Situation Analysis of Children Commonwealth of Dominica

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UNICEF Office for the Eastern Caribbean Area
First Floor, UN House
Marine Gardens, Hastings
Christ Church
Barbados
Tel: (246) 467 6000
Fax: (246) 426 3812
Email: bridgetown@unicef.org
Website: www.unicef.org/easterncaribbean

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Authors:

Commonwealth of Dominica, UNICEF Office for the Eastern Caribbean Area.
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The Situation Analysis for the Commonwealth of Dominica is a product of collaborative effort by various stakeholders. UNICEF acknowledges with gratitude the contribution of everyone who participated in the process culminating in this report. The report provides vital information on the realization of children’s rights in the Commonwealth of Dominica.

UNICEF would like to thank the following organisations and people for their valuable contributions and insights:

- **Government ministries and departments who facilitated consultation meetings and provided valuable information and insights which informed the situation analysis.**

- **The consultant who gathered quantitative and qualitative information from various sources and analysed them using an equity-focused approach with reference to international commitments made for the realization of children’s rights (CRC, MDGs, regional and national development objectives);**

- **Key stakeholders who were an invaluable source of information including officials from the line ministries, frontline workers (e.g. teachers and school supervisors, health care personnel, social workers, police officers, magistrates, etc.) faith-based organizations, and non-governmental organizations, media.**

- **UNICEF is also indebted to the children, mothers, fathers, and families;**

- **UNICEF LACRO team who provided the technical guidance throughout the work, for the conduct of an equity-focused and risk-informed situation analysis;**

- **UNICEF ECA Programme Team for the technical guidance, technical analysis and peer review of the report; The technical writer and graphic artists who contributed to making the report print-ready.**
Situation Analysis of Children
Commonwealth of Dominica

Foreword

The UNICEF Office for the Eastern Caribbean Area is very pleased to present this Situation Analysis of Children in partnership with the Government of the Commonwealth of Dominica.

Evidence-informed programming is critical not only to our Multi-Country Programme of Cooperation with the governments of the Eastern Caribbean Area but to the day-to-day decisions that are needed to determine policy, programme delivery and budget allocation in good governance to focus limited resources to the most critical issues and vulnerable groups.

Notwithstanding some obvious gaps in data availability, we see this assessment as an integral contribution to the enhancement of knowledge of children and their families in Dominica.

This Situation Analysis of Children in Dominica is designed to help government shape national policies and action plans in line with the new Sustainable Development Goals agreed by the international community. It describes the current situation of children, identifies barriers and bottlenecks in advancing children’s rights in health, education and child protection and sets forth recommendations.

It was also a critical tool in the preparation of the 2017-2021 UNICEF ECA Multi Country Programme as the identification of the vulnerable segments of the child population sharpened our focus as we designed strategies to support government to respond to the needs all children, but especially those most at risk of multiple deprivations.

This document represents the first time in decades that we have attempted to compile separate updates for each of the 12 countries and territories in the Multi Country Programme. It has been an arduous, but rewarding task, as while there are many similarities between the countries of the Eastern Caribbean Area, some features and situations distinguish one state from the other.
It is hoped that this Situation Analysis will be a valuable tool to all sectors including Government; international, regional and national organisations; other Development Partners and UN agencies; non-state actors and the media, as well as well as special interest groups and organisations whose mission is to work towards the advancement of the rights of children.

We sincerely thank all our partners in government, civil society, children, youth and others who contributed to its development.
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<td>CAPE</td>
<td>Caribbean Advanced Proficiency Examinations</td>
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<td>CARICOM</td>
<td>Caribbean Community and Common Market</td>
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<td>CDB</td>
<td>Caribbean Development Bank</td>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of All Forms of Discrimination against Women</td>
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<td>CFS</td>
<td>Child Friendly School</td>
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<td>CHA</td>
<td>Community Health Aid</td>
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<td>CSEC</td>
<td>Caribbean Secondary Education Certificate</td>
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<td>CSO</td>
<td>civil society organization</td>
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<td>CVQ</td>
<td>Caribbean Vocational Qualification</td>
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<td>DEEP</td>
<td>Dominica Education Enhancement Project</td>
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<td>ECE</td>
<td>Early Childhood Education</td>
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<td>ECCE</td>
<td>Early Childhood Care and Education</td>
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<td>ECD</td>
<td>early childhood development</td>
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<td>FDI</td>
<td>foreign direct investment</td>
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<td>GDP</td>
<td>gross domestic product</td>
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<td>HFLE</td>
<td>health and family life education</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<td>MoEHRD</td>
<td>Ministry of Education and Human Resource Development</td>
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<td>MoHE</td>
<td>Ministry of Health and Environment</td>
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<td>MPM</td>
<td>multidimensional poverty measurement</td>
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<td>MSSFGA</td>
<td>Ministry of Social Services, Family and Gender Affairs</td>
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<tr>
<td>NCD</td>
<td>non-communicable disease</td>
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<td>NGO</td>
<td>non-governmental organization</td>
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<td>OECS</td>
<td>Organisation of Eastern Caribbean States</td>
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<td>PAHO</td>
<td>Pan-American Health Organization</td>
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<td>SIDS</td>
<td>Small Island Developing States</td>
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<td>TVET</td>
<td>technical and vocational education and training</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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Introduction

This Situation Analysis (SitAn) of Children in the Commonwealth of Dominica (hereafter Dominica) is part of a series being conducted in Barbados and the Eastern Caribbean and designed to help governments shape national policies and action plans in-line with the Sustainable Development Goals (SDGs). It describes the current situation of children in Dominica, identifies barriers and bottlenecks in advancing children’s rights in health, education and child protection, and sets forth recommendations.

Dominica is the sole republic within the Organisation of Eastern Caribbean States (OECS). The House of Assembly elects the Head of State (the president), and the Constitution – which came into force at Independence (November 1978) – provides for the separation of powers: executive power is vested in the president, the prime minister and the cabinet of ministers; legislative power is vested in the parliament; and judicial power in the courts. There are 10 parishes that serve as the Government’s administrative divisions, and the local government system comprises 43 city, town, urban, village and Kalinago (indigenous) councils. Village councils disseminate information on government policies and programmes in communities and convey community concerns back to the Government.

The Dominican economy is services-based, with the key drivers being tourism and education. The country slid into economic crisis when the Windward Islands’ guaranteed fixed share of the European banana market was abolished in 2009, just as the effects of the 2008 global recession began to be felt. The economy suffered a further setback with the passage of tropical storm Erika in August 2015, in which lives were lost, communities were displaced and key physical infrastructure destroyed. With its relatively low population (68,913) and limited size (751 sq. km),
km) Dominica, like all Small Island Developing States (SIDS), is more susceptible to the effects of natural disasters and climate change. Approximately 41.9 per cent of the population is under 24 years and 25 per cent under 14 years. People of working age (25–59 years) make up 43 per cent of the population.

**Methodology**
This report is the first comprehensive SitAn of children in Dominica in over a decade. It focuses on the most marginalized and disadvantaged groups – children of migrant parents, those living with disabilities and those living in remote, single-parented households and poor urban communities. There is a strong emphasis on qualitative information due to the limitations of available quantitative data, most notably indicators related to inequality, gender, health outcomes and behaviour, child development, nutrition, social and child protection, unemployment and social determinants of poverty. The research combined a desk review of over 50 national and global documents, interviews with key stakeholders (40 government and non-government officials and 47 children and their parents), focus group discussions with non-governmental organizations (NGOs), civil society and adolescents, and observation.

**Findings**
The last country poverty assessment conducted in Dominica was completed in 2009. It reported a decline in the poverty rate from 39 per cent (2002–2003) to 28 per cent (2008–2009). In the same period, the population categorized as ‘indigent or critically poor’ dropped from 10 per cent to 3.1 per cent and the percentage of households identified as poor from 29 per cent to 22.8 per cent. Young people under the age of 25 years make up 52.4 per cent of the poor. The unemployment rate among youth (18–24) in 2015 was 25 per cent compared to a rate of 8 per cent among adults. The rate was considerably higher among young women (30 per cent) than among young men (20 per cent).

Women head 39.2 per cent of all households, slightly up from 36.8 per cent in 2001 but representing a 17.3 per cent increase over the last decade. The structure of the economy and segmented labour market renders these women vulnerable – they generally support larger households than men, are more at risk of becoming poor or remaining poor, and have greater responsibilities for caring and the maintenance of the family. These households are characterized by low levels of education, low school attendance rates, children fathered by multiple men, inadequate adult guidance and support and limited access to basic health care, and the women may resort to survival strategies that include illegal activities and/or transactional sex.

The Government’s commitment to education is reflected in expenditure relative to GDP over the years: 4.7 per cent in 2008, 3.6 per cent in 2010 and 5.2 per cent in 2012–2013. The Ministry of Education and Human Resource Development (MoEHRD) received the second highest allocation (16.5 per cent) of the recurrent budget for 2015–2016.

Public expenditure on preschool education increased from EC$51,500 in 2005–2006 to EC$1.4 million in 2011–2012. Although this allowed for some timely advances, the ministry’s supervisory unit, tasked with monitoring the implementation of planned access to universal early childhood education (ECE), is too small to be effective. Enrolment in the 73 ECE centres registered in 2012–2013 averaged 55 per cent in the 0–2 age group and 80 per cent in the 3–5 age group. The 23 community preschools housed in (or on the grounds of) primary schools benefit from the government-subsidized school feeding programme, cost savings and higher standards of supervision and oversight. Of the 157 ECE leaders and teachers in 2012–2013, just 47 had some level of academic qualification. Programmes to develop parenting skills provide home visits to high-risk children from birth to 3 years of age, parental training, and individual counselling
in supporting families to become more functional. Government subventions to every registered facility offset basic operational costs. The average monthly fee for government facilities is EC$65 compared to EC$261 for private sector institutions.

The Government has made significant progress towards providing quality primary school education. In 2012–2013, the total enrolment in the 60 primary schools was 7,695 children, with a pupil-to-teacher ratio of 15:1 and the total number of new entrants recorded at 1,111. The repetition rate for the same period was 3.9 per cent (321 children) and the drop-out rate 0.6 per cent (46 children). The primary net enrolment rate and the primary completion rate have significantly improved since 2005, but the country has yet to achieve universal primary education.

Ensuring children enter primary school at the official age of 5 years is a challenge, with 11 per cent of children already 6 or 7 years old when enrolling. On the other hand, 24 per cent of the students enrolled are below the official starting age. In 2015, an estimated 90 per cent of primary school entrants had ECE experience – although this is not always a fool-proof indicator since the children at greatest disadvantage begin falling behind at the very start of their schooling experience. Prospects of children entering, progressing and completing primary education is directly linked to their household and community situations.

Of the 634 primary level teachers in school year 1993–1994, 37 per cent were trained, 2 per cent were specialists, and 35 per cent were classified as temporary. There has been some progress after more than a decade of teacher training investments. In the 2012–2013 school year, 63 per cent of the 530 teachers in the system were trained – 90 with academic qualifications at Caribbean Secondary Education Certificate (CSEC)/O levels and 291 with Caribbean Advanced Proficiency Examinations (CAPE)/A levels, but just 57 with a bachelor degree or higher. There remain a limited number of trained professionals who can offer specialized counselling services in response to children facing hardship and learning difficulties. In 2014–2015, 5,864 pupils were enrolled in secondary school and the student transition rate from primary to secondary school was estimated at 98 per cent. The repetition rate for 2011–2012 was 7.6 per cent and the drop-out rate 2.4 per cent. Boys exhibited a higher drop-out rate (2.6 per cent) than girls (2.2 per cent), coinciding with the country’s lowest-ever recorded rate of teenage pregnancy. The Government’s social safety net for low-income families covers transport, books, school feeding programme, contribution to school uniforms and examination and registration fees. Although this absorbs a considerable amount of the overall social safety net programme budget within the MoEHRD, some children are still left behind.

