early stages is needed.[99]

Children in conflict with the law face juvenile justice systems that are typically inconsistent with the CRC. In ratifying the CRC, countries agreed that a child in conflict with the law has the right treatment that promotes his or her sense of dignity and worth, considers his or her age and aims at his or her reintegration into the society. As such, a child is entitled to basic guarantees as well as legal and other assistance for his or her defence and avoidance of judicial proceedings and institutional placements, wherever possible. CRC reports and committee responses, as well as a number of studies on juvenile justice in the sub-region raise a number of concerns. [100] Countries lack coherent prevention strategies, including appropriate social services and adequate systems for diversion from court proceedings. Inconsistencies in the definition of a child, anachronistic laws and procedures, and a lack of appropriate facilities and training for the police, judiciary and legal profession are common to all countries. Infrastructure and services, including sufficient and adequately trained probation officers and social workers are weak. Magistrates and other court staff lack specific training in juvenile justice and child development, psychological or sociology that would facilitate their work with children. All countries have either family or juvenile courts, but most have responsibility for children only up to the age of 16. In these countries, children over the age of 16 are tried in adult courts. Most countries do not have protocols for the treatment of juveniles in the justice system. Due process, including the right to be questioned in the absence of adults and the right to a speedy trial often depends on the socio-economic status of the accused. Typically, juvenile court is held in the same building as adult court although most countries do make efforts to hold juvenile and adult court on different days. While there has been an attempt to introduce humane rehabilitative sentencing options there are still sentences that seriously infringe the rights of the child as contained in the CRC. Although not often used, whipping is an option that is available to the courts and in countries without juvenile detention or remand centres, juveniles are held in adult facilities or detained in adult institutions. Children from the British Virgin Islands, Montserrat and the Turks and Caicos Islands are sent to institutions in Jamaica, where they are essentially cut off from families. In addition, there are concerns about the quality of juvenile institutions in Jamaica. Countries lack trained staff to undertake investigations of the situation of juveniles prior to their hearing in court. Status offences, acts deemed offences when committed by juveniles but not when perpetrated by adults (truancy, wandering, consumption of alcohol and immoral conduct) are found in most OECS countries. Access to education among children who are incarcerated is uneven. In combination, these deficiencies reduce the likelihood of successful reintegration of the juvenile into the community and threaten adolescent rights.

About 2 percent of children in the sub-region have some form of disability and the rights of these children are frequently violated. The CRC stresses the right of children with disabilities to have access to health and rehabilitation services and education and training in a manner that

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[99] NCH/UNICEF, Social Services Delivery in the OECS and Turks and Caicos Islands, 2002.

[100] See for example, Hazel Thompson-Ahye, "Juvenile Justice: An Oxymoron in the Caribbean," in Children's Rights, Caribbean Realities, in Children's Rights and Caribbean Realities (ed) Christine Borrow, Kingston, 2001; NCH/UNICEF, Social Services Delivery in the OECS and Turks and Caicos Islands, 2002; Leighton M. Jackson, Report On Law Reform Initiatives Relating to the Convention on the Rights of the Child in the OECS, UNICEF, date unknown.

allows maximum integration into society but inclusion is the exception rather than the rule.[101] Denial of the rights of special needs children was a theme repeatedly raised by the SITAN stakeholders and focus group participants (both children and adults). There was frequent mention of children with disabilities who do not go to school and who are kept inside without opportunities to interact other children. In a number of countries, focus group participants said they knew of children being tied to chairs when parents had to leave the house. Most often, this occurs not because parents are trying to hide their child, but because, in the absence of adequate support services, they have no other options. Issues of exclusion are pervasive and include stigma, discrimination and lack of access to health facilities, schools, public buildings and transportation and, as a result, livelihood and social interaction. Although most constitutions contain anti-discrimination provisions, no specific laws prohibit discrimination against or mandate accessibility for persons with disabilities. A number of CRC concerns are highlighted in country reports and the CRC committee responses (Box 11).

Box 11: CRC Concerns for Children with Special Needs in the Sub-Region

- Lack of national policies and legislation to ensure the right of children with special needs
- Focus primarily on provision of separate services rather than inclusion in mainstream services
- More complete statistics on children with special needs required
- Insufficient number of special education teachers and specialist therapists
- Many special needs children not in school
- Children with disabilities often kept at home
- Inaccessibility of public buildings
- Insufficient financial assistance and counselling for families and children

Source: CRC Reports and CRC Committee Responses

Every child has the right not to be compelled to perform or render services harmful to his or her physical or mental health, upbringing, education or social development, but some level of child labour exists in all countries in the sub-region. Typical forms of child labour in the Caribbean include children selling and working on the streets and in markets during school hours and lifting heavy loads and being exposed to hazards and young girls working as domestic labourers or being kept at home to do chores and look after siblings instead of going to school. Children work on farms and are exposed to pesticides, heat, injuries, insects, and other animals. Children are involved in prostitution and are exposed to abuse, HIV/AIDS, and other diseases. Children are used as drug traffickers and pushers.[102]

[101] See for example, O'Toole, Brian, The Challenge of Children and Adolescents with Disabilities in the Caribbean, in Children's Rights and Caribbean Realities (ed) Christine Borrow, Kingston, 2001; UNICEF, Assessment of the Status of Children and Adolescents with Disabilities in the Caribbean, Bridgetown, 2000.

[102] COSHOD, Promoting Integrated Approaches In Addressing Child Labor, 2006.

Box 12: Child Labour From A Child's Perspective

"Here I am not going to school and I wonder how it was that I wasn't going. Children should be at school. At this age your mind should not be on business – it's time to be a child. You should be getting your mind bigger. You should be looking to the future."

A SITAN Focus Group Participant From St. Lucia who started working at age 13

The extent of child labour is unknown and the absence of data on child labour makes it difficult to fight the problem. A Rapid Assessment of Child Labour in Barbados reported that boys and girls between the ages of 6 and 17 years were involved in a range of economic activities: 65 percent were employed in services, 25 percent in were in trades and 11 percent were vendors. In 'services,' most boys worked at supermarkets, while most girls did childcare, domestic work, braiding or assisted in family businesses. Only boys were employed in trades. Boys generally earned more than girls did. Working conditions were characterized by long working hours, with some children working more than eight hours a day. Girls working in the home and in family businesses were more likely to be involved in hazardous work, particularly because of the long working hours.[103] Moreover, child labour interferes with feelings of self-worth and the working child's prospects for the future (Box 12). Poverty is the driving force in child labour. Research has shown that children work primarily to help their households, in many cases single parent households, that most working children have limited education and that many could not read or write. At the same time, not all children or households living in poverty resort to child labour. As the ILO notes, the fight against child labour must be embedded in the policies and programmes for poverty reduction, implementation of the rights of the child and education for all.[104]

Trafficking in persons is not widespread in the sub-region, but appears to occur in at least some countries. Concerns about trafficking have been raised about Antigua and Barbuda, Barbados, St. Kitts and Nevis and St. Lucia in relation to staffing of brothels by women and children mostly from the Dominican Republic, Trinidad and Tobago, Jamaica and Guyana. In Barbados, persons are trafficked for work as domestics and in the construction and garment industries. In St. Kitts and Nevis, the practice of economic citizenship, whereby foreign investors are allowed to purchase passports through loosely monitored procedures, has reportedly facilitated the illegal immigration of persons from China and other countries to North America with work under conditions similar to bonded labour.[105] The International Organization on Migration (IOM), has conducted in-country assessments in Barbados and St. Lucia and is planning assessments for a number of other countries and is also undertaking legal reviews in these countries.[106] Under the Caribbean Counter-Trafficking Initiative (which targets the Bahamas, Barbados, Guyana, Jamaica, Netherlands Antilles, St. Lucia, and Suriname), the IOM and UNICEF and other international agencies and governments are strengthening the capacities of each state to prevent, prosecute and protect against trafficking. Included is support of initiatives for training migration officials, standardizing sanctions against offenders, capturing data on smuggling and trafficking and for assisting the victims of trafficking. Several countries address concerns about trafficking, through public education and training. For example, in Barbados, the Bureau of Gender Affairs, working in conjunction with NGOs, initiated a public education program to heighten awareness about potential human trafficking. In St. Lucia, the Office of Gender Relations held workshops addressing the role of both the public and private

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[103] Leith Dunn, Barbados: The Situation of Children in the Worst Forms of Child Labor in a Tourism Economy: A Rapid Assessment, ILO, 2002.
[104] ILO, Regional Task Force on Child Rights and Protection, 2006.
[105] U.S. Department of State, Country Reports on Human Rights Practices, 2005.
[106] IOM, Exploratory Assessment of Trafficking in Persons in The Caribbean, 2005; IOM, Legal Review of Trafficking in Persons in the Caribbean, 2005.

sectors in curbing trafficking and training for health care professionals and police officers regarding how to identify situations in which trafficking may have occurred.[107]

Social Protection Programmes

Countries implement an array of social protection programmes to address the various risks and vulnerabilities faced by children and their families, but these do not provide adequate protection for the most vulnerable and, therefore, do not adequately protect and support children and their families. Social safety net programmes suffer from design and implementation constraints, including a lack of clear objectives; multiple, overlapping and uncoordinated programmes; lack of a transparent mechanism for selecting beneficiaries; poorly documented policies and procedures; and little to no monitoring and evaluation. Workfare, training and income support programmes, although present in all countries, are small and not designed to allow rapid uptake in the face of a shock. Active labour market programmes suffer from poor design and weak targeting and have few links to labour market demand. Social insurance schemes in all countries offer a combination of retirement, disability, maternity and worker injury benefits. Barbados is the only country that provides unemployment insurance. Coverage of social insurance is limited and informal sector workers are rarely covered. In addition, although financially viable in the short-term, all systems face long-term threats to sustainability.[108]

Children and women are particularly vulnerable in the absence of adequate social protection systems. Poor families reduce spending on children's health and education, thus interfering with the long-term development of the child. Women, employed in the informal economy or in unpaid work at home, are not covered by insurance schemes and do not receive maternity, disability or pension benefits. Similarly, unmarried women are not entitled to all of the benefits afforded married women. Elderly women are at risk because they are less likely to have been employed and because they live longer and with lower pensions. In addition, non-nationals are not eligible for many social assistance benefits given to nationals. This places immigrants, who are often in lower paid jobs, at greater risk.

Social protection programmes reflect the gender divisions in society. For example, fathers in male-headed households often receive the cash transfer, despite the fact that international experience shows that women are more likely to spend welfare benefits on their children.[109] A gender analysis of public social protection expenditure in St. Vincent and the Grenadines reported that social protection programmes target men and women through different programmes. Men are the primary beneficiaries of public work programmes, while women comprise a high proportion of recipients of direct cash transfers and constitute the majority of beneficiaries of skills training programmes. Women represent most of the applicants for low-income housing credits. Men are the main beneficiaries of public expenditures on in social insurance and receive higher social insurance benefits than women. Benefits are linked to contributions and differences in benefits between men and women reflect higher labour force participation rates and higher

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[107] IOM, Caribbean Regional Meeting on Counter-Trafficking Strategies, Barbados and St. Lucia, Country Presentations, 2006. IMO.

[108] Economic Commission for Latin American and the Caribbean, Shaping the Future of Social Protection: Access, Financing and Solidarity, 2006; World Bank, Caribbean Social Protection Strategy (draft), Washington, D.C., 2006; Caribbean Development Bank, A Social Protection Framework for the Caribbean: Synthesis Report, Bridgetown, 2004.

[109] In recognition of this, many social assistance programmes around the world give the benefit to mothers. The Jamaica PATH Program is an example within the Caribbean region.

salaries among men. A study of the welfare system in Barbados reported that the system is not targeted towards female-headed households, but that children do make up most of the beneficiaries. In addition, the language used in the relevant social protection texts, laws and guidelines is often male oriented. [110]

To date, community based social protection initiatives (including social funds, the CDB supported Basic Needs Trust Funds and government funded community initiatives) have focused mostly on social and economic infrastructure. However, experience from other countries suggests that community-based initiatives can also be effective in reaching youth-at-risk, persons affected by HIV/AIDS, persons with disabilities, young children, unemployed women and the elderly.[111] Community-based programmes in St. Lucia, Dominica, and St. Vincent and the Grenadines finance social service projects focused on the delivery of a service as opposed to investments in infrastructure. In order to systemize the approach to funding of community services, social funds in Belize and Guyana introduced community service pilots. In both countries, this included a separate window with different application requirements and approval mechanisms for social service programmes. Several elements are critical to the success of this approach, particularly attention to NGO capacity building and to monitoring and evaluation.

There is also a role for non-government organizations in the provision of safety net programmes. For example, the Christian Children's Fund (CCF) provides subsidies to students in Dominica. A number of NGOs provide targeted services to youth, including second chance learning opportunities and training.

A number of countries have begun a process of social protection reform. After the volcano in Montserrat, the government undertook to provide a safety net for particular vulnerable groups responding to immediate need and poverty. A means tested social welfare system replaced the pre-volcano Public Assistance, and the crisis food voucher payments and provides a basic allowance for food and toiletries. In addition, Government provides assistance with rent for vulnerable government housing tenants. The main beneficiaries of this program are the elderly and the mentally and physically disabled without any means of support. Dominica, with support from the World Bank and the E.U., has committed to a reform of social assistance programmes, including establishment of a central beneficiary registry, implementation of a transparent targeting mechanism, establishment of computerized client databases and rationalization of programmes. St. Kitts and Nevis, with DFID and E.U. support, has undertaken a social assessment of the impact of the closing of the sugar industry, with a view towards the design of adequate social protection measures. Working through the CARICOM Heads of Social Insurance Committee, all governments have started to examine mechanisms to reform social insurance systems. The Eastern Caribbean Donor Group, the UNDP and CIDA are providing support to build capacity among micro-finance institutions in selected OECS Member States and sub-regional and national level organizations and to improve access to credit and training for vulnerable population groups.

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[110] Research supported by the Child Support Project, a joint UNIFEM/UNICEF initiative.

[111] Dinah McLeod, Community-Based Social Services: Practical Advice Based upon Lessons from Outside the World Bank, World Bank, 2003.

Protection Rights: Challenges for the Future

The above analysis indicates that that there are a number factors that increase vulnerability among children. The manifestations of this vulnerability are:

- Children not living with their parents
- Authoritarian child rearing practices
- Violence against children and women/sexual abuse
- Neglect and abandonment of children
- Children in conflict with the law
- Child labour

Underlying causes

- Inadequate parenting skills
- Inability of caregivers to provide emotionally or financially for child
- Mental illness/substance abuse
- Teenage parenting/unwanted children
- Death of parent

Gaps in Social Service Provision

- Weak management service delivery
- Inadequate resources for investigation
- Inadequate physical infrastructure
- Untrained staff
- Not enough counselling, social work and other social services
- Lack of shelters/services for abused women and children
- Insufficient coordination among agencies
- Weak MIS systems

Gaps in Services for Children in Conflict with the Law

- Definitions of juvenile not clearly defined and age of responsibility varies
- Inconsistencies in definitions mean that children may be tried in adult courts
- Need protocols for treatment of juveniles
- Juvenile court staff lack training in juvenile justice and child development
- Lack of trained staff to undertake investigations limits objective sentencing
- Limited mechanisms for diversion from criminal sentencing
- Trained probation officers and social workers in short supply reducing the likelihood of successful reintegration
- Weak MIS systems

Gaps in Social Safety Net

- Generally low coverage
- Lack of objective targeting mechanisms
- Low benefit levels
- Weak MIS systems
- Not adequately addressing financial barriers to education
- Out of school youth fall outside the net
- Insufficient programmes for displaced workers

- Inadequate provision for persons with disabilities
- The social protection of children who are immigrants is a question
- Insufficient attention to rights based approach to community based social protection (social funds, Basic Needs Trust Funds and others) and how they can fill gaps in fulfilment of rights
- Juvenile justice typically inconsistent with CRC

Root Causes

- Poverty
- Ideology of women and children as property
- Cultural behaviours and norms, including a legacy of violent and oppressed societies
- Cultural mores that allow offenders to escape criminal punishment, often by paying their victims' families so that they will not report the abuse
- Weakening of community and family relations
- Socially sanctioned corporal punishment
- Acceptance of male abuse of young girls
- Legal systems that work against reporting
- Insufficient attention to preventing children from entering the care and protection system, especially role of social protection

The following challenges emerge in light of the above strategic analysis:

- Strengthening families by providing supportive environments through parenting education, social services and social protection and targeted programmes for fathers that meet fathers where they are and with clear messages that they need to be a part of their children's lives
- Systematic and sustained programmes to help children and adults identify and report sexual abuse
- Effective sanctions against abusers
- Expanded provision of services for victims of abuse
- Enhanced quality of programmes for juvenile offenders with the objective of reducing recidivism
- Advocacy to detect and address gaps in juvenile justice between policy and practice
- Strengthening the social safety net, including improved coverage, targeting and benefit levels, are needed to help to reduce the number of children in especially difficult circumstances and the resulting demands on care and protection services.
- Advocacy for social protection to ensure that an appropriate social protection framework that addresses barriers to the fulfilment of the rights of children and women
- Better understanding of families including:
    - Examination of whether disciplinary practices are changing;
    - Whether there are age or gender differences in parenting (in parents or children),
    - The impact of physical punishment and other forms of punishment on children,
    - The social/cultural factors that make adults resistant to adopting less harsh discipline practices,
    - What are parents confronted with and how they respond,

- The situation of unmarried mothers resulting from inequities in access to insurance, pensions and inheritance and the special circumstances of "outside children" and the social impact of migration on children and women
- The status and needs of children left behind when parents migrate
- The status and needs of children in families of households affected by HIV/AIDS

III.D. Participation Rights

Children and Participation

The CRC mandates that the views of children be given due weight in all matters affecting them in accordance with their age and maturity (the ladder of participation) but, in practice, participation among children is not widely promoted and social norms do not consider participation by children important. As discussed above, child-rearing practices in the sub-region tend towards the authoritarian and do not encourage participation of children. The old adage that children "should be seen and not heard" is still widely accepted. There does appear, however, to be greater acceptance of participation among children among wealthier and more educated households.

The education system also offers limited opportunities for participation. Teaching relies on traditional teaching methods that do not encourage student participation in the learning process. Institutional structures for student participation are in place in schools, principally the prefect system, student councils and student governments. These are frequently vibrant, but it is not clear what impact they have on school policies and programmes, and they are frequently perceived as popularity contests in which only the best students (i.e., those least at risk) participate. CARE in St. Lucia implements an innovative mechanism for participation – the agency asks students to evaluate all teachers at the end of each course.

More attention to soliciting the opinions of young people in the development of public policies and the design of programmes for young people is needed. At present, adults develop social services for children with limited or no involvement of children. Children and young people participate in youth and sports groups, however, as noted above, access to these is limited and it is not clear the degree to which they participate in decisions about the operation of these programmes. A number of avenues to promote youth participation have been established. Examples include Youth Councils, Youth Forum, Youth Ambassadors, Peer Counselling Programmes and others. Again, it is not clear that these are representative, especially for youth at risk.

Creating a participatory culture can build on a process that has already started. Parenting education, teacher training and HFLE already include discussions on the importance of participation, but these messages need to be expanded and strengthened. Strategies to engage at-risk youth, including out-of-school youth, youth who are disabled and vulnerable groups such as teenage mothers and street children should be identified. Attention to sustainability and institutionalisation of participation mechanisms will be required to ensure that strategies promote sustained participation. Evaluation is important to address questions as to whether programmes are effective in changing attitudes about participation and in promoting participation, whether they function effectively and are equipped to carry out their mandates, whether they represent youth and whether they are reaching the most at risk children.

Women, CEDAW and Participation

The legal and constitutional rights of women are reasonably well-established and basic human rights and fundamental freedoms, including political rights, are entrenched. However, sex role stereotyping and prejudice against women abound. As discussed above, academic success among women has not translated into success at the workplace or into equality in economic and social benefits. This is a particular concern among rural women. Women account for a disproportionate share of elementary occupations and women with higher education tend to be employed in lower paying teaching, civil service and distributive trades.

Women participate in the political process through voting, canvassing and membership of boards but despite this active participation, they still do not have a strong political voice. The number of women in national parliaments (an MDG target to promote gender equality and empower women) remains small. This is also true at the ministerial level (Table 20). The under-representation of women at the political and policy levels has implications for democracy and governance and makes it more difficult to mainstream gender into policy and planning. Women's groups and national machineries for women/gender give a voice to gender concerns, but typically lack the resources and strategic positioning required for effective promotion of gender equity.

Table 20: Women and Political Participation

	Year women received right to:		Year first woman elected (E) or appointed (A) to parliament	Women in government at ministerial level (% of total) 2005	(Percent of total) Seats in Lower or single house held by women		Seats in Upper house or senate held by women
	Vote	Stand for election			1990	2005	2005
Barbados	1950	1950	1966 A	29	4	13	24
Saint Kitts and Nevis	1951	1951	1984 E	0	7	0	n.a.
Malaysia	1957	1957	1959 E	9	5	9	26
Grenada	1951	1951	1976 E+A	40	0	27	31
Dominica	1951	1951	1980 E	0	10	19	n.a.
Saint Lucia	1951	1951	1979 A	8	0	11	36
Saint Vincent/Grenadines	1951	1951	1979 E	20	10	23	n.a.

Source: UNDP, Human Development Report, 2005.

Participation Rights: Challenges for the Future

The above analysis indicates that the rights to participate exist but that mechanisms for full participation do not. The manifestations of this vulnerability are:

- Children rarely involved in family decision making
- Avenues for participation often exclude the most vulnerable
- Voices of children not systematically solicited for purposes of policymaking or planning
- Women underrepresented at policymaking and planning levels

Underlying causes

- Inadequate parenting skills
- Inadequate teaching skills that rely on traditional teaching methods that do not promote participation

Root Causes

- Cultural behaviours and norms, including authoritarian views of child rearing that do not encourage participation
- Gender biases that discourage participation of women at policy levels of government

The following challenges emerge in light of the above strategic analysis:

- Reorienting parenting to promote children's participation
- Promoting child centred learning that encourages children's participation in the learning process;
- Providing meaningful and sustainable mechanisms for participation of children
- Planning and programming to mitigate the negative impact of gender socialization on children, women and men
- Effective mainstreaming gender in policy-making and in planning by governments

Chapter IV. The Legal and Policy Framework

This chapter examines the degree to which foundations for implementation of the CRC have been established. When countries ratified the CRC, they agreed to review their laws relating to children and are obliged to take all necessary steps, including changing existing laws or creating new ones, to ensure that the minimum standards set by the Convention are being met. This chapter reviews progress on legal reform. It also looks briefly at the policymaking environment.

IV.A. Implementation of the CRC and CEDAW

Implementation of the CRC and CEDAW is a multi-sector process with multiple agencies involved in developing policies related to children. Mechanisms for coordination are either weak or nonexistent. As a result, most countries lack comprehensive national agendas and strategies for implementation of the CRC. Independent national institutions for children's rights such as children's ombudsman offices, child rights commissioners and focal points within national human rights institutions still need to be established.

To the degree possible, State parties are mandated to allocate sufficient resources for implementation of the CRC. It was impossible to examine financial allocations to children's programmes across the sub-region; however, available information suggests that resource allocations for education, health and social assistance compare favourably to those in countries at

similar income levels.[112] The challenge for governments will be to improve the efficiency of spending in these sectors. Resources for social care and juvenile justice are not sufficient to ensure implementation of the CRC.

Accountability of duty bearers is at the heart of the CRC but accountability requires systematic **data** monitoring implementation of the CRC. However, as highlighted throughout this document, most countries have significant data gaps and data that is collected is often unreliable and/or not disaggregated by gender and age. Social policy analysis capacity is weak and data that does exist is not fully analysed, evaluated or disseminated.

Education, training and awareness-raising on children's rights is another key element of CRC implementation. There has been considerable progress in raising awareness about the rights of children. However, continued awareness building is needed. Social norms are inconsistent with children's rights in many ways, especially as they relate to corporal punishment and participation of children and adolescents. Misconceptions about what is good for children are widespread. Continued involvement of civil society, especially NGOs, CBOs and children, will be critical for progress on implementation of the CRC. A long planning horizon is needed to change these deeply engrained social norms.