In terms of knowledge acquisition, less than 35 per cent of students achieved CSEC passes in five subjects including English and math over the period of 2009-2013. This means that 67 per cent of secondary students did not attain the requisite minimum matriculations required to enter tertiary education. On the other hand, students from Dominica are often among those with the highest percentage of overall passes in the sub-region (67.5 per cent pass rate 2012, 74.7 per cent in 2013 and 76.1 per cent in 2014), with girls outperforming boys and receiving one of the highest percentage of passes in the sub-region. Just 38 per cent of the country’s 530 secondary teachers have attained bachelor or post-graduate degree level. Most (247) have attained CAPE/A levels. Less than half of the teachers have been trained, although nearly 100 per cent of principals and deputy principals have received training. Over 60 per cent of the teachers are women.

The perception that technical and vocational education and training (TVET) is for ‘slow learners’ or students who ‘cannot follow along the mainstream’ still lingers. Changing this attitude requires a long-
The Government views TVET as a cornerstone in building a strong skill base to enable the workforce to become more competitive. Dominica has two special schools for children with intellectual or mental disabilities, which are largely government funded. Children with physical disabilities and hearing and vision impairments are integrated into public schools as much as possible but are often stigmatized. There is a serious lack of opportunities for children with special needs in rural areas.

Children’s right to be protected from sexual, physical and emotional abuse and neglect is embodied in the 2010–2013 Dominica National Action Plan on Child Sexual Abuse. The Children and Young Persons Act and the Sexual Offences Act, No 1 of 1998 provide the legal framework. The age of consent is 16 years. Sexual intercourse with children under the age of 14 years is punishable by 14 years of imprisonment and the punishment for incest with children is 25 years. However, there is no specific legislation that addresses these violations when they occur in schools, residential care institutions, juvenile justice institutions or the workplace.

Between 2005 and 2015, 60 per cent of the reported child abuse cases were sexual abuse and nearly 12 per cent were physical abuse. Girls are more often abused than boys by nearly four to one. Forty-seven per cent of all reported cases involved girls and boys aged 11–15 years and 33 per cent involved children under 11 years.

A 2014 UNICEF survey found that 43 per cent of respondents supported a ban on corporal punishment in schools and 25 per cent agreed that it could be banned at home. Nearly 80 per cent of respondents believe child sexual abuse to be a major problem in the country, in keeping with the perceptions of those interviewed for the SitAn. But there is much work to be done regarding reporting incidents of child sexual abuse. Over 80 per cent of respondents agreed that the fear of negative consequences would stop them from reporting, 79 per cent agreed they would be embarrassed to step forward and 78 per cent said it was none of their business. Success in processing and sentencing perpetrators of abuse is very limited; from July 2011 to January 2014, there were only 17 ‘accused’ in 360 reported cases of sexual and physical abuse in the 0–15 age range. A 2016 amendment to the Sexual Offences Act outlawed grooming children for sexual relations and peeping at children while they are showering. It includes penalties for failure to report child abuse and for accepting bribes to avoid a penalty for child abuse or to obstruct a trial.

The Social Welfare Division is responsible for the care and protection of children, social assistance to families and juvenile probation. The understaffed Division has just four full-time social welfare officers, who double as social workers and probation officers and may at any given time manage 20 childcare and protection or public assistance cases and 40 juvenile probationers. One full-time counsellor is on staff to assist with cases of abused or neglected children and a psychologist provides services to the Division one day per week. The Government operates one of several residential care centres that provide care and protection for children in crisis.

The minimum age of criminal responsibility in Dominica is 12 years and the juvenile justice framework applies to juveniles aged 12–18 years who come into conflict with the law. The total prison population was 220 in August 2015 and included nine children, six boys and three girls. All children who are incarcerated are housed with the general prison population. The perception among stakeholders interviewed was of increasing youth violence and ever more serious levels of offending. Absence of quality national data disaggregated by basic demographic characteristics limits the ability to evaluate these perceptions. However, estimated data from 2008–2011 and estimates from discussions and interviews
during the August 2015 data collection visits suggest the number of juveniles processed through the court has likely doubled between 2011 and 2015. Data collection on juvenile offenders is largely limited to the records held at the magistrate’s court, creating a significant bottleneck to understanding trends (e.g., distinguishing between charged and non-charged offences, urban vs. rural offenders, disaggregation by age and sex). However, these data do present a reliable glimpse of offences for which juveniles are charged. Only about 7 per cent of these for 2008–2011 are categorized as serious violent crime and 9 per cent were drug related (mostly possession of cannabis). Several NGOs work closely with the Youth Division in the Ministry of Culture to provide rehabilitation for juvenile offenders. The challenge is limited human and financial resources.

Primary health care is accessible through 50 decentralized health centres. Most services are free of cost and funded through general tax and user fee revenues. The country’s infant mortality rate (IMR) is concerning. According to the most recent numbers, issued in 2015, the IMR stands at 19.6 (per 1,000 live births) and the under-5 mortality rate (USMR) at 20.8 (per 1,000 live births). Most deaths occur before the age of 1 year. Since the vast majority of women give birth within the health-care system, these high rates of neonatal deaths indicate a need to enhance the quality, services and resources available to mothers and newborns.

Prevention of mother-to-child transmission of HIV has been a great success. All pregnant women identified as HIV-positive are treated with highly active antiretroviral therapy (HAART), and in the past 10 years there have been no cases of seroconversion to infants. In 2014, there were no reported positives among pregnant women and no new cases in children under the age of 19. HIV prevalence in the general population stands at 0.75 per cent, well below the 1.0 per cent Millennium Development Goals (MDGs) target. There have been no cases of malaria.

Some schools include sex education in the curriculum but mostly cover the minimum of sexual and reproductive health (SRH) information. Given the prevailing culture of Christian conservatism in Dominica and a majority of practicing Roman Catholics, the teaching of sexual and reproductive health does not include LGBT human rights issues or contraceptives. As it stands, adolescents require parental approval to access medical services, including for SRH information.

Dominica has high rates of alcohol, tobacco and marijuana use among youth, above average for both males and females according to a comparative study of secondary students in 12 Caribbean nations. The Government’s National Secondary School Drug Survey Reports for 2006 and 2010 show an 11 per cent increase in lifetime marijuana use. Regarding alcohol, 43 per cent of 9-year-olds had initiated alcohol use and 93 per cent of students had tried it by age 13. Services are lacking for drug addiction and abuse as well as other mental health issues. In interviews across the Government, it was stated that there are not enough mental health professionals in Dominica and those in the system are stretched thin.

**Conclusion**

The idea behind the Sustainable Development Goals (SDGs) is to create a global movement to advance work on the MDGs towards new commitments. Nations should frame their development plans and policies for the next years based on this new globally agreed development agenda.

To maintain an enabling environment conducive to delivering equitable social and economic growth and effective poverty reduction, certain capacities must be put in place or strengthened. These include: mobilizing and channelling resources to the appropriate sectors at the appropriate time for optimal production;
enforcing standards and regulations (specifically, operationalize the legislation and policies identified and/or in draft form); establishing a mix of social partnerships with key actors (local councils, civil society, research institutions, the private sector); and improving systems for generating, collating and managing information so that it is easily accessible and shared across different agencies and with partners.

**Recommendations**

The following specific actions are recommended in terms of the legal and policy framework and survival, development and protection rights.

**Legislative and policy framework**

- Prohibit the use of corporal punishment of children in all settings, including the home, and abolish sentences of whipping and life imprisonment for juveniles
- Improve court capacity to process cases and respond to the breach of orders
- Adopt and implement child rights and juvenile justice laws (child friendly procedures)
- Raise the minimum age of criminal responsibility, and standardize the minimum age of marriage and minimum age of consent
- Establish a children's ombudsperson
- Draft, approve and implement policies and legislation to guide service delivery in the area of non-communicable diseases (NCDs) and to reduce discrimination against persons living with HIV and AIDS
- Review/revise/draft policy and legislation that promote and protect adolescents' right to access comprehensive and confidential sexual and reproductive health services and (user-friendly) information, including for adolescent new parents
- Strengthen policies to support the prevention of alcohol and drug abuse, especially among youth
- Sign/ratify the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

**Survival rights**

- Take appropriate, evidence-based action based on the EU-funded intervention programme to lower the infant mortality rate
- Produce and publish annual data on child and maternal health, including mortality, prenatal care, delivery, vaccination and other basic indicators
- Create a programme for preventing and controlling child obesity with integral indicators and goals (involving all the relevant ministries)
- Increase access to family planning and sexual health education for in- and out-of-school youth
- Target men (including MSM) in HIV prevention programmes
- Provide in-service training for health workers geared towards equipping them to monitor and coach patients with NCDs and to guide and treat the results of workplace and family stress that can result in drug and alcohol abuse
- Establish a rehabilitation programme for drug and tobacco addiction
- Ensure 100 per cent access to potable water
- Increase the number of mental health professionals in service.

**Development rights**

- Reinforce and favour outreach of the Roving Care Givers Programme to the most vulnerable through the provision of sustained human and financial resources
- Locate more ECD centres in primary schools for greater effectiveness and efficiency
- Re-examine the fee structure for preschools to ensure equity
- Establish collaboration between health centres and the school attendance officers called for by the Education Act to monitor enrolment in primary school at the legal age
- Undertake routine screening for disabilities
and developmental issues to understand the magnitude of problems facing children with exceptionalities as well as provide a firm basis for planning and the development of strategies for inclusive education

• Ensure that all teachers undertake in-service training on classroom management and lesson preparation and provide mandatory refresher courses to ensure teachers are up-to-date on methodologies and materials

• Ensure that schools are environments of ‘healthy connectedness’ by introducing ‘pastoral care for learners’ as a cross-cutting strategy to construct and maintain an environment that will build resilience in children who are at risk

• Identify out-of-school children – and their reasons for not being at school – and develop effective policies to reinsert them into the formal educational system.

Protection rights

• Support ongoing public education and advocacy campaigns to increase the level of awareness about child sexual abuse, creating an inhospitable environment for its continuance

• Provide financial support and political will for parenting programmes to reinforce parental ability to protect and safeguard their children, and assess the programme to determine how and if it can be scaled up

• Include child protection modules in health and family life education (HFLE) programmes in schools to help to inform children of their rights, develop a network for child victims and eliminate stigmatization

• Develop support and comprehensive counselling services for child victims

• Provide in-service training of all service providers to help standardize policy and procedures for handling child abuse cases

• Reinforce the Child Abuse Prevention Unit to enable systematic and reliable data collection, collation and reporting on child abuse

• Introduce and enforce mandatory reporting for child sexual abuse.
1 Introduction
As part of its country programming process, the United Nations Children’s Fund (UNICEF) assists governments to analyse the situation of children, youth and women. A Situation Analysis (SitAn) of children helps shape national programmes of action for children, UNICEF’s own programmes of assistance and the work of local and external development partners. It not only describes the current situation of children but also identifies and analyses the barriers and bottlenecks that prevent the full realization of their rights related to health, education and child protection. It is part of a process to help ensure that national policies to address the needs of children are on track to achieve the new Sustainable Development Goals (SDGs).