IV.B. The Legal Foundation

Almost all OECS countries have undertaken a review of their family laws and some revision and reform has taken place in all countries, albeit at a slower than desired pace and typically in an ad hoc fashion. Some examples are given here. Barbados approved domestic violence, child protection, family law and others legislation. Dominica, Antigua, the British Virgin Islands, Montserrat, St Kitts and Nevis, St Lucia and St Vincent and the Grenadines introduced domestic violence legislation. Dominica also introduced status of children and adoption legislation. Antigua and Barbuda passed the Child Care and Protection Act in 2003. That law defines a child as person under 18, defines abuse and neglect, establishes a Child Care and Protection Agency, lays down procedure for investigating and reporting abuse and neglect of child and for licensing, registration and supervision of child care facilities. St. Vincent and the Grenadine drafted a Child Protection Protocol. Dominica, St Lucia and St Vincent and the Grenadines have family courts. Barbados, Dominica and Antigua and Barbuda Sexual Offences implemented sexual offences legislation. The British Virgin Islands decreased the age of majority from twenty one to eighteen years and, in 2005, approved four pieces of legislation and amendments: the Child and Young Persons Act, the Youth Court Act, the Criminal Justice Alternative Sentencing Act and the Probation Act. These were designed along the principles of the CRC and together help to set a legislative framework on which to approach the rights of the child.

Legislation in most countries still does not fully recognize social realities. Many children are born out of wedlock and legislation in some countries discriminates against these children. Legislation often discriminates against the putative fathers. Even in countries where status of children legislation exists, significant discrimination often continues around issues of proof of paternity. Child protection and domestic violence legislation is absent or not sufficiently comprehensive. Where legislation does exist, legislative attempts at protecting children are fragmented and in different pieces of legislation although some countries have moved forward in

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[112] World Bank, OECS Fiscal Issues, various countries and years; World Bank, Caribbean Social Protection Strategy, draft, 2006.

this regard. The age of majority varies and does not reflect international definitions. Legal Reform and HIV/AIDS raises unique human rights concerns (Box 13).

Box 13: Legal Reform and HIV/AIDS

Dominica, Barbados St. Vincent and the Grenadines and St. Lucia have either completed or initiated assessments of their legal frameworks and preliminary work has commenced in Grenada, Antigua and Barbuda and St. Kitts and Nevis. The next step will be to determine common policy issues around which model legislation aimed at reducing and mitigating the impact of HIV/AIDS related stigma and discrimination could be developed. It is projected that consensus could be reached on the common regional policy issues that will inform the development of the model legislation by June 2007. Legal aid service providers from Antigua and Barbuda, Belize, Bahamas, Dominica, Grenada, St. Kitts and Nevis, Saint Lucia and St. Vincent and the Grenadines have been trained to provide legal aid services to persons living with HIV and AIDS. These trained persons have established a regional network of legal aid providers to sensitise their peers on human rights issues and advocate for law reform where appropriate. Plans have been finalized for the development of a model code of practice for professional counsellors working in the field of HIV and AIDS. This model code of practice will prescribe standards for the ethical treatment of people living with and affected by HIV/AIDS by professionals. A Regional Faith-Based Organization Policy and Action Plan has been developed under the auspices of the Caribbean Conference of Churches. Policy development related to HIV/AIDS legal ethical and human rights issues in the workplace has been bolstered by the efforts of the Caribbean Tripartite Council, UNESCO and ILO. The ILO has also supported the development of a model workplace policy for the Caribbean that was guided by the ILO code of practice on HIV/AIDS in the workplace. ILO continued work in collaboration with UNESCO, and an HIV/AIDS Workplace policy for the education sector in the Caribbean has been developed and endorsed by Ministers of Education in June 2006 and disseminated regionally for national implementation. An analysis of needs in the area of stigma and discrimination will be conducted in collaboration with DFID to determine critical aspects for attention in the Caribbean region. A regional multi-media campaign to reduce the impact of HIV and AIDS-related stigma and discrimination in the Caribbean was launched in April 2006 in Antigua and Barbuda, Barbados, St. Kitts and Nevis, Saint Lucia, St. Vincent and the Grenadines and other Caribbean countries. The campaign included print and radio advertisements, posters and a booklet.

However, critical gaps remain. All countries still need to pass comprehensive legislation regulating the management and organization of the HIV/AIDS response. This is needed in terms of access to prevention (the right to information, reproductive and family health education, testing for HIV and incidental issues relating to testing, including parental consent, mandatory testing, testing children, etc); access to drugs and treatment (including for injecting drug users, men who have sex with men, sex workers and prisoners); ethical issues in terms of confidentiality and disclosure, vaccine testing trials, professional codes of conduct for doctors, nurses, lab technicians, counsellors, teachers and social workers; the rights of the people living with HIV in terms of access to drugs, treatment and care, employment and the rights of orphans and other vulnerable children.

Source: PANCAP VI, Consolidated Implementation Report, 2006; UNICEF Regional Advisor for HIV/AIDS.

A number of projects provide support for strengthening the legal framework of countries in the sub-region but modernizing and harmonizing legislation across the sub-region remains a challenge. UNICEF and UNIFEM support the OECS Children and Family Law and Domestic Violence Legal and Judicial Reform Project that provides technical assistance to review and reform legislation with respect to family law, child protection and juvenile justice. The goal is to improve access to justice and eradicate gender-based inequality in the content of law and in the unequal results of apparently non-discriminatory legal provisions. The project is expressly concerned with moving family law and institutions concerned in the conformity to international

conventions including CRC. The office of the Attorney General in St. Lucia has prepared a prototype legislation on the Status of Children, Child Care and Protection, Juvenile Justice and Domestic Violence. The draft Family Court Bill is on hold pending finalization of an appropriate structure for a family division of the Eastern Caribbean Supreme Court. The OECS Legal Reform Project focuses on court efficiency, legal information and strategic management and complementary measures to conventional justice responses. Improving the efficiency and fairness of the justice system in the Eastern Caribbean is aided through measures that contribute to prevention and early interception (particularly with respect to youth and domestic violence), alternative sentencing and other measures that restore offenders to a productive role in their society. This project is implemented through the OECS with support from CIDA. The IDB provided assistance to support the government of Barbados in its efforts to modernize the justice sector through improving court administration and processes and enhancing equity of access to justice, and reducing economic and social costs associated with criminal behaviour

Corporal punishment is legally sanctioned in a variety of settings in the independent countries of the sub-region. St. Lucia is the only independent country in the sub-region that has outlawed corporal punishment as a legal sentence. All countries allow corporal punishment as a disciplinary measure in remand centres and prisons. Only Barbados and Grenada have outlawed corporal punishment in alternative care settings and not in all circumstances.[113] Abolition of corporal punishment has to be led by governments, with the support of civil society, but children's rights advocates will need to work more actively together to sensitise policy makers, parents, teachers, church leaders community and other civil society organizations to sensitise them regarding the damages of corporal punishment and on the need to create protective environments for children. CARICOM gave official recognition to the need to address corporal punishment with establishment of the Working Group on Disciplinary Practices with Children in Caribbean. A first meeting of that group was held in 2006.

IV.C. The Policy Environment

Policy for children and women crosses sectors and ministries; however, inter-ministerial coordination and collaboration is often inadequate or absent. This results in fragmented policymaking and policy.[114] With assistance from the UNDP, World Bank, EU, DFID and other donors, some countries have moved to articulate social development frameworks, through social policy statements, Poverty Reduction Strategy Papers (PRSP) and/or Interim Poverty Reduction Strategy Papers (IPRSP), strategic plans and medium term frameworks. A regional mechanism for support of this work has been established (Box 14). Montserrat, St. Lucia and St. Vincent and the Grenadines developed social policy frameworks using the OECS Social Development Policy Framework, developed by the OECS Secretariat. Dominica, Grenada, St. Lucia and St. Vincent and the Grenadines have prepared Poverty Reduction Strategy Papers (PRSP) and/or Interim Poverty Reduction Strategy Papers (IPRSP), which set out social and economic policies and programmes that the countries would follow to promote growth and reduce poverty. Antigua and Barbuda, Barbados and Montserrat developed strategic plans. A number of countries also developed Medium Term Macro Economic Policy Strategies. Preparation of these policy documents has generally relied on a process of stakeholder consultations, sometimes with children and adolescents. Although countries have moved to articulate more coherent social

[113] Caribbean: Summary of the Legal Status of Corporal Punishment of Children, Global Initiative to End All Corporal Punishment of Children, 2006

[114] OECS Secretariat (2004) The Status of Social Policy And Social Development Programmes In OECS Member States, Castries.

policy frameworks, sustained efforts will be required to ensure that international conventions regarding children, gender and persons with disabilities are incorporated into policy. UNDP is providing assistance to develop a regional social care delivery framework. However, these policy documents do not sufficiently target children and women. In addition, implementation of these frameworks has frequently lagged.

Box 14: A Multi-Country Approach to Building Social Policy Capacity

The OECS Social Development Unit (SDU) in the OECS Secretariat began in late 1998 with seed funding from the UNDP to help strengthen linkages between economic and social strategy development and provide the Secretariat with the capacity to assess and monitor human and social development related activities and to support the development planning processes in the sub-region. The Unit provides support to OECS Member States through a number of projects funded by the UNDP, UNICEF, the IDB and the World Bank. Areas of activity include:

Social Development Policy and Planning
- Formulation of social development policies
- Social sector program assessments
- Institutional strengthening for improved social planning

Social Data Collection and Dissemination
- Design and development of social indicators databases
- Coordination of census 2001, including data analysis and dissemination
- Provision of equipment and training for design of national social data management systems

Poverty Reduction Strategies
- Preparation of Poverty Reduction Strategy Documents
- Conduct of related background research and data collection activities

Capacity Building and Training
- Training courses to enhance capacity for data analysis for policy formulation and monitoring
- Build competencies to produce speedy and high-quality analytic reports on a regular basis

Assessment and Monitoring of Human and Social Development
- Production of first Human Development Report for the OECS Region
- Construction and analytical aspects of the human development indices
- Assessment of region's economic and social performance and impact on human development

The Legal and Policy Framework: Challenges for the Future

The above analysis indicates that:

- Conditions for implementation of the CRC are not fully in place
- Legislative systems are not fully consistent with the CRC and CEDAW
- Policy frameworks are not holistic with respect to children, gender and vulnerable groups; particularly persons with disabilities
-

Underlying Causes

- Lack of understanding of CRC and CEDAW
- Need for better understanding of the resource implications of full implementation of CRC and a plan for securing those resources.
- Limited policy and planning capacity

Root Causes

- Social norms and gender discrimination inconsistent with some of the principles of the CRC and CEDAW reduces motivation for enactment of legislation
- Insufficient priority to issues of women and children from male dominated legislatures and policy making positions

The following challenges emerge in light of the above situation analysis:

- Sustained and serious advocacy for implementation of the CRC
- Ongoing legislative reforms to bring legislation in line with international agreements with leveraging of funds from international agencies
- Articulation of policy framework that reflects children consistently and holistically
- Assessment of the services and resources required to implement proposed legislation and identification of sources of support for these activities

Chapter V. Priorities for the Future

The social landscape of the sub-region is shaped by families, governments and civil society working to promote the rights of children. Country level recognition of the rights of children and women has come via ratification of the CRC and CEDAW and by the significant country level efforts to address rights violations. Recognition of the rights of children and women by OECS and CARICOM regional bodies has helped to promote the rights based agenda. There is increased awareness, albeit not full acceptance, of the rights of children and women. Despite these gains, a number of risk factors interfere with the realization of the rights of children and women. These include persistent and transient poverty; gender discrimination; unemployment; teenage pregnancy; HIV/AIDS, aggressive interpersonal relations and high levels of violence against women and children. Traditionally held attitudes and values are often in conflict with international norms, especially as they relate to violence against children and women, attitudes towards participation of children; and attitudes towards persons with disabilities and persons affected by HIV/AIDS. Gaps in service delivery are extensive, particularly with respect to early childhood services, adolescent health services, social protection, social care and juvenile justice. Weaknesses in planning, administration, implementation, monitoring and evaluation are pervasive. Moreover, health, education, judicial and care systems are not sufficiently focused on the holistic development of the child. Determined efforts by all those responsible for the fulfilment of the rights of the children are required.