Two previous SitAns conducted in the Eastern Caribbean (2007 and 2010) covered the members of the Organisation of Eastern Caribbean States (OECS) in one document; however, a new series of SitAns presents individual reports for each country. Although UNICEF may have initiated and sponsored the process, this SitAn is the result of cooperation between the Fund and Government of the Commonwealth of Dominica (henceforth Dominica) and aims to attract as many stakeholders as possible into the process. It is intended to support the Government, civil society and other stakeholders to better understand the situation of girls and boys in Dominica, increase national capacity for promoting human development and consequently contribute to the realization of human rights.

The UNICEF SitAn exercise undertaken in Dominica takes a close look at vulnerable children at risk of violence and abuse and children whose rights to education and health are not being respected, protected and fulfilled. Analysis of behaviour and values related to the Dominican family/community, traditions and culture helps to better understand how policy, legislation and supply and demand of services impact on the realization of children’s rights. Conditions that are pervasive in upper-middle-income environments – such as social capacity for organization and mobilization and ability to strengthen human capital within the economic and cultural context – are observed in order to assess how they currently affect the well-being of children and women.

In keeping with the UNICEF mandate “to advocate for the protection of children’s rights, to help meet their basic needs and to expand their opportunities to reach their full potential”, the SitAn exercise is guided by human rights and equity principles. When applying the rights-based approach, a deliberate focus on equity is fundamental to better understand why the rights of the most marginalized are compromised, who they are and what makes them vulnerable. Table 1 overleaf summarizes the basic features of these two approaches.

1 See UNICEF 2003.
Table 1. Human rights and equity focus perspectives

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<tr>
<th>Rights-based approach</th>
<th>Equity-based approach</th>
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<tr>
<td><strong>Definition:</strong> Application of human rights principles in child survival, growth, development and participation.</td>
<td><strong>Definition:</strong> Application of an equity-focused approach in the realization of child rights.</td>
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<td>Respect, protect, fulfil.</td>
<td>Poorest, most marginalized, deprived of opportunities, etc.</td>
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<td><strong>Scope:</strong> All children have the right to survive, develop and reach their full potential regardless of gender, race, religious beliefs, income, physical attributes, geographical location or other status.</td>
<td><strong>Scope:</strong> All children have equal opportunity to survive, develop and reach full potential without discrimination, bias or favouritism. Focus is on the most marginalized children.</td>
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<td><strong>Guiding principles:</strong> Accountability, universality, indivisibility and participation. Justice is the overriding theme.</td>
<td><strong>Guiding principles:</strong> Equity is distinct from equality. Equality requires all to have the same resources, while equity requires all to have equal opportunity to access the same resources. Equity derives from a concept of social justice.</td>
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<td>Violations of child rights arise when their basic rights are not realized as per the CRC's four principles: non-discrimination; best interest of the child; right to survive, grow and develop; and right to participate/be heard.</td>
<td>Inequities arise when certain population groups are unfairly or unjustly deprived of basic resources that are available to other groups.</td>
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<tr>
<td>Concept of progressive realization of rights.</td>
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At the root of the rights-based approach are the Convention of the Rights of the Child (CRC), the Convention of the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of Persons with Disabilities (CRPD) and other core international, regional and domestic human rights instruments. The measurement of progress against these formal obligations is a central benchmark by which to assess the situation of children and women.

Equity means that all children have an opportunity to survive, develop and reach their full potential without discrimination, bias or favouritism. This interpretation is consistent with the CRC, which guarantees the fundamental rights of every child regardless of gender, race, religious beliefs, income, physical attributes, geographical location or other status. Inequities generally arise when certain population groups are unfairly deprived of basic resources that are available to other groups. It is important to emphasize that equity is distinct from equality. Equality requires everyone to have the same resources. Equity requires everyone to have the opportunity to access the same resources. The aim of equity-focused policies is not to eliminate all differences so that everyone has the same level of income, health and education. Rather, the goal is to eliminate the unfair and avoidable circumstances that deprive children of their rights.2

**Methodology**

With a strong equity focus on the most disadvantaged, UNICEF has developed a framework that provides a basis for a holistic analysis of the determinant factors that affect the achievement of child rights as they relate to advocacy, policy analysis and partnership.
building in an environment of reduced financing. The framework can also assess the quality of and access to services that are available for women and children.

The SitAn seeks to contribute to the development of programmes, policies and strategies that strive to understand and address the root causes of inequity so that all children, particularly those who suffer the worst deprivations in society, have access to education, health care, protection and other services necessary for their survival, growth and development. The framework of the ten determinants listed in Figure 1 offers an ‘equity lens’ to examine structural and systemic barriers and bottlenecks to children’s rights that often indicate persistent rights-based failures.

In addition to the combination of approaches described above, this analysis is a result of an extensive desk review including examination of a wide range of national and regional development plans, surveys, studies and reports relevant to children. The complete list of sources used for quantitative analysis can be found in Table 2. While this documentation was useful in describing the status of children and women in Dominica, the quantitative data sources needed to understand trends and change in their status were often not accessible. Problems regarding the availability and accessibility of quality and reliable information about the socio-economic situation of women and children in the sub-region are well acknowledged by governments and development partners.

Figure 1. Ten determinants of equity

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The absence of data for indicators related to inequality, gender, health outcomes and behaviour, child development, nutrition, social and child protection, unemployment and social determinants of poverty are notably acute. When programmes, plans and strategies are formulated in the absence of sound analysis, it is difficult to appropriately allocate budgets to attain the goals and objectives needed to realize the rights of children.

**Table 2. Key quantitative data sources used in the SitAn process**

<table>
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<tr>
<th>Country Poverty Assessment 2008/2009</th>
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<tr>
<td>2001 National Population and Housing Census</td>
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<td>2011 National Population and Housing Census (Preliminary Report)</td>
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<tr>
<td>OECS 2012/2013 Statistical Digest for Education</td>
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<td>Economic and Social Review for Fiscal Year 2012/2013</td>
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<td>Economic and Social Review for Fiscal Year 2013/2014</td>
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<td>Economic and Social Review for Fiscal Year 2014/2015</td>
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<td>MDG Report (Pascal 2006)</td>
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<td>Progress on Drinking Water and Sanitation, 2010</td>
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<td>Fourth Medium-Term Growth and Social Protection Strategy 2014–2018</td>
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<td>SRSG on Violence Against Children, 2011</td>
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<td>Medium-Term Debt Management Strategy, 2013</td>
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</table>

Lack of information sharing, as a practice, among government departments, civil society organizations and with the public in general continues as an acute bottleneck to the development of informed opinions on economic and social development in the sub-region. Even where data exist, there is a lack of infrastructure and human resources required for their consistent collection, collation and presentation. The SitAn exercise confirmed that information collection and sharing can be highly centralized, often requiring clearance at the Cabinet level before routine sectoral studies, surveys and basic information regarding budget and expenditures can be distributed.

The desk review of information and quantitative data analysis was combined with the voices of children and of a wide range of stakeholders who support children in Dominica (see Figure 2) through key informant interviews, focus group discussions and observation. In view of the limited data available from surveys, studies and standard monitoring tables, the combination of interviews, focus groups and field observations were pivotal in understanding the immediate and long-term impact of current policies and programmes on the lives of women and children in the country. A selection of these voices and individual stories are presented throughout the report in text boxes.
Figure 2. Key stakeholders

Over 50 national and global resource documents were researched and reviewed to help formulate a list of questions used to guide the interviews and focus groups and examine specific issues. Fifty-seven key informants representing the Government and civil society were asked for their opinions on the status of children. Most interviews took place in Roseau, the capital, with 22 interviews conducted in the rural areas of five of the country's 10 parishes (Saint David, Saint Patrick, Saint Luke and Saint Peter). Additionally, five interviews were conducted on the Kalinago Reserve, home to the remaining population of the Caribbean's indigenous peoples. There were 21 interviewees from ministries, two from development partners, two from non-governmental organizations (NGOs) and one magistrate. The interviews provided on-the-ground observations and insights from those who experience national level policies and programmes.

The focus group meetings were designed to be informal and took place in meeting rooms of either ministries or directorates of national programmes and took an average of 1.5 to 2 hours. Each person was given a chance to speak and express his or her opinion, and the discussions were recorded using voice recorders and later transcribed. The goal was to have a detailed discussion among social stakeholders and to gain insights into their understanding of issues affecting the achievement of the rights of children from both a duty-bearer and rights-holder perspective.

The first phase of fieldwork for the qualitative research took place from 13–20 July 2015. Semi-structured interviews were conducted in public places by a trained data collector using a questionnaire prepared for the research. The goal was to identify and define
the problem, obtain the thoughts and experiences of the participants and examine how people in both urban and rural settings viewed the problems facing children. It was also expected that participants would give their opinions about the reasons for and solutions to the problems. Although question categories prepared for the quantitative research were the same as for the semi-structured interviews, participants were encouraged to expand on any topic they wished in the hope that more of the insiders’ experiences would be explored.

A second phase of field work was conducted in mid-November to ensure the broadest possible range of stakeholders were reached and to better understand the changes caused by tropical storm Erika, which struck the island in August.

Standard ethical research techniques were used for the discussions with children to avoid making them feel vulnerable and to protect them from any distress. Because the initial exercise took place during the summer break, it was not possible to coordinate discussions with many teachers, counsellors or social workers. Limited discussions with children were therefore arranged at the beach, playgrounds, bus stops and soccer fields. However, four days of field discussions were added in November, which afforded the opportunity to meet with students, teachers, parents and NGOs, as well as to organize focus groups with the population who were displaced after the devastation left behind by tropical storm Erika.

The children interviewed came from many different backgrounds: in-school (67) and out-of-school (9), rural (37) and urban (39). It was not possible to meet with children living with disabilities or those in police cells or prison. Children came from different backgrounds and their ages were equally spread between 8 and 18 years. There were slightly more girls (54 per cent) than boys (46 per cent).

Once the field data collection exercise was completed, emails were sent out to the different government departments to follow up on requests for data and check for accuracy. Notes and recordings were transcribed and checked for errors and clarity.

As a ‘stocktaking’ exercise, the status and situation of children in Dominica emerging from the SitAn process were presented and discussed at exit meetings attended by government, NGO and UNICEF staff. This was done in two phases: first, the overarching results were presented and discussed at a high-level meeting attended by ministers and permanent secretaries; second, the full report was presented and discussed in plenary. The consultation meeting received attention from high-level officials, mid-level technicians and development practitioners from all sectors. Main findings from this report, including the voices of children, were presented followed by a robust discussion of concrete actions needed to address the issues emerging from the SitAn. The meeting resulted in agreement on short-term and long-term priorities for UNICEF and other key partners to include in programme plans and project designs. This step in the process will go a long way towards encouraging the Government and development partners to consult the SitAn report as a key reference document for programme development when it comes to designing interventions for children in Dominica.

“They say we [children] are the future of my country, but we also are the present. Why should I wait for the future to have my rights?”