A number of priorities emerge from this Situation Analysis. Realizing these priorities will require sustained and systematic advocacy. Data and data analysis to empower advocacy and strengthen policymaking are vital. Capacity for planning, implementing and monitoring programmes for children and women is required for all priority areas. In addition, it will be important to develop a deeper understanding of the cultural context, values and ideologies that shape attitudes towards the rights of children and women in order to better identify risks to the realization of these rights and to be more effective in addressing these risks. Finally, political and institutional champions need to be identified.

Strengthen Families

Children growing up in families that are poor are most "at risk" of having their basic rights denied. Governments, civil society organizations and international organizations need to support families to fulfil their obligations towards children through better targeted and more efficient safety net programmes that are viewed as a right and not a handout. Strengthening the social safety net would strengthen families and advance the rights of children who are poor by helping parents to keep children healthy and going to school. Improving social safety nets would also lessen the need for care and protection services and free those resources for more positive investments in children. Advocacy for coordinated social protection strategies that are gender sensitive and that adequately support vulnerable children is needed. Reform of domestic and juvenile legislation and systems would also strengthen families. Strengthening families will require long-term poverty reduction strategies to promote labour-intensive growth. Discrimination against women affects their labour market outcomes and is a determinant of poverty among children. Therefore, the impact of growth on children will be limited unless it is accompanied by elimination of gender biases in training, employment and wages. Empowerment of women in the labour market is critical to strengthening families and a situation assessment and analysis of women in the labour force is urgently needed. Weaknesses in parenting skills affect children of all ages and in many ways, and expanded parenting education are required to help parents provide healthy and nurturing environments. More attention to addressing the negative impacts of gender socialization on men and women is also needed. Support for families needs to include promotion of non-violent mechanisms for conflict resolution. Filling the knowledge gaps about families is critical.

Fill Gaps in Service Delivery for Young Children

There have been significant accomplishments in developing early childhood care and development in the sub-region and it will be important to continue efforts to broaden and deepen these reforms. As in the past, this should focus on the development of systematic regulations, with standards for providers and certification for caregivers, to ensure that children are provided with more than just custodial care. Outreach to pregnant women and pregnant adolescents could reduce requirements for more expensive curative services for mothers and babies. Critical gaps in nutrition and developmental monitoring and early intervention programmes need to be filled. This is of particular concern for poor children who are most at risk of having parents who lack the knowledge, skills and time to provide adequate stimulation for their children. There is considerable international evidence that well-designed early childhood programmes are effective protective strategies and that investments in early childhood are a cost-effective way to break the intergenerational cycle of poverty and reduce the number of at risk youth. Strategies to increase both the supply and demand for day care and pre-school are needed.

Make Education for All More Meaningful

Education is central to individual and economic development; therefore, expanding access to education and improving the quality of education should remain a priority. Addressing the financial barriers to education through improved coverage and targeting of social safety net programmes is an important part of this strategy. Continued curriculum reform to ensure that curriculum is relevant to the global economy is important, but curriculum also needs to be inclusive, promote diversity and tolerance and include gender and rights issues, conflict resolution, HIV/AIDS prevention and life-skills. Helping teachers (those already in the classroom and teachers in training) move from traditional to student centred teaching methods needs to be a part of education reforms. Promoting child-friendly protective school environments

will be required, including guidelines and training for teachers and principals on alternative disciplinary practices, with dissemination to parents and as part of teacher training. Implementation of these elements of the reform should be part of monitoring and accountability of educational institutions. A better understanding of factors that affect academic performance is needed. This should include analysis of factors that result in gender differences in performance. Some populations of adolescents – adolescents who are working, teenage mothers, disabled children, school dropouts and students for whom there was no place in upper secondary school – need access to alternative education. Partnerships between government, civil society and international agencies will be needed to fill this education gap.

Increase Priority to Children with Disabilities

Public awareness to promote inclusion of special needs children and expanded provision for children with disabilities, including education, training, counselling and recreation services, is needed. Efforts to ensure that children with disabilities are included in health planning, education planning, transportation and urban planning, disaster preparedness and other sector plans will also be required. Resources for improved screening and for an early response to special needs and for school support services that include specialist teachers, therapists, and mental health professionals at schools need to be identified. In addition, increased attention to inclusive education that considers access in the design of schools and the special issues/needs of children with disabilities in curriculum design and the design of support services is needed. Partnerships with civil society to increase access to home and community based care and to provide parenting education and support for parents and caregivers of children with disabilities would be one way to address gaps in service delivery. Building the capacity of health and education ministries to address the special needs of children with disabilities is also recommended. Regional approaches for developmental monitoring, early intervention and school-based services should be explored to address the diseconomies of scale in provision of services for children with disabilities.

Mobilize Civil Society to Protect Adolescents and Youth

Mobilizing civil society through expanded partnerships between government, non-government, community based, the private sector and the international community would help to advance the rights of children. Civil society organizations are in a unique position to offer tailored preventive and remedial services designed for different vulnerable groups. There are numerous examples in the sub-region of successful programmes implemented by non-government and community based organizations. Capacity building is essential and monitoring and evaluation needs to be built in from beginning. It will be important to identify best practices to enhance impact. Resource mobilization through partnerships with government, private sector and international agencies will be required but, at the same time, it is essential to identify and build in mechanisms for sustainability.

Strengthen Monitoring, Evaluation and Policy Development

Policymaking is stymied by lack of information and analysis. As discussed above, initiatives are underway to build statistical capacity across the sub-region so that policymaking can become more data driven and so that the impact of policy decisions can be measured. Efforts in all countries will be needed to improve data collection and data management and to train staff in the related skills. Information on the service implications and costs of proposed reforms is needed. For example, alternative sentencing has implications for facilities, staffing and budgets. It is necessary to understand what services and facilities will required to implement alternative sentencing, including monitoring and regulation. How will they be financed? Similar questions

apply to family law, domestic violence and child protection legislation and need to be addressed. In addition, there is a need to think about how to ensure a continuing supply of professionals for the public sector who are able to monitor policy implementation, including MDGs and other internationally agreed indicators, and address research questions about the coverage and incidence of social programmes and the efficiency and effectiveness of programmes.

Expand Public Information and Education

Sustained public information and education campaigns will be needed. These should focus on changing the underlying social norms that interfere with the realization of the rights of children; informing and teaching parents about new ways of thinking about child rearing; educating children, adolescents and women on maternal and child health, healthy lifestyles and safer sex (why and how) and conflict resolution; and gender sensitisation. Finding innovative, creative, cost effective and sustainable ways of delivering culturally appropriate messages will be important. Public education campaigns that rely electronic media (radio, T.V., ICT) and production of videos for distribution to health centres, schools, youth clubs and community centres could potentially reach the largest target audiences.

Children Have the Last Word

The issues identified in this report have been noted in numerous documents produced by governments, international development agencies, conferences, action plans and social development strategies but, more importantly, these concerns are also on the minds of children. Children confront them everyday. In country after country, SITAN focus group participants highlighted concerns about poverty, inequality, violence (at home, at school and in communities), unwanted pregnancies, substandard housing, lack of road safety, the need for confidential health services and positive recreation. When children were asked to name the children they worry about the most they did so without hesitation (Box 15). That children could so easily identify vulnerable children, speaks to the need for duty bearers to act with greater urgency and effectiveness.

Box 15: Who Children Worry Most About

Children said they worry most about the following children:

- Children who are poor
- Victims of physical abuse
- Children in rural areas
- Children who are disabled
- School dropouts
- Teenage mothers
- Children who don't have parents

SITAN Focus Group Participants

ANNEXES

Annex 1: Bibliography

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World Bank (2004), OECS Fiscal Issues: St. Vincent and the Grenadines, Washington, D.C.

World Bank (200), OECS Fiscal Issues: St. Kitts and Nevis, Washington, D.C.

World Bank (2004) Dominica Social Protection Strategy, Washington, D.C.

Annex 2: Interview Formats

Government and NGO Stakeholders
What are the CRC and CEDAW?
What have been the greatest accomplishments with respect to the achievement of the rights of the child in this country?
How was that accomplished; e.g., changes in legislation, new programmes, new policy focus, etc?
What are the most serious sources of vulnerability for children?
What groups of children are the most vulnerable?
Where are the greatest gaps in the promotion of the rights of the child?
How can violence against children and women be prevented?
Where are the greatest gaps in the promotion of the rights of women?

Women's Groups
What are the CRC and CEDAW?
What have been the greatest accomplishments with respect to the achievement of the rights of the child in this country?
Do you think that children's awareness of their rights may cause them to have unreasonable expectations or to put their parents in trouble or do you think that children should be made aware of their rights?
How aware are parents or adults in your country about the rights of children?
What can be done to promote the rights of these children?
What are the most pressing problems that your household faces?
When a crisis occurs what do you do?
Where are the greatest gaps in the promotion of the rights of women?
How can violence against children and women be prevented?

Children' and Adolescent Groups
What are the CRC and CEDAW?
Do you know anyone whose rights have been violated?
If so, in what way were their rights violated?
If you were Prime Minister what specific actions would you take to promote the rights of children in this country?
Are girls treated differently than boys?
In your opinion, how much do parents and adults (including teachers) respect the rights of children?
How can violence against children be prevented?
What opportunities do you have to participate in the decisions that affect your life?

Annex 3: Persons Consulted

Barbados

Government Representatives
Joan Crawford, Barbados Child Care Board
Cheryl Willougby, National Council on Substance Abuse
Sonya Hamblin, National Disabilities Unit
Lyn Armstrong, HIV/AIDS Commission
Odupe Sodeyi, National Task Force on Crime Prevention
Carmen Shephard, Ministry of Social Transformation
Claudette Casey, Ministry of Health
Jennifer Criclow, HFLE Consultant
Xxx, Ministry of Education

Non-Governmental Organizations
Marva Griffith, ECD Association
Marva Springer, PAREDOS
Susan Branker-Lashley, Caribbean Support Initiative
Harry Blackette, MCH Action for Children
Cheryl Hunte, Israel Lovel Foundation
Wayne Harewood, Israel Lovel Foundation
Katherine Cummins, Israel Lovel Foundation
Sophia Greaves, Pineland Creative Workshop
Jason Downs, Israel Lovel Foundation

Primary school students focus group: 7 students from different primary schools

Secondary school students focus group: 8 students from different secondary school

Grenada

Government Representatives
Dawne Cyrus, Roving Caregivers Program/Ministry of Social Development
Hermione Baptiste, HFLE Coordinate, Ministry of Education
Natasha Sutherland, Department of Youth Development
Ivy Harris, Early Childhood Education Unit, Ministry of Education
Elsia Ferguson, T.A. Marryshow Community College
Sheldon Schott, Ministry of Youth
Pauleen Finlay, Ministry of Education

Non-Governmental Representatives
Sandra Ferguson, ART
Alvin Campbell, NEWLO
Linda Straker, GNCRC
Kriss Davies, GRENSAVE
Dianne Bruno, YWCA
Selby Henry, GRENCASE

Women's Focus Group: 5 participants from GNOW

Adolescent focus group: 29 secondary students, participants in NGO Programmes and Commonwealth Youth Ambassador

Dominica

Government Representatives
Samuel Carrette, Poverty Coordinator, Ministry of Finance
Ava McIntyre Roach, Child Abuse Prevention Unit, Ministry of Community Development and Gender Affairs
Martin Anthony, Welfare Division, Ministry of Community Development and Gender Affairs
Veda George, ECD Coordinator, Ministry of Education
Myrtle Prevost, Ministry of Education, HLFE Coordinator

Non-Governmental Representatives
Norma Cyrille, Social Centre
Denise DeFoe, Social Centre
Nora Gregoire, Social Centre
Nisbertha Buffong, CCF
Ruthina Francis, Alpha Centre
Octovia Timothy, School for the Hearing Impaired
Dorren Francis, Dominica Save the Children

Roving Caregivers
Sernel Florent
Clavia Prevost
Christine Thomaste
Amie Drigo
Verdan Scotland
Indura Durand
Lillia Durand
Shashtri Frederick

Women's Focus Group: 7 participants from (add names of groups)

Children's Focus Group: 25 primary and secondary students from the Carib Indian Territory

Montserrat

Government Representatives
Edris Wade, Community Development Officer
Sharon Burns, Education Officer, Early Childhood Education, Ministry of Education
Kathleen Greenaway, Ministry of Education and Labour
Aldean Moore, Social Policy and Planning Officer, Development Unit
Teresina Bodkin, Senior Statistician, Development Unit
Joseph Irish, Project Officer, Development Unit
James White, Deputy Director, Disaster Management Coordination Agency

Non-Governmental Representatives
Eudora Fergus, Montserrat Early Childhood Association
Cathy Buffonge, Montserrat Early Childhood Association

British Virgin Islands

Government Representatives
Ritzia Turnbull-Smith, Ministry of Health and Welfare
Sheila Brathwaite, Permanent Secretary, Ministry of Health and Social Development
Irad Potter, Director of Health Services
Ivy George, Health Education Officer
Ronald McAnaney, National HIV/AIDS Coordinator
Beverly Brathwaite, Acting Chief Education Officer
Keith Lewis, Head Guidance Counsellor, BVI High School

Persia Tobin, Youth Affairs and Sports
Annie Malone Frett, Chief Social Development Officer
Sylvester Smith, Social Worker
Eileen Potter Manager, Rainbow Children's Home
Shona Griffith, Senior Crown Counsel
Alton Simmonds, Head/Gender Affairs

Non-Governmental Representatives
Celete George, Family Support Network
Susan Devers, Domestic Violence Coordinating Council

Secondary school student's focus group: 18 Students from BVI High School

St. Lucia

Arthus Semei, Ministry of Education
Vasanta Chase, OECS Secretariat
Ezra Baptiste, OECS Secretariat

Adolescent Focus Group: 5 CARE Participants

Red Cross Peer Counsellors:
Marva Edwards
Bennet Charles
Terencia Giallard
Lluanger James
Kendall Elva

UNICEF Representatives

Carole Baudoin
Elaine King
Heather Stewart
Lisa Mcclean-Trotman
Niloufar Pourzand

Other Representatives

Letnie Rock, UWI
William Adu Krow, PAHO
James Goggin, USAID
Jane Armstrong, DFID
Pat Holden, DFID
Jenns Grimm, WFP
Roberta Clarke, UNIFEM
Errol Graham, World Bank
Darrin Newman, European Commission
Robert Dabney, CARICOM Mini-Grants
Leon Charles, UNICEF Consultant

Annex 4: Supplemental Tables

Area, Density and Percentage of Population Living in Urban Areas

	Sq. KM	Density (Per sq.km.)	Percent Urban
		2005	2005
Antigua and Barbuda	442	184	38.4
Barbados	431	627	52.9
British Virgin Islands	151	146	65.4
Dominica	750	105	72.7
Grenada	345	299	42.2
Montserrat	103	44	13.8
St. Kitts and Nevis	269	164	31.9
St. Lucia	616	298	31.3
St. Vincent and the Grenadines	388	307	60.5
Turks and Caicos Islands	417	61	47.4
Sources	CDB, Social and Economic Indicators 2005	United Nations, World Population Prospects: The 2004 Population Database	United Nations, World Population Prospects: The 2004 Population Database

The Commonwealth Vulnerability Index

	Real Per Capita GDP Volatility Index Rank	Output Volatility Index Rank	Composite Vulnerability Index Rank
Antigua and Barbuda	86	3	2
Dominica	76	41	12
Grenada	61	31	15
St Lucia	74	35	19
St Vincent and the Grenadines	69	43	24
St Kitts and Nevis	103	50	29
Barbados	105	74	38

Source: Commonwealth Secretariat/World Bank Task Force on Small States, Small States: A Composite Vulnerability Index, 1999.

Population by Country and Age Group - 1990 – 2015

	0-4 years			5-9 years			10-14 years			15-19 years			20-24 years			25-64 years			65 and over		
	1990*	**2005**	**2015**	**1990**	**2005**	**2015**	**1990**	**2005**	**2015**	**1990**	**2005**	**2015**	**1990**	**2005**	**2015**	**1990**	**2005**	**2015**	**1990**	**2005**	**2015**
Antigua and Barbuda	5.5	6.1	5.5	5.5	6.7	5.6	6.0	6.3	6.0	6.5	5.2	6.5	8.2	5.1	6.0	27.1	36.5	39.6	3.8	2.8	3.0
Barbados	21.2	17.9	17.0	22.6	18.5	17.3	21.6	20.8	17.8	24.1	20.6	18.3	26.0	21.9	20.5	119.9	154.6	167.0	27.2	24.5	30.6
British Virgin Islands	1.6	1.6	1.8	1.4	1.5	1.7	1.4	1.7	1.7	1.2	1.9	1.8	1.5	2.1	2.2	8.2	12.7	15.8	0.9	1.2	2.1
Dominica	7.9	5.6	4.9	7.6	6.0	5.0	7.5	6.9	5.4	8.9	6.1	5.7	9.0	5.4	6.6	25.7	33.6	39.3	6.0	5.5	5.6
Grenada	13.9	10.0	9.2	12.9	10.0	9.4	11.6	10.4	9.3	11.3	11.8	8.9	9.0	10.2	9.2	28.5	34.1	45.4	5.1	3.0	2.1
Montserrat	0.9	0.8	0.8	1.2	0.7	0.8	1.2	0.7	0.8	1.1	0.8	0.7	0.9	1.0	0.7	3.8	4.3	5.6	1.4	1.0	1.0
St. Kitts and Nevis	4.6	3.5	3.5	5.0	3.6	3.5	4.5	3.8	3.4	4.2	3.6	3.6	4.0	3.6	3.7	14.9	17.6	21.6	4.1	3.2	3.1
St. Lucia	18.1	16.7	15.7	18.6	17.0	16.1	17.3	16.7	16.5	16.8	16.6	16.9	15.7	16.9	16.5	45.3	73.9	97.3	7.7	8.6	9.9
St. Vincent and the Grenadines	12.4	9.7	8.5	13.9	10.5	8.6	13.6	11.6	8.8	12.4	11.5	9.5	10.4	12.3	10.3	37.5	54.4	65.5	6.8	7.5	8.5
Turks and Caicos Islands	1.3	2.3	2.5	1.1	2.3	2.4	1.1	2.2	2.4	1.2	1.5	2.4	1.1	1.4	2.3	5.1	10.2	13.0	0.6	0.8	1.4
Total	**87.5**	**74.2**	**69.4**	**90.1**	**76.8**	**70.3**	**85.8**	**80.9**	**71.9**	**87.8**	**79.6**	**74.3**	**85.9**	**80.0**	**77.9**	316.2	**431.9**	**510.3**	**63.6**	**58.1**	**67.4**

***1991 for BVI, Montserrat, SVG**

Source: U.S. Census Bureau, International Data Base, U.S. Census website

Human Development Index, 2003

	Human Development Index Rank	Human Development Index Value
High Human Development		
Barbados	30	0.878
Saint Kitts and Nevis	49	0.834
Medium Human Development		
Antigua and Barbuda	60	0.797
Grenada	66	0.787
Dominica	70	0.783
Saint Lucia	76	0.772
Saint Vincent and the Grenadines	87	0.755
Developing countries		0.694
Latin America and the Caribbean		0.797
High income		0.910
Middle income		0.774
Low income		0.593

Source: UNDP, Human Development Report, 2005.

Annex 5: Country Profiles

ANTIGUA AND BARBUDA

		Indicator Value	Year	Source
BASIC INDICATORS				
Crude Death Rate (Per 1,000)		4.8	2000-2005*	CDB, Social and Economic Indicators, 2005
Crude Birth Rate (Per 1,000)		12.9	2000-2005*	
Total Fertility Rate (Per 1,000)		2.3	2000-2005*	WHO, Core Health Indicators Database
Life Expectancy at Birth (Years)	Male	70	2000-2005*	
	Female	75	2000-2005*	
Population Using Improved Drinking Water Sources	Total	91	2002	UNICEF, State of the World's Children 2006, online statistical database, TANGO International, Overview of Food/Nutrition Security and Natural Disaster Risk Analysis in Eight Caribbean Countries: Regional Summary, WFP/ UNICEF, 2006
	Urban	95	2002	
	Rural	89	2002	
Population Using Adequate Sanitation Facilities (%)	Total	95	2002	
	Urban	98	2002	
	Rural	94	2002	
CHILDRENS HEALTH INDICATORS				
Under-5 Mortality Rate		12	2004	
Infant Mortality Rate (under 1)		11	2004	
Infants with Low Birth weight (%)		8	1998-2004*	
Children who are Exclusively Breastfed (<6 months) (%)		-		
Percent of Children Under Five Who Are Moderately and Severely:				
Underweight (< -2 SD)		14	n.a.	
Wasted (< -2 SD)		10	n.a.	
Stunted (< -2 SD)		7	n.a.	
Percent of 1-Year-Olds Children Receiving Immunizations				
BCG		n.a.	2004	
DPT1		91	2004	
DPT3		97	2004	
Polio3		97	2004	
Measles		97	2004	
HepB3		97	2004	
Hib3		97	2004	
MATERNAL HEALTH INDICATORS				
Contraceptive Prevalence (%)		53	1996-2004*	
Antenatal Care Coverage (%)		100	1996-2004*	
Skilled Attendant at Delivery (%)		100	1996-2004*	
Maternal mortality ratio (reported) (%)		65	1996-2004*	
EDUCATION INDICATORS				
Gross Enrolment Rates Total	Birth to 2	12	n.a.	UNESCO, Global Monitoring Report on Early Childhood Education, 2006
	Pre-school	61	n.a.	
Gross Enrolment Rates Male	Birth to 2	12	n.a.	
	Pre-school	62	n.a.	
Gross Enrolment Rates Female	Birth to 2	13	n.a.	
	Pre-school	60	n.a.	
Gross Primary School Enrolment Ratio	Total	n.a.		World Bank, EdStats,

	Male	n.a.		online data base
	Female	n.a.		
Net Primary School Enrolment Ratio	Total	n.a.		
	Male	n.a.		
	Female	n.a.		
Expected Primary School Completion Rates	Total	n.a.		
	Male	n.a.		
	Female	n.a.		
Gross Secondary School Enrolment Ratio	Total	n.a.		
	Male	n.a.		
	Female	n.a.		
Net Secondary School Enrolment Ratio	Total	n.a.		
	Male	n.a.		
	Female	n.a.		
Expected Secondary School Completion Rates	Total	n.a.		
	Male	n.a.		
	Female	n.a.		
ECONOMIC INDICATORS				
GDP at Constant 1990 Prices ($mn)		1,420.6	2004	CDB, Social and Economic Indicators, 2005
GDP at Current Market Prices ($mn)		1,840.6	2004	
GDP Constant Prices % Change		5.2	2004	
Consumer Prices % Change		1.7	2004	
Current Revenues		462.9	2004	
Current Grants		-		
Current Expenditures		604.5	2004	
Current Account Surplus/(Deficit)		(141.6)	2004	
Capital Revenue and Grants		30.4	2004	
Capital Expenditure		97.3	2004	
Overall Surplus/(Deficit)		(208.6)	2004	
Current Surplus/(Deficit) as % of GDP		(6.4)	2004	
Overall Surplus/(Deficit) as % of GDP		(9.4)	2004	
Total Domestic Credit, net ($mn)		1,624.6	2004	
Total External Debt Outstanding		519.9	2004	
Debt Service		30.4	2004	
Debt Service as % of GDP		3.7	2004	
Debt Service as % of Current Revenue		17.7	2004	
Debt Service Ratio (%)		5.8	2004	