15-year-old secondary student

“When me, my mom and my two brothers moved all the time to different relatives’ and friends’ houses, I lost my toys and didn’t have a bed. But since my younger brothers moved to live with our father in Martinique, I got my new bike and a bed. I miss my brothers.”

12-year-old boy
Limitations

1. Because the initial fieldwork was carried out during the summer break, reaching pupils, teachers and principals was very difficult. As noted above, a second mission was organized to ensure these voices were appropriately included.

2. Participants in the semi-structured interviews were mostly from the core stakeholder groups, and very few parents were interviewed.

3. Several fundamental documents that normally serve as the basis for strategic analysis were outdated, incomplete and/or inaccessible – for example, the Country Poverty Assessment (2010), National Population and Housing Census (Preliminary Census Report 2011), and national Labour Force Survey (2001).

4. The availability and quality of quantitative information varied widely and there was a lack of consistency in methodologies for reconciliation processes used to estimate and update data.

It is worth noting that the effects of tropical storm Erika were considerable and will definitely influence future programme planning and funding of development initiatives. Many parts of Dominica were devastated by this storm, perhaps the most severe in living memory. The second SitAn mission found stark exposure to new vulnerabilities among families already disadvantaged. This analysis has been integrated into the report where appropriate.

Structure of the report

After this introductory chapter, the report provides a country overview in Chapter 2, including governance structure, legal framework related to children, demographics and the economy.

Chapters 3, 4, 5 and 6 then assess the situation of children relative to the right to an adequate standard of living; the right to education (early childhood development, primary, secondary and technical vocational and educational training); the right to be protected (from sexual, physical and emotional abuse and neglect); and the right to health (infant and child mortality, HIV/AIDS, chronic diseases and obesity, and drug and alcohol use and mental health services).

Chapter 7 looks at how the new Sustainable Development Goals (SDGs) can accelerate progress for children, and finally Chapter 8 offers concluding remarks and general recommendations.

The report aims to establish the extent of progress towards the realization of the rights of Dominica’s children and determine the shortfalls with the intention of identifying opportunities to accelerate progress for the country’s children.
The Commonwealth of Dominica Overview
Dominica, a volcanic island located north of Martinique and south of Guadeloupe, is the largest and most northerly of the Windward Islands. Its rugged landscape is covered by a largely unexploited, multi-layered rain forest and is the self-described ‘nature island of the Caribbean’. At 750 square kilometres in area, 47 kilometres in length and 29 kilometres in width, it is a bit smaller than New York City. It is susceptible to the effects of natural disasters and climate change, as experienced in August 2015 when Tropical Storm Erika destroyed key physical infrastructure and displaced communities.

Dominica ranked 93 among the 187 countries and territories in the 2014 Human Development Report.4 Life expectancy at birth was estimated in 2014 at 76.4 years, with women expected to live slightly longer than men. Data from the Ministry of Health and Environment (MoHE) provided for the SitAn exercise show the infant mortality rate at 19.6 (per 1,000 live births) and under-5 child mortality at 20.8 (per 1,000 live births). Other welfare indicators such as pre-primary, primary and secondary school enrolment ratios showed signs of improvement as noted in the recent national progress report issued by the Government (see Appendix I).5 The adolescent birth rate (ages 15–19) per 1,000 live births was at 140.89 in 2011. Literacy rates for age 15 and older in 2012 were reported at 94 per cent. Unemployment rates continue to decline slowly (25 per cent in 2005, 14 per cent in 2008, 11.3 per cent in 2011), particularly affecting women and young people. The proportion of the population using improved drinking water sources in 2010 totalled 94 per cent, with 25 per cent of households dependent on unimproved sources. The proportion of the population using improved sanitation facilities in 2011 totalled 81 per cent. There has been progress, but the urban-rural disparities are persistent.6

The landscape of non-governmental organizations (NGOs) and civil society organizations (CSOs) could be more robust, with less than a dozen registered with the Attorney General’s Office, which is a requirement. The presence of international NGOs is largely confined to hurricane response and recovery efforts. No trade union congress is active at this time, and less than 10 per cent of the workforce is represented by unions.

The press is free, and discussions and interviews conducted for the SitAn indicate little government interference. The print media consists of weekly publications. No national television service is available. The main radio station, DBS Radio, is operated by the state-owned Dominica Broadcasting Corporation. Radio talk show formats have emerged as an important vehicle for discussions on social and economic issues. Young people in particular participate in these discussions by calling in from their cell phones. The number of mobile phone subscribers was at 58.5 per 100 in 2008. The number of Internet users grew from 13.7 per 100 people in 2001 to 37.7 in 2011 and 44.5 in 2014. The number of personal computers grew from 47.5 per 100 people in 2010 to 51.3 in 2011.7

Just two years after independence in 1978, Dominica elected the first female Prime Minister in the Caribbean, Dame Mary Eugenia Charles, who remained in office for 15 years until retirement in 1995. Under her leadership, Dominica was among the earliest Commonwealth nations in the Caribbean to acknowledge its commitment to human rights with the ratification of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in September 1980. Parliament went on to ratify the Convention on the Rights of the Child (CRC) in March 1991 and the Convention on the Rights of Persons with Disabilities in June 2012. Initial reports for the

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7 World Bank 2014.
CRC were submitted in 2004 and 2008. Dominica has yet to submit the initial report for CEDAW.

**Governance**

Unlike all other members of the OECS, where Queen Elizabeth II is the Head of State, Dominica is a Republic with a president elected by the House of Assembly. The current Constitution came into force on the same day as independence was proclaimed, 3 November 1978, and provides for the separation of powers. The three branches of government are:

i. The executive branch, which includes the Head of State (the president), the Head of Government (the prime minister) and a cabinet appointed by the president. The president is elected by the House of Assembly for a five-year term and the prime minister is appointed by the president;

ii. The legislative branch, which is a unicameral House of Assembly composed of 32 seats, nine senators and two ex-officio members. The last elections were held on 8 December 2014.

iii. The judicial branch, which includes the Court of Summary Jurisdiction and the magistrates’ court. The highest court is the Eastern Caribbean Supreme Court (ECSC), which is the itinerant superior court of the OECS.

The Constitution allows for any citizen of Dominica, 18 years of age and over, who is literate and not bankrupt, to organize and participate in political activity. It does not recognize political parties nor is their formation required for participating in elections. Candidates may stand for election whether associated with a party or as independents. There are three main political parties: The Dominica Labour Party or DLP (the majority party at present), the Dominica United Workers Party and the Dominica Freedom Party. There is also a small leftist party, the Dominican Liberation Movement, that is sometimes referred to as the main “political pressure group”.

There are 10 parishes, which serve as administrative divisions for the national Government. The local government system is comprised of 43 (as of the 2014 national elections) local councils: city, town, urban, village and Kalinago. Village councils play a pivotal role in decentralization and are made up of both elected and appointed members. Undertaking a variety of development projects, they provide a vital link between central Government and local communities, serving as agents through which information on policies and programmes is transmitted. Community concerns are normally conveyed to the Government in writing, through public discussions and through
delegations from local councils meeting with central level officials. This structure promotes and values community participation in the identification, planning, implementation and management of development activities.

The Kalinago Council represents the 3,300 indigenous Indians, many of whom live on a 3,783-acre reservation on the northeast coast in the Parish of St. David. It is the only remaining indigenous people’s reserve in the Caribbean. A 1952 Act provided for the establishment of “a Body Corporate for the government of the Reserve”, empowered to make provisions for the administration of the Reserve and for matters connected to its development. On the basis of the Act, elections are held for the Chief and six councillors.

None of the councils are fully autonomous but draw their authority and responsibilities from the Government. The councils receive annual government grants but also join forces with other community- and faith-based organizations to leverage scarce locally available resources and expertise. In addition, they are able to raise modest monies from local house and land taxes as well as fund-raising events. The Ministry of Youth, Sports, Culture and Constituency Empowerment holds the responsibility for the promotion of the concept of local government, educating councillors and members of the public on the duties and functions of local authorities and the supervision of the use of funds.

Demographics

The population of Dominica is estimated at 68,913 and is gradually dropping due to a declining birth rate and outward migration. With 25.1 per cent of the population under the age of 14 and approximately 41.9 per cent under the age of 24, a ‘youth bulge’ is evident. There is also an increasingly aging population over 65 years (4.8 per cent) (see Figure 2). Demographic trends that favour the young and old can put pressure on the public sector in areas such as health, education and social safety nets.

8 Central Statistical Office 2011.
People of working age (25–59 years) are estimated at nearly 43 per cent of the population and their numbers increased from 2001 to 2011. Employment data and interview findings show that people of working-age are underemployed, contributing to an outward migration of the productive population to other islands in the Caribbean, United Kingdom, United States and elsewhere, with a net migration rate of -1 per 1,000 population in 2010–2015. Outward migration places a strain on the economy with the drain of the talent pool (‘brain drain’) after a country invests in educating its young people and they seek work elsewhere. It also can put pressure on elderly care services when adult children are not present to care for their aging parents.

Of Dominica’s 10 parishes, St. George (which includes the city of Roseau) records the highest percentage of the population at 30.0 per cent, with 69.5 per cent of the total population living in an urban setting. The largest communities are Roseau, Portsmouth and Canefield.

The majority of Dominicans are Christians, including Roman Catholic 61.4 per cent, Protestant 20.6 per cent and Jehovah’s Witnesses 1.2 per cent. Rastafarians make up 1.3 per cent, other 0.3 per cent, none 6.1 per cent and unspecified 1.1 per cent. There are two Islamic centres serving a small Muslim population in Roseau and Portsmouth. The 2001 census estimates Dominica’s ethnic make-up to be 86.6 per cent black, 9.1 per cent mixed, 2.9 per cent indigenous, 1.3 per cent other and 0.2 per cent unspecified.

A large proportion of the Kalinago population are children and youth, and 49.8 per cent live in poverty compared to a national average of 28.8 per cent. This population has unique challenges including difficulty accessing credit and mortgages due to bank regulations that exclude them from borrowing due to their cooperative land ownership structure.

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9 Ibid.
10 DESA and UNICEF 2014.
12 CCDP and CIDA 2009.
13 Ibid.
14 Kairi Consultants Ltd. 2010.
Legal framework related to children
The legislative framework for child protection in Dominica is grounded in international and regional conventions and universal systems of rules that govern and regulate decision-making, agreements and laws concerning children.

National laws and policies
The Constitution guarantees a comprehensive set of fundamental rights and freedoms to which every person in Dominica is entitled and includes one specific mention of children and their circumstances in terms of “Protection of Pension Rights” (Chapter VI, Part 5). Social and economic rights are not covered in the Constitution and do not benefit from judicial protection in Dominica.

Key national policies, laws and programmes are:
• Guardianship of Infants Act, 1887
• Employment of Children (Prohibition) Act, 1939
• Adoption of Infants Act, 1948
• Children and Young Persons Act, 1970 (amended 1990)
• Age of Majority Act, 1983 (amended 1990)
• Sexual Offences Act, 1998
• Protection Against Domestic Violence Act, 2001
• Early Childhood Education Regulations 2003
• National Plan of Action on Sexual Abuse 2010-2013
• Criminal Justice (Reform) Act 2013
• Council on Early Childhood Education Orders

The Age of Majority Act establishes that a person reaches majority at 18 years. The Children and Young Persons Act, which mainly governs child protection, defines a child as under the age of 14 years, a juvenile as under the age of 18 and a young person as aged 14 to 18.