* Most recent available year

BARBADOS

		Indicator Value	Year	Source
BASIC INDICATORS				
Crude Death Rate (Per 1,000)		7.9	2000-2005*	CDB, Social and Economic Indicators, 2005
Crude Birth Rate (Per 1,000)		15	2000-2005*	
Total Fertility Rate (Per 1,000)		1.5	2000-2005*	WHO, Core Health Indicators Database
Life Expectancy at Birth (Years)	Male	71	2000-2005*	
	Female	78	2000-2005*	
Population Using Improved Drinking Water Sources	Total	100	2002	UNICEF, State of the World's Children 2006, online statistical database, TANGO International, Overview of Food/Nutrition Security and Natural Disaster Risk Analysis in Eight Caribbean Countries: Regional Summary, WFP/ UNICEF, 2006
	Urban	100	2002	
	Rural	100	2002	
Population Using Adequate Sanitation Facilities (%)	Total	99	2002	
	Urban	99	2002	
	Rural	100	2002	
CHILDRENS HEALTH INDICATORS				
Under-5 Mortality Rate		12	2004	
Infant Mortality Rate (under 1)		10	2004	
Infants with Low Birth weight (%)		10	1998-2004*	
Children who are Exclusively Breastfed (<6 months) (%)		n.a.		
Percent of Children Under Five Who Are Moderately and Severely:				
Underweight (< -2 SD)		6	1996-2004*	
Wasted (< -2 SD)		5	1996-2004*	
Stunted (< -2 SD)		7	1996-2004*	
Percent of 1-Year-Olds Children Receiving Immunizations				
BCG		n.a.	2004	
DPT1		97	2004	
DPT3		93	2004	
Polio3		93	2004	
Measles		98	2004	
HepB3		93	2004	
Hib3		93	2004	
MATERNAL HEALTH INDICATORS				
Contraceptive Prevalence (%)		55	1996-2004*	
Antenatal Care Coverage (%)		89	1996-2004*	
Skilled Attendant at Delivery (%)		98	1996-2004*	
Maternal mortality ratio (reported) (%)		0	1996-2004*	
EDUCATION INDICATORS				
Gross Enrolment Rates Total	Birth to 2	n.a.		UNESCO, Global Monitoring Report on Early Childhood Education, 2006
	Pre-school	89		
Gross Enrolment Rates Male	Birth to 2	n.a.		
	Pre-school	89		
Gross Enrolment Rates Female	Birth to 2	n.a.		
	Pre-school	90		

Indicator	Category	Value	Year	Source
Gross Primary School Enrolment Ratio	Total	107	2004	World Bank, EdStats, online data base; UNESCO, Statistics Database
	Male	108	2004	
	Female	106	2004	
Net Primary School Enrolment Ratio	Total	97	2004	
	Male	98	2004	
	Female	97	2004	
Expected Primary School Completion Rates	Total	107	2001 - 2004*	
	Male	107	2001 - 2004*	
	Female	108	2001 - 2004*	
Gross Secondary School Enrolment Ratio	Total	110	2004	
	Male	110	2004	
	Female	110	2004	
Net Secondary School Enrolment Ratio	Total	95	2004	
	Male	93	2004	
	Female	98	2004	
Expected Secondary School Completion Rates	Total	n.a.	2004	
	Male	n.a.	2004	
	Female	n.a.	2004	
ECONOMIC INDICATORS				
GDP at Constant 1990 Prices ($mn)		1,043.4	2004	CDB, Social and Economic Indicators, 2005
GDP at Current Market Prices ($mn)		5,625.2	2004	
GDP Constant Prices % Change		4.8	2004	
Consumer Prices % Change		1.3	2004	
Current Revenues		1,908.8	2004	
Current Grants		n.a.		
Current Expenditures		1,811.3	2004	
Current Account Surplus/(Deficit)		97.5	2004	
Capital Revenue and Grants		n.a.		
Capital Expenditure		228.9	2004	
Overall Surplus/(Deficit)		(131.4)	2004	
Current Surplus/(Deficit) as % of GDP		1.7	2004	
Overall Surplus/(Deficit) as % of GDP		(2.3)	2004	
Total Domestic Credit, net ($mn)		4,457.9	2004	
Total External Debt Outstanding		666.3	2004	
Debt Service		94.4	2004	
Debt Service as % of GDP		3.4	2004	
Debt Service as % of Current Revenue		9.9	2004	
Debt Service Ratio (%)		6.2	2004	

* Most recent available year

BRITISH VIRGIN ISLANDS

		Indicator Value	Year	Source
BASIC INDICATORS				
Crude Death Rate (Per 1,000)		n.a.		WHO, Core Health Indicators Database, CDB
Crude Birth Rate (Per 1,000)		n.a.		
Total Fertility Rate (Per 1,000)		n.a.		WHO, Core Health Indicators Database
Life Expectancy at Birth (Years)	Male	75	2000-2005*	
	Female	80	2000-2005*	
Population Using Improved Drinking Water Sources	Total	n.a.		UNICEF, State of the World's Children 2006, online statistical database
	Urban	n.a.		
	Rural	n.a.		
Population Using Adequate Sanitation Facilities (%)	Total	n.a.		
	Urban	n.a.		
	Rural	n.a.		
CHILDRENS HEALTH INDICATORS				
Under-5 Mortality Rate		18	2004	
Infant Mortality Rate (under 1)		9	2004	
Infants with Low Birth weight (%)		n.a		
Children who are Exclusively Breastfed (<6 months) (%)		n.a		
Percent of Children Under Five Who Are Moderately and Severely:				
Underweight (< -2 SD)		n.a		
Wasted (< -2 SD)		n.a		
Stunted (< -2 SD)		n.a		
Percent of 1-Year-Olds Children Receiving Immunizations				
BCG		n.a.		
DPT1		n.a.		
DPT3		n.a.		
Polio3		n.a.		
Measles		n.a.		
HepB3		n.a.		
Hib3		n.a.		
MATERNAL HEALTH INDICATORS				
Contraceptive Prevalence (%)		n.a.		
Antenatal Care Coverage (%)		n.a.		
Skilled Attendant at Delivery (%)		n.a.		
Maternal mortality ratio (reported) (%)		n.a.		
EDUCATION INDICATORS				
Gross Enrolment Rates Total	Birth to 2	48	n.a.	UNESCO, Global Monitoring Report on Early Childhood Education, 2006
	Pre-school	92	n.a.	
Gross Enrolment Rates Male	Birth to 2	45	n.a.	
	Pre-school	87	n.a.	
Gross Enrolment Rates Female	Birth to 2	51	n.a.	
	Pre-school	96	n.a.	

Gross Primary School Enrolment Ratio	Total	108	2004	World Bank, EdStats, online data base; UNESCO, Statistics Database
	Male	110	2004	
	Female	105	2004	
Net Primary School Enrolment Ratio	Total	95	2004	
	Male	95	2004	
	Female	95	2004	
Expected Primary School Completion Rates	Total	n.a.		
	Male	n.a.		
	Female	n.a.		
Gross Secondary School Enrolment Ratio	Total	96	2004	
	Male	96	2004	
	Female	96	2004	
Net Secondary School Enrolment Ratio	Total	80	2004	
	Male	75	2004	
	Female	84	2004	
Expected Secondary School Completion Rates	Total	n.a.	2004	
	Male	n.a.	2004	
	Female	n.a.	2004	
ECONOMIC INDICATORS				
GDP at Constant 1990 Prices ($mn)		879.0	2004	CDB, Social and Economic Indicators, 2005
GDP at Current Market Prices ($mn)		879.0	2004	
GDP Constant Prices % Change		n.a.		
Consumer Prices % Change		1.0	2004	
Current Revenues		204.7	2004	
Current Grants		n.a.		
Current Expenditures		180.4	2004	
Current Account Surplus/(Deficit)		24.3	2004	
Capital Revenue and Grants		n.a.		
Capital Expenditure		33.8	2004	
Overall Surplus/(Deficit)		(9.5)	2004	
Current Surplus/(Deficit) as % of GDP		2.8	2004	
Overall Surplus/(Deficit) as % of GDP		(1.1)	2004	
Total Domestic Credit, net ($mn)		n.a.		
Total External Debt Outstanding		40.5	2004	
Debt Service		n.a.		
Debt Service as % of GDP		n.a.		
Debt Service as % of Current Revenue		n.a.		
Debt Service Ratio (%)		n.a.		

* Most recent available year

DOMINICA

		Indicator Value	Year	Source
BASIC INDICATORS				
Crude Death Rate (Per 1,000)		7.9	2000-2005*	CDB, Social and Economic Indicators, 2005
Crude Birth Rate (Per 1,000)		15	2000-2005*	
Total Fertility Rate (Per 1,000)		2.0	2000-2005*	WHO, Core Health Indicators Database
Life Expectancy at Birth (Years)	Male	72	2000-2005*	
	Female	75	2000-2005*	
Population Using Improved Drinking Water Sources	Total	97	2002	UNICEF, State of the World's Children 2006, online statistical database; TANGO International, Overview of Food/Nutrition Security and Natural Disaster Risk Analysis in Eight Caribbean Countries: Regional Summary, WFP/ UNICEF, 2006
	Urban	100	2002	
	Rural	90	2002	
Population Using Adequate Sanitation Facilities (%)	Total	83	2002	
	Urban	86	2002	
	Rural	75	2002	
CHILDRENS HEALTH INDICATORS				
Under-5 Mortality Rate		14	2004	
Infant Mortality Rate (under 1)		13	2004	
Infants with Low Birth weight (%)		10	1998-2004*	
Children who are Exclusively Breastfed (<6 months) (%)		n.a.		
Percent of Children Under Five Who Are Moderately and Severely:				
Underweight (< -2 SD)		5	n.a.	
Wasted (< -2 SD)		2	n.a.	
Stunted (< -2 SD)		6	n.a.	
Percent of 1-Year-Olds Children Receiving Immunizations				
BCG		99	2004	
DPT1		99	2004	
DPT3		99	2004	
Polio3		99	2004	
Measles		99	2004	
HepB3		n.a.		
Hib3		n.a.		
MATERNAL HEALTH INDICATORS				
Contraceptive Prevalence (%)		50	1996-2004*	
Antenatal Care Coverage (%)		100	1996-2004*	
Skilled Attendant at Delivery (%)		100	1996-2004*	
Maternal mortality ratio (reported) (%)		67	1996-2004*	
EDUCATION INDICATORS				
Gross Enrolment Rates Total	Birth to 2	10	n.a.	UNESCO, Global Monitoring Report on Early Childhood Education, 2006
	Pre-school	55	n.a.	
Gross Enrolment Rates Male	Birth to 2	11	n.a.	
	Pre-school	84	n.a.	
Gross Enrolment Rates Female	Birth to 2	9	n.a.	
	Pre-school	83	n.a.	

Gross Primary School Enrolment Ratio	Total	95	2004	World Bank, EdStats, online data base; UNESCO, Statistics Database
	Male	96	2004	
	Female	95	2004	
Net Primary School Enrolment Ratio	Total	88	2004	
	Male	87	2004	
	Female	88	2004	
Expected Primary School Completion Rates	Total	63	2001 - 2004*	
	Male	64	2001 - 2004*	
	Female	61	2001 - 2004*	
Gross Secondary School Enrolment Ratio	Total	107	2004	
	Male	107	2004	
	Female	107	2004	
Net Secondary School Enrolment Ratio	Total	90	2004	
	Male	89	2004	
	Female	92	2004	
Expected Secondary School Completion Rates	Total	57	2004	
	Male	55	2004	
	Female	58	2004	
ECONOMIC INDICATORS				
GDP at Constant 1990 Prices ($mn)		428.6	2004	CDB, Social and Economic Indicators, 2005
GDP at Current Market Prices ($mn)		771.0	2004	
GDP Constant Prices % Change		3.2	2004	
Consumer Prices % Change		2.5	2004	
Current Revenues		234.6	2004	
Current Grants		n.a.		
Current Expenditures		218.4	2004	
Current Account Surplus/(Deficit)		16.2	2004	
Capital Revenue and Grants		73.2	2004	
Capital Expenditure		69.6	2004	
Overall Surplus/(Deficit)		19.8	2004	
Current Surplus/(Deficit) as % of GDP		2.1	2004	
Overall Surplus/(Deficit) as % of GDP		(2.6)	2004	
Total Domestic Credit, net ($mn)		362.4	2004	
Total External Debt Outstanding		186.7	2004	
Debt Service		14.9	2004	
Debt Service as % of GDP		5.2	2004	
Debt Service as % of Current Revenue		17.1	2004	
Debt Service Ratio (%)		11.4	2004	