There are several OECS Model Bills under preparation and/or review in Dominica. These are designed to facilitate compliance with the CRC and other human rights treaties:
1. Status of Children Bill
2. Juvenile Justice Bill
3. Child (care and adoption) Bill
4. Maintenance Bill
5. Family Court Bill
6. Domestic Violence Bill

The Fourth Medium-Term Growth and Social Protection Strategy (GSPS) 2014–2018 prioritizes the following actions to address problems facing children in Dominica:
• Maintaining funding of projects dealing with troubled children and dropouts
• Implementation of reform of the legal framework related to children, welfare, family support and small claims (including revision of the Sexual Offences Act regarding language, definition of the offences, type and level of penalties imposed and revised use of magistrates’ discretions in cases where children are the victim)
• Expansion of early childhood care and development activities including family and community interventions, to include disadvantaged and disabled children
• Refocus of education and training systems on the skills demanded by employers
• Introduction of a comprehensive programme for the fuller use of information and communications technology in all schools, including a programme of making laptops available to school children
• Maintaining high effort to improve the quality of education at all levels
• Joining forces with local, regional and international NGOs in ending all forms of abuse against children
• Training in crime prevention strategies to persons who work with children and at risk groups
• Early identification and treatment of children presenting behavioural problems, drug and alcohol abuse and learning disabilities
International agreements and conventions
At the time of writing, Dominica is preparing the final report on progress towards the MDGs and adjusting national plans to include goals, objectives and targets to complete unfinished MDG business and align future plans with the SDGs (see Chapter 7).

The CRC defines a ‘child’ as “a person below the age of 18”. The Committee on the Rights of the Child, the monitoring body for the Convention, has encouraged States to review the age of majority if it is set below 18 and to increase the level of protection for all children under 18. The Children and Young Persons Act requires revisions to fully comply with the safeguards and principles set forth in the CRC for the protection of the rights of the child. The Government’s initial report was presented to the Committee on the CRC in October of 2003.

Girls’ and women’s right to be treated equally with boys and men is also set out in CEDAW. Both the CRC and CEDAW highlight that girls have a right to education, health and nationality; all forms of violence against girls and women, such as trafficking and prostitution, must end; discrimination and being treated unfairly because of being a girl must end; both parents are responsible for raising their children; play, rest and leisure are important for all children; and governments must do all they can to make sure girls’ rights are protected.15

Other conventions and covenants that directly impact on children include:
- International Covenant on Economic, Social and Cultural Rights (1966)
- International Convention on Civil and Political Rights (1966)
- International Labour Organization (ILO) Convention 138 on the Minimum Age for Admission to Employment and Work (1973)
- ILO Convention 182 on the Prohibition and Immediate Elimination of the Worst Forms of Child Labour (1973)

Migrant population
Migration is a vital element in the history of the Caribbean. There are three primary migration flows: (i) internal migration (e.g., from rural areas to a city); (ii) intra-regional migration (movement among islands); and (iii) outward migration (e.g. to Latin America, Europe or North America). Three of the most important factors influencing these flows are socio-economic inequalities (both within the Caribbean and globally), tourism and human trafficking.16 The liberalization of trade barriers and the free movement of workers as a consequence of globalization have resulted in both legitimate and illicit migratory flows in the region.

Dominica’s net migration rate is among the highest in the world, and it is the only country that has experienced negative population growth as a result of volunteer emigration. The 2011 Population and Housing Census recorded a slight decline (0.6 per cent) over the 2001 results.17 Dominicans in the diaspora more than double the existing in-country population. It has been conservatively estimated that between 150,000 and 160,000 adult Dominicans have migrated from the island since the 1940s to Canada, the United Kingdom and the United States.18 Remittances make up a significant contribution to poverty alleviation in the form of cash, food, barrels

15 UNICEF 2011.
16 IOM 2005.2, p. 10. and MIGRATION IN THE CARIBBEAN – WHAT DO WE KNOW?* An overview of data, policies and programmes at the international and regional levels to address critical issues ECLAC Port of Spain, Trinidad and Tobago UN/POP/ EGM-MIG/2005/09 13 January 2006
17 Central Statistical Office 2011.
18 DAAS 2004.
of clothes and/or household items, real estate and small business investments. The diaspora population’s remittances were estimated to be about 12 per cent of gross domestic product (GDP) in 2004 and continue to represent a valuable contribution.

Haitian-born nationals have become the main immigrant population in Dominica. According to the 2011 Census, they numbered 1,054, accounting for 1.5 per cent of the population. There is also a small population of Spanish speakers from the Dominican Republic. Although the official language of Dominica is English, a French patois is widely spoken, easing the transition for the Haitian migrants. In 2013, the international migrant stock in Dominica totalled 6,419 or 8.5 per cent of the population, with the majority under the age of 24. The focus groups and interviews suggest that the degree to which the migrant population is assimilated varies depending on the communities and economic level of those interviewed.

The CARICOM Single Market and Economy (CSME), signed in 1989, and the 2011 OECS Revised Treaty of Basseterre established a political and legal framework for the intra-regional movement of skills, labour and travel while harmonizing access to social services, providing for the transfer of social security and setting common standards and measures for accreditation and equivalency.¹⁹ The free movement of labour is a critical aspect of the region’s development strategy. There are also key benefits offered by the OECS framework where the CSME is lacking: the former permits citizens to hold permanent jobs and retire in any member State and travel is facilitated with any picture ID, whereas the latter permits a minimum of six months without a work permit and a return ticket and evidence of financial support is required, for example.

The success of the economic union and integration policies is determined by the level of political, social, and financial support and resources leveraged to facilitate effective implementation. Several administrative, labour-related challenges continue to slow progress. High transportation and communication costs throughout the region represents a major deterrent for the movement of the poor seeking better-paying jobs commensurate with their education levels and skill sets. A major concern revolves around the movement of women and children and the weaknesses in and inconsistencies of the social protection systems among the member States. Assessment of gaps in policies on child labour, sexual exploitation of children and violence and abuse exacerbated by the absence of one or both migrant parents is needed to fully understand the situation of migrant families. Dominica is one of several countries that have yet to sign/ratify the International Convention on the Protection of Rights of All Migrant Workers and Members of Their Families. The fact that CARICOM membership reaches beyond the nine OECS member States complicates attempts at coordination and standardization as well.

The economy
Following the 2008 global financial crisis – with sharp decreases in flows from official development, tourism, remittances and foreign direct investment (FDI) – economic recovery in the Caribbean continues

¹⁹ See the CARICOM and OECS websites.
to be sluggish. Regional experts estimate that the aggregate sub-region economy is not likely to return to pre-crisis growth levels before 2016–2017.20

Research on the ideal environment to sustain increases in per capita GDP show a direct correlation with five key drivers of economic and social growth: (i) macroeconomic stability; (ii) high levels of investment, including both human capital and infrastructure; (iii) enhancements in productivity; (iv) openness to ideas, technology and capital; and (v) effective institutions. As with other OECS members, Dominica is beleaguered by small domestic markets that constrain efficiency and growth of the private sector; limited product diversification, increasing both the risk and the return that can be derived from economic activity; and scale diseconomies in public service provision.

Moreover, the Dominican economy was already struggling before the onset of the 2008 global recession. The country’s dominant banana industry contributed to the ‘good years of 1980s and 1990s’ but by 2009 when the Windward Islands’ guaranteed fixed share of the European banana market was abolished, the Dominican economy went into perhaps the worst economic crisis of modern times. Although Dominica registered some positive growth in 2010, dramatic fall in the long period rate of growth (4.2 per cent to 2.6 per cent) over a period of 10 years (2000–2010) has kept the economy at a crossroads.

Real GDP growth in Dominica has been slow over the past 20 years, averaging a meagre 2.5 per cent per annum between 1983 and 2013.21 By 2014, economic conditions in Dominica were characterized by an expansion of real output during the year achieving a real growth rate of 3.4 per cent (up from 1.7 per cent in 2013). With improvements in agriculture experienced in 2012 and 2013 contracting by 2014 (likely a result of the leaf spot disease), these positive results are a result of slight improvements in the tourism, construction and private education sectors. At the same time, high debt ratios continued along with sustained high unemployment rates (25 per cent).22 Although the inflation rate between 2010 and 2013 averaged 1.7 per cent, an average annual inflation rate was recorded at 2.5 per cent between 1983 and 2013.

Dominica’s overall economy is dominated by agriculture, livestock and forestry (14.3 per cent); transport, storage and communications (12.3 per cent); education (10.9 per cent); and wholesale and retail trade (10.7 per cent). Although agriculture represents the largest sector, it has been unfavourably affected by disease and declining demand chiefly focused on the banana production. Tourism, dominated by cruise passengers, and education are seen as key drivers of activity in the services sector. In 2012, travel and tourism made a direct contribution to the economy of 9.5 per cent of GDP and 8.8 per cent (3,000 jobs) of total employment.23 The level of investment in tourism has been significant with improved air access infrastructure (to accommodate night flights) and major rehabilitation of the road network. As can be expected in the aftermath of a natural disaster, the impact of tropical storm Erika has compromised the ability to sustain growth in these areas. Expansion of hotel facilities remains a challenge for the Government despite pieces of key legislation revised in 2014 (Tourism Incentive Development Bill, for example).

In the past, education, health and copyright-based services were not treated as exportable services. However, Dominica was prudent to move in this direction by establishing the foreign-owned Ross University School of Medicine, located in Portsmouth. One of the main private overseas institutions providing medical training to students from North America, Ross

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20 Inter-American Development Bank 2013.
21 The Private Sector Assessment of Dominica, Inter-American Development Bank, 2013
22 See Annual Reports of the Caribbean Development Bank.
23 WTTC 2013.
has contributed to growth in the real estate, rental and business activities sectors that totalled just over 11 per cent of GDP in the past decade.

Labour force participation in 2011 was 30,204 (a 6.6 per cent increase over 2001), of which 89 per cent are employed, representing an increase of 6.3 per cent since 2001. The ILO conducted a labour force survey in 2005 indicating that the largest number of workers is found in the agricultural sector (22 per cent), followed by the wholesale and retail trade (17.9 per cent) and transport, storage and communications (7.6 per cent). A new labour force survey is being prepared at the time of writing. The World Bank reported in 2010 that 80 per cent of all firms in Dominica were domestically owned private businesses, with 53 per cent under sole proprietorship.

Whilst per capita income in the region declined on average by 4.5 per cent, from around US$9,200 in 2008 to US$8,800 in 2012, it increased in Dominica by more than 5 per cent over the same period time.

The interaction among macroeconomic stability, public sector debt and real GDP growth is complex but a common understanding is that a large debt overhang is correlated with slower growth, although causality could run both ways. Dominica’s total public debt to GDP was estimated at 71.4 per cent by the end of FY2012/2013 with total debt hovering at ECS981.3 million. During the same period, the Government accounted for 83.3 per cent, with government guarantees accounting for 16.5 per cent of the total debt. The external debt amounted to ECS712.5 million of which the Government accounted for 82 per cent and government guarantees accounted for 19 per cent. The FY 2012/2013 domestic debt totalled ECS 268.8 million with 82 per cent held by central government and 18 per cent held by public corporations. Dominica established the first Debt Management Strategy in FY 2010/2011 that outlines the programme of austerity since being followed by Government.