* Most recent available year

GRENADA

		Indicator Value	Year	Source
BASIC INDICATORS				
Crude Death Rate (Per 1,000)		7.1	2000-2005*	CDB, Social and Economic Indicators, 2005
Crude Birth Rate (Per 1,000)		18.6	2000-2005*	
Total Fertility Rate (Per 1,000)		2.4	2000-2005*	WHO, Core Health Indicators Database
Life Expectancy at Birth (Years)	Male	66	2000-2005*	
	Female	69	2000-2005*	
Population Using Improved Drinking Water Sources	Total	95	2002	UNICEF, State of the World's Children 2006, online statistical database
	Urban	97	2002	
	Rural	93	2002	
Population Using Adequate Sanitation Facilities (%)	Total	97	2002	
	Urban	96	2002	
	Rural	97	2002	
CHILDRENS HEALTH INDICATORS				
Under-5 Mortality Rate		21	2004	
Infant Mortality Rate (under 1)		18	2004	
Infants with Low Birth weight (%)		9	1998-2004*	
Children who are Exclusively Breastfed (<6 months) (%)		39	1996-2004*	
Percent of Children Under Five Who Are Moderately and Severely:				
Underweight (< -2 SD)		> 6	n.a.	
Wasted (< -2 SD)		n.a.	n.a.	
Stunted (< -2 SD)		n.a.	n.a.	
Percent of 1-Year-Olds Children Receiving Immunizations				
BCG		n.a.	2004	
DPT1		87	2004	
DPT3		83	2004	
Polio3		84	2004	
Measles		74	2004	
HepB3		83	2004	
Hib3		83	2004	
MATERNAL HEALTH INDICATORS				
Contraceptive Prevalence (%)		54	1996-2004*	
Antenatal Care Coverage (%)		98	1996-2004*	
Skilled Attendant at Delivery (%)		100	1996-2004*	
Maternal mortality ratio (reported) (%)		1	1996-2004*	
EDUCATION INDICATORS				
Gross Enrolment Rates Total	Birth to 2	9	n.a.	UNESCO, Global Monitoring Report on Early Childhood Education, 2006
	Pre-school	95	n.a.	
Gross Enrolment Rates Male	Birth to 2	10	n.a.	
	Pre-school	88	n.a.	
Gross Enrolment Rates Female	Birth to 2	8	n.a.	
	Pre-school	102	n.a.	

Gross Primary School Enrolment Ratio	Total	92	2004	World Bank, EdStats, online data base; UNESCO, Statistics Database
	Male	94	2004	
	Female	90	2004	
Net Primary School Enrolment Ratio	Total	84	2004	
	Male	84	2004	
	Female	84	2004	
Expected Primary School Completion Rates	Total	79	2001 - 2004*	
	Male	n.a.		
	Female	n.a.		
Gross Secondary School Enrolment Ratio	Total	101	2004	
	Male	101	2004	
	Female	101	2004	
Net Secondary School Enrolment Ratio	Total	78	2004	
	Male	75	2004	
	Female	82	2004	
Expected Secondary School Completion Rates	Total	66	2004	
	Male	55	2004	
	Female	76	2004	
ECONOMIC INDICATORS				
GDP at Constant 1990 Prices ($mn)		693.9	2004	CDB, Social and Economic Indicators, 2005
GDP at Current Market Prices ($mn)		1,180.1	2004	
GDP Constant Prices % Change		(3.0)	2004	
Consumer Prices % Change		2.3	2004	
Current Revenues		301.2	2004	
Current Grants		n.a.		
Current Expenditures		329.6	2004	
Current Account Surplus/(Deficit)		29.7	2004	
Capital Revenue and Grants		31.4	2004	
Capital Expenditure		93.8	2004	
Overall Surplus/(Deficit)		(32.7)	2004	
Current Surplus/(Deficit) as % of GDP		2.5	2004	
Overall Surplus/(Deficit) as % of GDP		(2.8)	2004	
Total Domestic Credit, net ($mn)		929.9	2004	
Total External Debt Outstanding		330.4	2004	
Debt Service		21.4	2004	
Debt Service as % of GDP		4.9	2004	
Debt Service as % of Current Revenue		19.2	2004	
Debt Service Ratio (%)		11.0	2004	

* Most recent available year

MONTSERRAT

		Indicator Value	Year	Source
BASIC INDICATORS				
Crude Death Rate (Per 1,000)		12.3	2000-2005*	CDB, Social and Economic Indicators, 2005
Crude Birth Rate (Per 1,000)		9.6	2000-2005*	
Total Fertility Rate (Per 1,000)		n.a.		WHO, Core Health Indicators Database
Life Expectancy at Birth (Years)	Male	n.a.		
	Female	n.a.		
Population Using Improved Drinking Water Sources	Total	n.a.		UNICEF, State of the World's Children 2006, online statistical database
	Urban	n.a.		
	Rural	n.a.		
Population Using Adequate Sanitation Facilities (%)	Total	n.a.		
	Urban	n.a.		
	Rural	n.a.		
CHILDRENS HEALTH INDICATORS				
Under-5 Mortality Rate		n.a.		
Infant Mortality Rate (under 1)		n.a.		
Infants with Low Birth weight (%)		n.a.		
Children who are Exclusively Breastfed (<6 months) (%)		n.a.		
Percent of Children Under Five Who Are Moderately and Severely:				
Underweight (< -2 SD)		n.a.		
Wasted (< -2 SD)		n.a.		
Stunted (< -2 SD)		n.a.		
Percent of 1-Year-Olds Children Receiving Immunizations				
BCG		n.a.		
DPT1		n.a.		
DPT3		n.a.		
Polio3		n.a.		
Measles		n.a.		
HepB3		n.a.		
Hib3		n.a.		
MATERNAL HEALTH INDICATORS				
Contraceptive Prevalence (%)		n.a.		
Antenatal Care Coverage (%)		n.a.		
Skilled Attendant at Delivery (%)		n.a.		
Maternal mortality ratio (reported) (%)		n.a.		
EDUCATION INDICATORS				
Gross Enrolment Rates Total	Birth to 2	40	n.a.	UNESCO, Global Monitoring Report on Early Childhood Education, 2006
	Pre-school	111	n.a.	
Gross Enrolment Rates Male	Birth to 2	n.a	n.a.	
	Pre-school	n.a	n.a.	
Gross Enrolment Rates Female	Birth to 2	n.a	n.a.	
	Pre-school	n.a.	n.a.	

Gross Primary School Enrolment Ratio	Total	108	2004	World Bank, EdStats, online data base; UNESCO, Statistics Database
	Male	109	2004	
	Female	106	2004	
Net Primary School Enrolment Ratio	Total	94	2004	
	Male	96	2004	
	Female	92	2004	
Expected Primary School Completion Rates	Total	n.a.		
	Male	n.a.		
	Female	n.a.		
Gross Secondary School Enrolment Ratio	Total	114	2004	
	Male	114	2004	
	Female	114	2004	
Net Secondary School Enrolment Ratio	Total	100	2004	
	Male	n.a.	2004	
	Female	n.a.	2004	
Expected Secondary School Completion Rates	Total	n.a.	2004	
	Male	n.a.	2004	
	Female	n.a.	2004	
ECONOMIC INDICATORS				
GDP at Constant 1990 Prices ($mn)		60.9	2004	CDB, Social and Economic Indicators, 2005
GDP at Current Market Prices ($mn)		111.0	2004	
GDP Constant Prices % Change		4.5	2004	
Consumer Prices % Change		2.4	2004	
Current Revenues		32.3	2004	
Current Grants		56.4	2004	
Current Expenditures		83.0	2004	
Current Account Surplus/(Deficit)		5.7	2004	
Capital Revenue and Grants		36.3	2004	
Capital Expenditure		32.8	2004	
Overall Surplus/(Deficit)		9.2	2004	
Current Surplus/(Deficit) as % of GDP		5.1	2004	
Overall Surplus/(Deficit) as % of GDP		83.0	2004	
Total Domestic Credit, net ($mn)		(39.3)	2004	
Total External Debt Outstanding		10.7	2004	
Debt Service		0.1	2004	
Debt Service as % of GDP		0.1	2004	
Debt Service as % of Current Revenue		0.4	2004	
Debt Service Ratio (%)		0.3	2004	

* Most recent available year

ST. KITTS AND NEVIS

		Indicator Value	Year	Source
BASIC INDICATORS				
Crude Death Rate (Per 1,000)		7.6	2000-2005*	CDB, Social and Economic Indicators, 2005
Crude Birth Rate (Per 1,000)		15.6	2000-2005*	
Total Fertility Rate (Per 1,000)		2.4	2000-2005*	WHO, Core Health Indicators Database
Life Expectancy at Birth (Years)	Male	69	2000-2005*	
	Female	72	2000-2005*	
Population Using Improved Drinking Water Sources	Total	99	2002	UNICEF, State of the World's Children 2006, online statistical database
	Urban	99	2002	
	Rural	99	2002	
Population Using Adequate Sanitation Facilities (%)	Total	96	2002	
	Urban	96	2002	
	Rural	96	2002	
CHILDRENS HEALTH INDICATORS				
Under-5 Mortality Rate		21	2004	
Infant Mortality Rate (under 1)		18	2004	
Infants with Low Birth weight (%)		9	1998-2004*	
Children who are Exclusively Breastfed (<6 months) (%)		56	1996-2004*	
Percent of Children Under Five Who Are Moderately and Severely:				
Underweight (< -2 SD)		n.a.		
Wasted (< -2 SD)		n.a.		
Stunted (< -2 SD)		n.a.		
Percent of 1-Year-Olds Children Receiving Immunizations				
BCG		89	2004	
DPT1		87	2004	
DPT3		96	2004	
Polio3		96	2004	
Measles		98	2004	
HepB3		96	2004	
Hib3		95	2004	
MATERNAL HEALTH INDICATORS				
Contraceptive Prevalence (%)		41	1996-2004*	
Antenatal Care Coverage (%)		100	1996-2004*	
Skilled Attendant at Delivery (%)		99	1996-2004*	
Maternal mortality ratio (reported) (%)		250	1996-2004*	
EDUCATION INDICATORS				
Gross Enrolment Rates Total	Birth to 2	53	n.a.	UNESCO, Global Monitoring Report on Early Childhood Education, 2006
	Pre- school	81	n.a.	
Gross Enrolment Rates Male	Birth to 2	52	n.a.	
	Pre- school	78	n.a.	
Gross Enrolment Rates Female	Birth to 2	54	n.a.	
	Pre- school	84	n.a.	

Gross Primary School Enrolment Ratio	Total	101	2004	World Bank, EdStats, online data base; UNESCO, Statistics Database
	Male	98	2004	
	Female	105	2004	
Net Primary School Enrolment Ratio	Total	94	2004	
	Male	91	2004	
	Female	98	2004	
Expected Primary School Completion Rates	Total	94	2001 - 2004*	
	Male	n.a.		
	Female	n.a.		
Gross Secondary School Enrolment Ratio	Total	94	2004	
	Male	94	2004	
	Female	94	2004	
Net Secondary School Enrolment Ratio	Total	87	2004	
	Male	86	2004	
	Female	88	2004	
Expected Secondary School Completion Rates	Total	61	2004	
	Male	55	2004	
	Female	66	2004	
ECONOMIC INDICATORS				
GDP at Constant 1990 Prices ($mn)		593.0	2004	CDB, Social and Economic Indicators, 2005
GDP at Current Market Prices ($mn)		1,092.2	2004	
GDP Constant Prices % Change		6.4	2004	
Consumer Prices % Change		2.3	2004	
Current Revenues		365.2	2004	
Current Grants		n.a.		
Current Expenditures		376.3	2004	
Current Account Surplus/(Deficit)		(11.1)	2004	
Capital Revenue and Grants		8.7	2004	
Capital Expenditure		78.1	2004	
Overall Surplus/(Deficit)		(80.5)	2004	
Current Surplus/(Deficit) as % of GDP		(1.0)	2004	
Overall Surplus/(Deficit) as % of GDP		(7.4)	2004	
Total Domestic Credit, net ($mn)		991.2	2004	
Total External Debt Outstanding		304.4	2004	
Debt Service		45.7	2004	
Debt Service as % of GDP		11.3	2004	
Debt Service as % of Current Revenue		33.8	2004	
Debt Service Ratio (%)		22.0	2004	