By September 2015, experts are forecasting positive economic growth generally for the Eastern Caribbean, with expectations for accelerated growth over the medium term, resulting in average growth of 2.3 per cent. However, capitalizing on this trend in terms of sustaining progress and achievements towards the SDGs may prove difficult with high unemployment rates (particularly among women and youth), persistent poverty among the rural population and increased dependency on the tourism industry.

Although Dominica has recently benefited from major improvements in tourism activities, unemployment and poverty reduction constitute significant hurdles towards a path of stable economic and social growth. Further, Caribbean island States are particularly vulnerable to natural disasters, such as hurricanes and other extreme weather events including droughts, which are now being exacerbated by the adverse impacts of global climate change. Dominica was recently hit by three hurricanes/tropical storms (in 2007, 2008 and 2015). The cumulative damage of the first two was estimated at close to 35 per cent of annual GDP. The main airport, bridges and roads sustained major damage from the third, with a general estimated loss of ECS$1.3 billion. This will inevitably distract from what many were hailing as a successful trajectory of economic recovery due to adherence to a robust programme of austerity.

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26 World Bank Regional Partnership Strategy for the OECS, October 2014.
28 Economic and Social Panorama of the Community of Latin America and the Caribbean States, 2014, UN ECLAC.
29 Skerrit 2016.
The Right to an Adequate Standard of Living
Children have the right to a standard of living that is good enough to meet their physical and mental needs. Governments should help families and guardians who cannot afford to provide this, particularly with regard to food, clothing and housing (CRC, article 27).

The lives of children are overwhelmingly more affected than those of adults by the discrimination and marginalization they endure as a result of deprivation and poverty. The shame, abuse, psychological stress, exclusion and stigma they experience diminish their self-esteem, confidence and ability to function socially, often leaving psychological footprints deeply affecting their personal growth and development. When examining the patterns and drivers of the lives of children living in poverty, a rights-based approach grounded in the four core principles of the Convention on the Rights of the Child (CRC) is imperative: the right to life, survival, and development; non-discrimination; consideration of the best interests of the child; and respect for the views of the child. In keeping with the CRC and other key human rights instruments, the framework for poverty analysis should look beyond economic deprivations towards persistent inequalities that are likely to underpin the causes.

Figure 6. Decline in poverty

The Caribbean Development Bank (CDB) has conducted three Country Poverty Assessments (CPAs) in Dominica since 1995 with the latest, covering 2008/2009, noting improvement in the situation (see Figure 6). The poverty rate declined from 39 per cent (2002–2003) to 28 per cent (2009). The population categorized as indigent or critically poor dropped from 10 per cent (2002–2003) to 3.1 per cent (2009), but the GINI coefficient rose from 0.35 to 0.44 over that same period. The CPAs identified 29 per cent of households in Dominica as poor in 2002–2003 and 22.8 per cent in 2009. At the time, these findings were seen as

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30 Kairi Consultants Ltd. 2010.
significant accomplishments against a backdrop of serious economic fallout related to the collapse of the banana industry. However, the accuracy of poverty analysis, including understanding of income poverty, has been compromised by difficulties in comparing estimates and the use of different sources and methodologies for data produced since the 2009 CPA.

When examining trends and disparities, a focus on the employment-poverty link is essential, and it is important to highlight that labour force participation is largely determined by economic conditions as well as the social and cultural context (see Figure 7). Dominica, as with most countries in the sub-region, continues to struggle with lingering weaknesses in the financial, labour and housing markets, as the repercussions from the 2008 global financial and economic crisis persist (see section above on the economy for details).

The growing labour force, estimated at 25,000 in 2000 and 30,204 in 2011, is employed largely in agriculture (40 per cent), industry (32 per cent) and services (28 per cent), with 89 per cent of them employed. Dominica’s private sector, dominated by the services sector (largely tourism), is responsible for 78 per cent of national employment.

The importance of an adequately trained labour force and high participation rate of women in the workforce are key determinants for private sector business development as well as a generally healthy economy. However, gender disproportionately affects the likelihood of employment in Dominica. The CPA cited an unemployment rate of 11.1 per cent among men and 17.6 per cent among women in 2008, with women occupying mainly low-paying jobs with low

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**Figure 7. Trends in unemployment and their link to poverty**

Exacerbating disparities

High unemployment and underemployment rates among women bear significant implications for 39.2 percent of the countries' households headed by women, slightly up from 36.8 percent in 2001, but a 17.3 percent increase over the last decade.

Source: Kairi Consultants Ltd. CPA, 2009

“More female-headed households experience poverty than male-headed households: the dimensions of poverty take on different characteristics”

Interviewee (government official)

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31 Kairi Consultants Ltd. 2010.
skill requirements and high staff turnover rates.\textsuperscript{32}

In 2008, 74 per cent of the poor in Dominica were unemployed. Many of the employed live in households whose income or consumption levels fall below the poverty level threshold, and they therefore spend considerable time looking for better paying jobs. This group, categorized as the ‘working poor,’ is generally clustered in the 25–44 age group, works in the informal sector and is more or less economically depressed, disenfranchised and marginalized. The ILO identifies Dominica with the highest percentage of men among the working poor in the sub-region (66 per cent).\textsuperscript{33}

Young people under the age of 25 represent 52.4 per cent of the poor. A CDB study released in 2015 identifies an acute unemployment problem for youth (18–24 years), who represent 25 per cent of the population in the Caribbean. The report shows a rate of 25 per cent unemployment among youth compared to 8 per cent among adults, with unemployment among young females (30 per cent) considerably higher than young males (20 per cent).\textsuperscript{34}

A study published in 2010 by the Institute of Development Studies (IDS) revisits ideas about the distribution of poverty, asserting that over 60 per cent of the world’s poor are to be found in middle-income countries such as Dominica and other Eastern Caribbean States.\textsuperscript{35} These countries contain many of the standard characteristics of rural poverty at significant national levels. To understand and properly treat the rural poverty situation requires a focus on different and more indicative factors that go beyond per capita GDP, including the level of economic growth, the fiscal ability of governments to effectively address economic and social development issues using own-generated resources, and the percentage of the population living in rural areas.

While poverty is experienced throughout Dominica, its prevalence varies considerably by parish. While the national poverty rate is 28.8 per cent, the rural eastern provinces (St. Patrick 42.7 per cent, St. David 40.4 per cent and St. Andrew 38.1 per cent) and one western parish where eastern farmers relocated following the collapse of the banana industry (St. Paul 32.6 per cent), experience poverty well above the national average. The highest level of poverty (49.8 per cent of the poor) is found amongst the Kalinago.

According to the CPA, the incidence of indigence and overall poverty in urban areas, (6 per cent and 19 per cent, respectively), was much lower than that prevailing in the rural areas (13 per cent and 33 per cent, respectively).\textsuperscript{36} However, the urban areas contain approximately one quarter of all poor households. Nearly three quarters of poor households live in rural areas – one in three rural households was poor compared to one in five urban households. Employment opportunities in rural areas are limited. It is notable that the incidence of workers with second jobs in rural areas was three times higher than in urban areas – 15 per cent as against 5 per cent. Two thirds of them were involved in cultivation in some way or another, reflecting the fact that 37 per cent of poor rural households owned land that they could cultivate, compared to only 12 per cent of urban households. However, these opportunities were also limited, resulting in increasing numbers looking for work in Roseau or on other islands, or becoming dependent on government welfare or assistance from family members. In urban areas, poor households were more likely to have someone unemployed, an indication that the issue was more one of employment per se than in rural areas, where inadequate income

\textsuperscript{32} Ibid.
\textsuperscript{33} Scott et al. 2010.
\textsuperscript{34} Youth are the Future, The Imperative of youth Employment for Sustainable Development in the Caribbean, CDB, 2015.
\textsuperscript{35} Sumner 2010.
\textsuperscript{36} Kairi Consultants Ltd. 2010.
from those employment opportunities on offer may also have been an issue.

The Ministry of Social Services, Community Development and Gender Affairs (MSSFGA) continues its commitment to delivering equitable and quality social services for sustainable development, particularly to the vulnerable and marginalized. Through partnerships with the private sector and civil society, nearly 18 per cent of its social services expenditures provided cash support to families in 2012/2012. Roseau and the village of Marigot (St. Andrews Parish) received 11 per cent and the Kalinago Territory received 7 per cent of the budget for public assistance.37 Table 3 shows government expenditure on major social programmes for 2013/2014.

Poverty clearly constitutes a multidimensional phenomenon that invades all aspects of the lives of individuals, families and communities. When the poor in 23 countries were asked about their views on poverty, the voices indicated that it is not simply the absence or lack of specific goods but is a combination of a number of deficiencies coupled with powerlessness that affects their ability to bargain and defend themselves and their families across the spectrum of social, cultural and economic domains. Their responses project a combination of a sense of dependence, insecurity, anxiety, impotence, inability, inferiority and ill treatment.

When examined from a human rights and equity perspective, poverty analysis uncovers issues of injustice, exclusion, lack of opportunities, poor quality social services, chronic health challenges and physical disabilities. Those interviewed gave the clear message that poverty also includes the experience of psychological deprivation and frequent exposure to high risk, vulnerable and borderline situations (living in substandard housing, drug and alcohol abuse, crime and violence). Over 75 per cent of those interviewed for the SitAn exercise agreed that poverty in Dominica is “passed on from one generation to another” and that children and adolescents, especially girls, are the most vulnerable.

At the time of writing, the Government had concluded the final year of the Third Medium-Term Growth and Development Strategy, 2012–2014, which formulated goals and objectives using the MDGs as basic benchmarks. Examination of two recent Economic and Social Reviews identified the following bottlenecks hampering optimal achievements of the MDGs: (i) prevalence of underweight children in the under-5 age group; (ii) proportion of the population living below the poverty line; and (iii) proportion of secondary school students starting form 1 versus those who reach form 5.38

### Table 3: Expenditure on major social programmes for 2013/14, ECS

<table>
<thead>
<tr>
<th>Programme</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing</td>
<td>5,536,715</td>
</tr>
<tr>
<td>Public assistance</td>
<td>6,148,853</td>
</tr>
<tr>
<td>Public support</td>
<td>2,616,624</td>
</tr>
<tr>
<td>Schools transfer grant</td>
<td>400,000</td>
</tr>
<tr>
<td>Grants to primary schools</td>
<td>1,204,388</td>
</tr>
<tr>
<td>Grants to secondary schools</td>
<td>5,234,565</td>
</tr>
<tr>
<td>Education Trust Fund</td>
<td>2,457,716</td>
</tr>
<tr>
<td>Child welfare</td>
<td>700,755</td>
</tr>
<tr>
<td>CHANCES</td>
<td>650,913</td>
</tr>
<tr>
<td>School feeding</td>
<td>139,578</td>
</tr>
<tr>
<td>Yes We Care</td>
<td>966,267</td>
</tr>
</tbody>
</table>

Source: Ministry of Finance

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Government expenditures on social protection services include support for vulnerable groups of children, women and the elderly who are exposed to risks. Working with civil society and, to some degree, the private sector, services provide personal home care, housing and care for children through the Foster Care Programme, responses to children regarding anti-social behaviour, custody matters, child maintenance and runaways, counselling of children and adults in need of a clinical psychologist and probation/supervision for children in conflict with the law, among others.

The most recent CPA was completed in 2008/2009 based on household expenditure and income, 2003 labour force and 2001 census information as well as other key data sources. The CDB and Government are in the process of preparing a new CPA, with an important shift from the model based on the definition of poverty limited to income/expenditure analysis (poverty line) towards a multidisciplinary model. This change acknowledges the global departure from traditional one-dimensional to multidimensional poverty measurement (MPM). The agreement to use MPM as a tool for supporting poverty eradication and the reduction of social exclusion and inequality in the sub-region is expected to deliver more effective and innovative approaches to policy, planning and development for the achievement of poverty reduction goals. Dominica, with the CDB, OECS and other partners, is currently piloting this new model while developing an ‘enhanced’ CPA.

Poverty and the female-headed household

High unemployment and underemployment rates among women bear significant implications for 39.2 per cent of the countries’ households headed by women, slightly up from 36.8 per cent in 2001 yet representing a 17.3 per cent increase over the last decade. Information collected during the SitAn indicates that more female-headed households experience poverty than male-headed households, while the dimensions of poverty take on different characteristics. The structure of the economy and a segmented labour market render these women vulnerable.

As women generally support larger households than men, they are more at risk of becoming or remaining poor and they carry greater responsibilities for caring for and the maintenance of the family. These poor households tend to have four or more children in addition to one or two extended family members, including other unemployed working-age adults. The inequalities associated with the negative consequences of the low status of women in society can result in little support from intra-family relationships, largely dominated by males. These households are also characterized by low levels of education, low school attendance rates among the children living in the household, children fathered by multiple men, inadequate adult guidance and support for children, and limited access to basic health care. Most men engaging with female-headed households prefer a ‘visiting relationship’, leaving parenting to the woman. Many poor women living in this scenario resort to survival strategies that can often include illegal activities and/or transactional sex.

Typically, these poor households headed by single women represent prime conditions for inter-generational poverty to take hold, promoting a “learned helplessness” (see Figure 8). Sexual and gender-based violence and drug and alcohol abuse are more likely to occur in these households as opposed to non-poor households with common-law or married couples. Dysfunctional mating patterns...
and early pregnancies often lead to the girl child repeating the cycle of poverty that trapped the single mother heading the household. The boy child can also get caught in this poverty trap, often dropping out of school to bring more income into the household and potentially falling into gang activity and the drug trade.

Poverty promotes casual or dysfunctional relationships as single women pursue partners who can bring monetary contributions to the household, evolving into ‘revolving door hook-ups’ and transactional sex. As the cycle continues, the female changes partners in pursuit of material and financial gain and the chances of pregnancy increase, adding to the already overwhelming responsibilities of the growing household.

Children in these households are affected by these conditions in different ways depending on their age and sex, with consequences often leading to exposure to vulnerabilities, many of which have far-reaching negative consequences on their growth, development, survival, protection and capacity to express themselves. The perceptions of vulnerabilities facing these children as discussed in the interviews and focus group discussions are shown in Table 4.
Table 4: Children perceived to be vulnerable in Dominica

<table>
<thead>
<tr>
<th>Who is perceived to be vulnerable</th>
<th>What makes them vulnerable (risk factors)</th>
<th>How the vulnerability is manifested (outcomes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Particularly vulnerable:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Children living in poor female-headed households engaged in serial relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Among the 33.2 per cent of households headed by women, many are poor and with three or more children (different fathers)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children (0–15)</td>
<td>□ Physical and emotional neglect</td>
<td>▪ Harmful behavioural patterns</td>
</tr>
<tr>
<td></td>
<td>□ Abusive/dysfunctional family situation</td>
<td>▪ Slow cognitive development</td>
</tr>
<tr>
<td></td>
<td>□ Inadequate income</td>
<td>▪ Poor socialization process</td>
</tr>
<tr>
<td></td>
<td>□ Indigence, vulnerability</td>
<td>▪ Malnutrition</td>
</tr>
<tr>
<td>Children in residential care centres</td>
<td>□ Missing connectedness to family and community</td>
<td>▪ Face stigmatization that can have long-term effect on self-esteem</td>
</tr>
<tr>
<td></td>
<td>□ Ineffective legislation and/or regulation of processes and care centres</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Low level of awareness</td>
<td></td>
</tr>
<tr>
<td>Adolescents girls and boys (15–19)</td>
<td>□ Indigence, poverty and vulnerability</td>
<td>▪ Teenage pregnancy, unemployment, marginalization, non-participation</td>
</tr>
<tr>
<td></td>
<td>□ Emotional and educational underperformance</td>
<td>▪ Girls and boys exposed to sexual abuse, violence</td>
</tr>
<tr>
<td></td>
<td>□ Dysfunctional and/or violent families and/or communities</td>
<td>▪ Boys drop out from school</td>
</tr>
<tr>
<td></td>
<td>□ Risky behaviours</td>
<td>▪ Engaging in substance abuse, crime, gangs (as perpetrators and victims)</td>
</tr>
<tr>
<td></td>
<td>□ Ineffective schools</td>
<td>▪ Early marriage/parenting</td>
</tr>
<tr>
<td></td>
<td>□ Ineffective legislation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children in residential care centres</td>
<td>□ Missing connectedness to family and community</td>
<td>▪ Stigmatization</td>
</tr>
<tr>
<td></td>
<td>□ Ineffective legislation and/or regulation of processes and care centres</td>
<td>▪ School dropout</td>
</tr>
<tr>
<td></td>
<td>□ Low level of awareness</td>
<td>▪ Poor socialization process</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Conflict with the law</td>
</tr>
</tbody>
</table>
| **Children of migrant families** | □ Low social status likely associated with situation of parent in country (low paid, low skills, language barrier, parental absence)  
□ Lack of legal status/ appropriate documentation to access social services.  
□ Separation from extended family and culture, language barrier. | • Stigma  
• Poor academic performance  
• Comparative difficulty for social inclusion  
• Difficulty accessing social services  
• Child labour and/or trafficking  
• Conflict with the law |
|---|---|---|
| **Children in conflict with the law** | □ Unemployment  
□ Economic vulnerability  
□ Indigence, poverty and vulnerability  
□ Emotional and educational underperformance  
□ Dysfunctional and/or violent families and/or communities | • Recidivism  
• Risk of life-long negative effect  
• No second chance  
• No higher level education due to absence of diversion opportunities |
The Right to Education
Children's education should develop each child's personality, talents and abilities to the fullest. It should encourage children to respect human rights and their own and other cultures. It should also help them learn to live peacefully, protect the environment and respect other people. Children have a particular responsibility to respect the rights of their parents, and education should aim to develop respect for the values and culture of their parents (CRC, article 29).

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1995</td>
<td>Universal secondary education (USE) introduced</td>
</tr>
<tr>
<td>1997</td>
<td>Education Act No. 11, based on OECS model for Education Reform (Foundation for the Future), established that all persons are entitled to an education and school attendance for children 5-16 years is compulsory and mandated the implementation of USE</td>
</tr>
<tr>
<td>2002</td>
<td>Education Act No. 6 called on renewed focus on education for children under 5 years and replaced 'pre-education' strategies with the early childhood development (ECD) approach.</td>
</tr>
<tr>
<td>2003</td>
<td>Early Childhood Regulations No.39</td>
</tr>
<tr>
<td>2002</td>
<td>Section 137 of the Education Act mandated the Minister of Education to develop a comprehensive national curriculum that was central to the Commonwealth of Dominica Education Development Plan 2002–2005 and Beyond</td>
</tr>
<tr>
<td>2005</td>
<td>Education Order No.14 created a Council on ECD emerging as the regulatory body</td>
</tr>
<tr>
<td>2012</td>
<td>Implementation of access to universal ECD</td>
</tr>
<tr>
<td>2013</td>
<td>ECD integrated into the public school system through universal access to ECD</td>
</tr>
<tr>
<td>2013</td>
<td>Strategy for Expansion of Technical Vocational Education Training (TVET) and CVQ standards and benchmarks through adoption of regionally approved CVQ standards and benchmarks; equipping schools with relevant facilities for TVET instruction (EC$ 3.1 million tools and equipment procured)</td>
</tr>
</tbody>
</table>

No nation has achieved sustained economic development without considerable investment in human capital, including education at all levels: early childhood, primary, secondary, tertiary and technical and vocational education and training (TVET). All people regardless of sex, age, race, ethnicity, migrant status and ability/disability have a right to life-long learning opportunities that equip them with the skills and knowledge needed to seize opportunities and fully participate in society. Education empowers the vulnerable, shapes a capable workforce and has a major influence on a country’s standard of living.

The cornerstones for the Government’s approach to education are the CARICOM description of the Ideal Caribbean Person (adopted by Heads of State in 1997)
and UNESCO’s Pillars of Education (1996). Further, the approach is consistent with key regional frameworks designed to guide educational development and standards in the sub-region, including:

- Towards Regional Policy on Gender Equality and Social Justice, approved in The Bahamas in 1995
- Education for All in the Caribbean: A Plan of Action for 2000–2015
- The Regional Framework for Action on Children 2012–2015
- The Montego Bay Declaration on TVET, March 2012

The Government embarked on reforms in education over a decade ago based on the logic that well-trained and educated human capital, the promotion of human equality and individual autonomy, democratic values, ethics, morality, social justice and respect represent the foundation for a healthy and productive society.39 Table 5 traces the milestones that resulted in the constitutional and legislative framework to reform education. The Government’s commitment to education is reflected in the level of education expenditure over the years relative to GDP: 4.7 per cent in 2008; 3.6 per cent in 2010;40 and 5.2 per cent in 2012/2013.41 The Ministry of Education and Human Resource Development received the second highest allocation of EC$66.8 million or 16.5 per cent of the recurrent budget and 4.4 per cent of the Public Sector Investment Programme for 2015/2016.

The Dominica Education Enhancement Project (DEEP), funded by a Caribbean Development Bank loan, targets 60 primary and 15 secondary schools for upgrade including equipment. The programme will also strengthen the Curriculum Measurement and Evaluation Unit at the national level and four district offices. Key expected results focus on enhancing the institutional framework and improving teacher quality through development and implementation of curriculum enhancement, teacher training and strengthening support for at-risk students. Approximately 900 teaching staff at primary and secondary schools and 75 principals will benefit from training geared to enhance competencies in key academic subjects and non-academic areas.

**Early childhood education**

Failure to invest in early childhood education (ECE) means that children in the 0–5 age group are robbed of their potential for optimal development in the physical, cognitive, linguistic and socio-emotional areas. It is widely acknowledged that the skills developed in early childhood represent the foundation for future learning, skill building and labour market success. Investments in quality early childhood development (ECD) strategies are a basic first step towards enhancing the long-term potential for a healthy and well-educated workforce with the knowledge and skills needed for productive and fulfilling work and full participation in society. Children completing basic pre-primary learn how to work with others, understand patience and negotiation and develop other skills that are the footing for life-long learning opportunities and social interaction in the school years and beyond.

The associations between poverty and physical, cognitive and socio-emotional development in children at an early age have been shown by a body of international research.42 This research notes that young children living in poverty and in other vulnerable situations are: (i) apt to perform poorly in primary and secondary school, (ii) prone to repetition and (iii) inclined to leave school prematurely. Inclusive pre-primary education provides children in poor communities with equality of opportunity for realizing their right to education and the potential to perform to the best of their ability. Reaching adolescent and

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41 OECS Education Statistical Digest, 2012-2013

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42 See Engel and Black 2008, for example
young adult stages in life without achieving the basic skills offered by primary and secondary school is likely to produce adults with fewer opportunities for becoming highly productive citizens who attain adequate income status. They are more likely to become parents prematurely with undeveloped parenting skills that eventually contribute to the intergenerational transmission of poverty. In addition to children living in poor communities, children living with disabilities are equally vulnerable.