* Most recent available year

ST. LUCIA

		Indicator Value	Year	Source
BASIC INDICATORS				
Crude Death Rate (Per 1,000)		6.9	2000-2005*	CDB, Social and Economic Indicators, 2005
Crude Birth Rate (Per 1,000)		14.6	2000-2005*	
Total Fertility Rate (Per 1,000)		2.2	2000-2005*	WHO, Core Health Indicators Database
Life Expectancy at Birth (Years)	Male	71	2000-2005*	
	Female	77	2000-2005*	
Population Using Improved Drinking Water Sources	Total	98	2002	UNICEF, State of the World's Children 2006, online statistical database; TANGO International, Overview of Food/Nutrition Security and Natural Disaster Risk Analysis in Eight Caribbean Countries: Regional Summary, WFP/ UNICEF, 2006
	Urban	98	2002	
	Rural	98	2002	
Population Using Adequate Sanitation Facilities (%)	Total	89	2002	
	Urban	89	2002	
	Rural	89	2002	
CHILDRENS HEALTH INDICATORS				
Under-5 Mortality Rate		14	2004	
Infant Mortality Rate (under 1)		13	2004	
Infants with Low Birth weight (%)		8	1998-2004*	
Children who are Exclusively Breastfed (<6 months) (%)		n.a.		
Percent of Children Under Five Who Are Moderately and Severely:				
Underweight (< -2 SD)		14	n.a.	
Wasted (< -2 SD)		6	n.a.	
Stunted (< -2 SD)		11	n.a.	
Percent of 1-Year-Olds Children Receiving Immunizations				
BCG		99	2004	
DPT1		99	2004	
DPT3		91	2004	
Polio3		91	2004	
Measles		95	2004	
HepB3		91	2004	
Hib3		91	2004	
MATERNAL HEALTH INDICATORS				
Contraceptive Prevalence (%)		47	1996-2004*	
Antenatal Care Coverage (%)		100	1996-2004*	
Skilled Attendant at Delivery (%)		100	1996-2004*	
Maternal mortality ratio (reported) (%)		35	1996-2004*	
EDUCATION INDICATORS				
Gross Enrolment Rates Total	Birth to 2	19	n.a.	UNESCO, Global Monitoring Report on Early Childhood Education, 2006
	Pre- school	57	n.a.	
Gross Enrolment Rates Male	Birth to 2	19	n.a.	
	Pre- school	56	n.a.	
Gross Enrolment Rates Female	Birth to 2	20	n.a.	
	Pre- school	57	n.a.	

Gross Primary School Enrolment Ratio	Total	106	2004	World Bank, EdStats, online data base; UNESCO, Statistics Database
	Male	108	2004	
	Female	103	2004	
Net Primary School Enrolment Ratio	Total	98	2004	
	Male	99	2004	
	Female	96	2004	
Expected Primary School Completion Rates	Total	n.a.		
	Male	n.a.		
	Female	n.a.		
Gross Secondary School Enrolment Ratio	Total	81	2004	
	Male	81	2004	
	Female	81	2004	
Net Secondary School Enrolment Ratio	Total	71	2004	
	Male	68	2004	
	Female	74	2004	
Expected Secondary School Completion Rates	Total	62	2004	
	Male	60	2004	
	Female	64	2004	
ECONOMIC INDICATORS				
GDP at Constant 1990 Prices ($mn)		1,259.3	2004	CDB, Social and Economic Indicators, 2005
GDP at Current Market Prices ($mn)		2,064.6	2004	
GDP Constant Prices % Change		3.6	2004	
Consumer Prices % Change		1.5	2004	
Current Revenues		535.2	2004	
Current Grants		n.a.		
Current Expenditures		481.8	2004	
Current Account Surplus/(Deficit)		53.4	2004	
Capital Revenue and Grants		7.0	2004	
Capital Expenditure		113.0	2004	
Overall Surplus/(Deficit)		(52.5)	2004	
Current Surplus/(Deficit) as % of GDP		2.6	2004	
Overall Surplus/(Deficit) as % of GDP		(2.5)	2004	
Total Domestic Credit, net ($mn)		1,470.7	2004	
Total External Debt Outstanding		308.6	2004	
Debt Service		33.5	2004	
Debt Service as % of GDP		4.4	2004	
Debt Service as % of Current Revenue		16.9	2004	
Debt Service Ratio (%)		7.0	2004	

* Most recent available year

ST. VINCENT AND THE GRENADINES

		Indicator Value	Year	Source
BASIC INDICATORS				
Crude Death Rate (Per 1,000)		7.6	2000-2005*	CDB, Social and Economic Indicators, 2005
Crude Birth Rate (Per 1,000)		18.5	2000-2005*	
Total Fertility Rate (Per 1,000)		2.2	2000-2005*	WHO, Core Health Indicators Database
Life Expectancy at Birth (Years)	Male	66	2000-2005*	
	Female	73	2000-2005*	
Population Using Improved Drinking Water Sources	Total	n.a.		UNICEF, State of the World's Children 2006, online statistical database
	Urban	n.a.		
	Rural	93	2002	
Population Using Adequate Sanitation Facilities (%)	Total	n.a.		
	Urban	n.a.		
	Rural	96	2002	
CHILDRENS HEALTH INDICATORS				
Under-5 Mortality Rate		22	2004	
Infant Mortality Rate (under 1)		18	2004	
Infants with Low Birth weight (%)		10	2004	
Children who are Exclusively Breastfed (<6 months) (%)		n.a.		
Percent of Children Under Five Who Are Moderately and Severely:				
Underweight (< -2 SD)		n.a.		
Wasted (< -2 SD)		n.a.		
Stunted (< -2 SD)		n.a.		
Percent of 1-Year-Olds Children Receiving Immunizations				
BCG		99	2004	
DPT1		99	2004	
DPT3		99	2004	
Polio3		99	2004	
Measles		99	2004	
HepB3		99	2004	
Hib3		99	2004	
MATERNAL HEALTH INDICATORS				
Contraceptive Prevalence (%)		58	1996-2004*	
Antenatal Care Coverage (%)		99	1996-2004*	
Skilled Attendant at Delivery (%)		100	1996-2004*	
Maternal mortality ratio (reported) (%)		93	1996-2004*	
EDUCATION INDICATORS				
Gross Enrolment Rates Total	Birth to 2	5	n.a.	UNESCO, Global Monitoring Report on Early Childhood Education, 2006
	Pre- school	89	n.a.	
Gross Enrolment Rates Male	Birth to 2	5	n.a.	
	Pre- school	89	n.a.	
Gross Enrolment Rates Female	Birth to 2	5	n.a.	
	Pre- school	88	n.a.	

Indicator		Value	Year	Source
Gross Primary School Enrolment Ratio	Total	106	2004	World Bank, EdStats, online data base; UNESCO, Statistics Database
	Male	109	2004	
	Female	103	2004	
Net Primary School Enrolment Ratio	Total	94	2004	
	Male	95	2004	
	Female	92	2004	
Expected Primary School Completion Rates	Total	76	2001 - 2004*	
	Male	n.a.		
	Female	n.a.		
Gross Secondary School Enrolment Ratio	Total	78	2004	
	Male	78	2004	
	Female	78	2004	
Net Secondary School Enrolment Ratio	Total	62	2004	
	Male	60	2004	
	Female	65	2004	
Expected Secondary School Completion Rates	Total	42	2004	
	Male	27	2004	
	Female	53	2004	
ECONOMIC INDICATORS				
GDP at Constant 1990 Prices ($mn)		688.7	2004	CDB, Social and Economic Indicators, 2005
GDP at Current Market Prices ($mn)		1,101.2	2004	
GDP Constant Prices % Change		5.4	2004	
Consumer Prices % Change		3.0	2004	
Current Revenues		322.4	2004	
Current Grants		n.a.		
Current Expenditures		288.4	2004	
Current Account Surplus/(Deficit)		34.0	2004	
Capital Revenue and Grants		9.8	2004	
Capital Expenditure		79.7	2004	
Overall Surplus/(Deficit)		(35.8)	2004	
Current Surplus/(Deficit) as % of GDP		31.0	2004	
Overall Surplus/(Deficit) as % of GDP		(3.3)	2004	
Total Domestic Credit, net ($mn)		554.2	2004	
Total External Debt Outstanding		170.1	2004	
Debt Service		20.2	2004	
Debt Service as % of GDP		5.0	2004	
Debt Service as % of Current Revenue		16.9	2004	
Debt Service Ratio (%)		10.9	2004	

* Most recent available year

TURKS AND CAICOS ISLANDS

		Indicator Value	Year	Source
BASIC INDICATORS				
Crude Death Rate (Per 1,000)		1.7	2000-2005*	CDB, Social and Economic Indicators, 2005
Crude Birth Rate (Per 1,000)		10.4	2000-2005*	
Total Fertility Rate (Per 1,000)		n.a.		WHO, Core Health Indicators Database
Life Expectancy at Birth (Years)	Male	n.a.		
	Female	n.a.		
Population Using Improved Drinking Water Sources	Total	n.a.		UNICEF, State of the World's Children 2006, online statistical database; Data submitted by Government of the Turks and Caicos Islands
	Urban	n.a.		
	Rural	n.a.		
Population Using Adequate Sanitation Facilities (%)	Total	n.a.		
	Urban	n.a.		
	Rural	n.a.		
CHILDRENS HEALTH INDICATORS				
Under-5 Mortality Rate		n.a.		
Infant Mortality Rate (under 1)		n.a.		
Infants with Low Birth weight (%)		n.a.		
Children who are Exclusively Breastfed (<6 months) (%)		n.a.		
Percent of Children Under Five Who Are Moderately and Severely:				
Underweight (< -2 SD)		n.a.		
Wasted (< -2 SD)		n.a.		
Stunted (< -2 SD)		n.a.		
Percent of 1-Year-Olds Children Receiving Immunizations				
BCG		95	2004	
DPT1		95	2004	
DPT3		95	2004	
Polio3		95	2004	
Measles		95	2004	
HepB3		95	2004	
Hib3		95	2004	
MATERNAL HEALTH INDICATORS				
Contraceptive Prevalence (%)		n.a.		
Antenatal Care Coverage (%)		n.a.		
Skilled Attendant at Delivery (%)		n.a.		
Maternal mortality ratio (reported) (%)		n.a.		
EDUCATION INDICATORS				
Gross Enrolment Rates Total	Birth to 2	n.a.		UNESCO, Global Monitoring Report on Early Childhood Education, 2006
	Pre- school	n.a.		
Gross Enrolment Rates Male	Birth to 2	n.a.		
	Pre- school	n.a.		
Gross Enrolment Rates Female	Birth to 2	n.a.		
	Pre- school	n.a.		

Gross Primary School Enrolment Ratio	Total	94	2004	World Bank, EdStats, online data base; UNESCO, Statistics Database
	Male	92	2004	
	Female	95	2004	
Net Primary School Enrolment Ratio	Total	81	2004	
	Male	78	2004	
	Female	85	2004	
Expected Primary School Completion Rates	Total	n.a.		
	Male	n.a.		
	Female	n.a.		
Gross Secondary School Enrolment Ratio	Total	91	2004	
	Male	91	2004	
	Female	91	2004	
Net Secondary School Enrolment Ratio	Total	78	2004	
	Male	78	2004	
	Female	78	2004	
Expected Secondary School Completion Rates	Total	n.a.	2004	
	Male	n.a.	2004	
	Female	n.a.	2004	
ECONOMIC INDICATORS				
GDP at Constant 1990 Prices ($mn)		372.8	2004	CDB, Social and Economic Indicators, 2005
GDP at Current Market Prices ($mn)		485.6	2004	
GDP Constant Prices % Change		12.9	2004	
Consumer Prices % Change		3.3	2004	
Current Revenues		117.1	2004	
Current Grants		n.a.		
Current Expenditures		122.0	2004	
Current Account Surplus/(Deficit)		(4.9)	2004	
Capital Revenue and Grants		185.0	2004	
Capital Expenditure		31.2	2004	
Overall Surplus/(Deficit)		(1.0)	2004	
Current Surplus/(Deficit) as % of GDP		(1.0)	2004	
Overall Surplus/(Deficit) as % of GDP		(3.6)	2004	
Total Domestic Credit, net ($mn)		n.a.		
Total External Debt Outstanding		48.0	2004	
Debt Service		1.4	2004	
Debt Service as % of GDP		0.3	2004	
Debt Service as % of Current Revenue		1.2	2004	
Debt Service Ratio (%)		n.a.		

* Most recent available year