As early as 1997, the Government adopted the Education Act II, which made provisions for pre-primary education. A total of 73 ECE centres were registered in 2012–2013 with enrolment averages of 55 per cent among the 0–2 age group and 80 per cent among the 3–5 age group. The overall coverage rate in 2013–2014 is over 90 per cent. As of 2015, 23 community preschools are housed in (or on the grounds of) primary schools, where they benefit from the government-subsidized school feeding programme that guarantees one nutritious meal each school day. This strategy also permits cost savings and ensures general supervision and oversight of the preschool by the principal of the primary school.

The number of school administrators and teachers at the ECD level in 2012/2013 totalled 157, of whom 47 had some level of academic qualifications and 22 had received some private training. The remaining 125 have no training. The OECS reports total enrolment at the ECD level at 1,891 for 2009–2010, with a slight drop to 1,832 for the 2010-2011 school year. The student to teacher ratio was 12:1 for 2012–2013. Expenditures on pre-schools represented 1.2 per cent of the education budget in that period (see Figure 9). Public expenditure on pre-school education increased from EC$51,500 in 2005–2006 to EC$1,414,053 in 2011–2012, before declining to EC$838,367 in 2012–2013. This translated into important advances for the ECD landscape. The supervisory unit staffed within the Ministry of Education and Human Resource Development (MoEHRD) has been key to monitor and maintain implementation of planned access to universal ECD. However, effective and efficient planning, management and coordination continue to be constrained by the unit’s small size.

The work that has been done on the supply side of the implementation plan is also notable, including the increase in and rehabilitation of the number of ECD centres owned and operated by the Government, as well as the range of methodologies that respond to community contexts. One example is the HighScope Preschool Curriculum Reform Programme. The effective implementation of the HighScope curriculum, piloted at four of the 73 ECD centres in Dominica (2012/2013), includes a daily routine of:

- 43 Ibid.
- 45 ECD Unit.
- 46 OECD 2014.
- 47 OECD 2014
- 48 Information on expenditures from OECS and Education Planning Unit.
- 49 The total number of participants reached by the programme is 2,017 children enrolled since 2009–2014 and their parents; at least 42 HighScope teachers; six MoEHRD training of trainer professionals; 14 MoEHRD ECD professionals; and a number of representatives from institutional partners at the HighScope Educational Foundation and UNICEF.
small and large group activities; (ii) plan-do-review; and (iii) outside time. The pilot, supported by UNICEF, is designed to improve the learning environments and quality of developmental and educational programmes.\textsuperscript{50} The HighScope curriculum has since been widely introduced, with every registered preschool receiving supplies of appropriate furniture and materials.

Interventions designed to support parenting skills made available at all learning centres and the accommodation of ECE centres at primary schools have highlighted the importance of making the child a priority within the family setting while boosting the demand for ECD services. The improvement of parenting skills is approached from both the Roving Care Givers Programme (RCGP) and the parenting skill training initiative (the Child Abuse Prevention Unit).\textsuperscript{51} The RCGP is intended to provide early childhood stimulation to high-risk children from birth to 3 years of age by using a model of home visitation intervention to focus on parent-child interactions. The programme takes into account nutrition, disciplinary practices and parenting knowledge as they affect the family and children with a view to better prepare the child to meet standard growth and development milestones expected by pre-primary schooling. Initiated in 2009 and benefitting from private sector, NGO (largely Child Fund) and government funding, the RCGP reached 24 communities by January 2014 and since its inception has trained 68 roving care givers. The programme targets low-income and poor communities, but coverage is minimal for a service that gives children a head start on the path to lifetime learning opportunities. Because the programme focuses on enhancing cognitive development and socialization skills, to a certain degree it is also able to detect and address developmental problems early on. Although these programmes work with families, community members and teachers, continued effort to build closer parent-teacher relationships is needed to motivate parents to construct active adult-child relationships and enhance their role as manager and supporter of their children’s early education. Promotion of better parenting and parent-child interaction can be accomplished using a mix of home visit, parental training, individual counselling and centre-based approaches.

Improving the quality of care will require increased investment in the number and level of training of roving care givers, leaders and teachers in the sector, particularly important to maintain or improve the existing standard of teacher-student ratio as enrolment rises. Institutionalizing the RCGP and the parenting skills-training initiative demands a firm commitment and continual support from the Government. The link to achieving universal ECD coverage is clear as roving care givers take a service directly into the household with the potential to influence parents to enrol their children in ECD centres. Whilst health centres work hand-in-hand with the ECD Unit to identify children not attending preschool, the access and outreach of the other two programmes is vital to reaching all children, particularly in rural areas where parents adhere to long-held cultural and traditional practices of keeping younger children at home. Finally, additional resources and a broader range of skill sets will be

\textsuperscript{50} See Manitou Incorporated 2015.
\textsuperscript{51} The parenting skills training initiative of the Child Abuse Prevention Unit is discussed further below in Chapter 5.

\begin{quote}
“I already have four children and thought I knew all about parenting... but the programme taught me that doing very simple things to stimulate that can start as early as conception.”

Parent in La Plaine
\end{quote}

\begin{quote}
When asked why their young children were not in ECD centres several replied: “she’s too young to leave home”... “my mother cares for him while I am at work”... “I don’t need daycare.”

Focus group at centre for families displaced by tropical storm Erika
\end{quote}
required to extend coverage to the most vulnerable and disadvantaged (indigent communities, children living with disabilities and families in remote areas).

The current gains are important, ECD needs to be prioritized across ministries such as health and environment, social services, family and gender affairs as well as education and human resource development. To this end, the role of the Preschool Development Committee, adopted by Cabinet, is essential for improved coordination. Although the multidisciplinary Council on ECD works as the regulatory body advising the MoEHRD, the Ministry is responsible for licensing and maintaining standards as stipulated in the Statutory Rules and Orders No. 39, 2003.

Many of the existing ECE centres in Dominica are overcrowded and/or not easily accessible for families with lower socio-economic status, particularly affecting rural population. In many cases overcrowding is due to parents from rural households who work in urban centres deciding to enrol their children close to the workplace. Although several centres prioritize entry for low-income families, and the Government provides a modest stipend, these services find difficulty in meeting the rising demand, especially because of successful efforts to promote universal ECD and communicate the rich benefits.

In addition to government subventions to every registered facility to offset basic operational costs, a minimum fee of EC$50 per child has been established. However, the Village Councils may adjust this fee according to local realities. The average monthly school fee for government-run and private sector-run institutions is EC$65 and EC$261, respectively. When families fail to make payments or make delayed payments for ECD services, this affects the ability of centres to meet monthly payroll of teachers and the long-term continuity of quality services. Consideration should be given to alternative preschool fee strategies that support both efficiency and equity.

A major bottleneck that weakens the ongoing effort of health professionals to monitor and address the physical and developmental progress of children through routine milestone visits to local health facilities is the limited number and quality of counselling professionals providing services to the health and ECD sectors. Specialized staff are needed for early detection, diagnosis and treatment of intellectual, developmental and psychological disabilities. Many disabilities can be overcome if detected and treated early.

Using available space in primary schools to establish ECD centres appears to be a cost-effective strategy, making savings in human resources and capital. Additionally this model offers a more or less seamless transition for children moving from preschool to primary school, and the convenience and ease of access is well received by parents with children in both.

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52 Quarterly subventions are provided based on the number of children enrolled: EC$2,000 for 50 or more children; EC$2,000 for 20-49; and EC$1,500 for 20 or less.

“... some parents believe that schools in the urban area are better than those in rural areas... unfortunately, this leads to overcrowding...”

Government official
The question of sufficient teaching and learning resources and materials to meet the demands of existing centres and provide for the expansion of services should be examined as well. A major challenge facing the Government is funding the appropriately skilled human and financial resources it takes to improve positive outcomes for the most vulnerable young children and to determine the most cost-effective strategies and efficient means required to redress these disparities. The Government’s contribution to ECE centres is extremely important to ensure equity in the delivery of services. In order to institutionalize these services, a basis for standards regarding licensing, fee structures, teacher training and curriculum needs to shift from the existing guidance document towards an approved national policy (draft policy not accessible at the writing of this report).

**Primary education**

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<td>Net enrolment ratio</td>
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<tr>
<td>girls</td>
<td>96.1%</td>
<td>98.7%</td>
<td>98.7%</td>
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<tr>
<td>boys</td>
<td>98.33%</td>
<td>98.5%</td>
<td>98.5%</td>
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<tr>
<td>Net completion rate</td>
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<td>(Prop. of pupils starting grade 1 who reach grade 6)</td>
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<tr>
<td>girls</td>
<td>66.07%</td>
<td>89.9%</td>
<td>91.3%</td>
</tr>
<tr>
<td>boys</td>
<td>74.31%</td>
<td>89.8%</td>
<td>93%</td>
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Source: Educational Statistical Digest.

Universal primary education (UPE) was established as a national priority as early as the 1960s in Dominica in an effort to provide equal opportunities for girls and boys. However, quality education and the inequitable distribution of learning opportunities along with the generally unsatisfactory state of school structures hampered progress. A World Bank-sponsored survey in 1994 noted that 25 per cent of primary schools needed to be replaced and 35 per cent were “in need of repair”.\(^{53}\) Sweeping policy reform in the education sector in line with the OECS Education Policy Reform underway in the region led to Dominica’s abolishment of school fees in 2004 followed by a brief period of significant investments in recruitment of human resources and rehabilitation of schools. In 1998, expenditures in education amounted to 3.38 per cent of GDP compared to 1.53 per cent in 2012, representing an important decrease. Since then, one new primary school was completed in Newtown in 2015 and, with approximately EC$1.4M (from the Capital Fund), 10 primary schools were renovated and/or rehabilitated island-wide.

Against this backdrop, the Government has made significant progress towards providing quality primary school education. In 2012/2013, the total enrolment in Dominica’s 60 primary schools was 7,695 children, with a pupil-to-teacher ratio of 15:1 and the total number of new entrants recorded at 1,111. The repetition rate for the same period was 3.9 per cent or 321 children, and the drop-out rate recorded was 0.6 per cent or 46 children.\textsuperscript{54} The primary net enrolment rate and the primary completion rate have significantly improved since 2005 (see Table 6). However, these indicators suggest that the country has yet to achieve UPE.

When examining the bottlenecks and barriers hampering the achievement of UPE, a good starting point is the problem of out-of-school pupils or children who either (i) attended school but dropped out, (ii) are expected to enter school in the future, or (iii) will never enter school.\textsuperscript{55} For the Caribbean, most out-of-school children will start school late. A 2014 analysis conducted by FHI 360, using 2010 UNESCO Institute for Statistics data for Dominica, notes that 4 per cent of official primary school age children are out of school (approximately 5 per cent are boys and 3 per cent are girls of the same age).\textsuperscript{56}

Getting children into primary school at the right age, ensuring that they progress smoothly and facilitating completion are key elements to advance towards UPE. Dominica is struggling to get children into primary school at the official starting age (5 years): 11 per cent of children enrolled in kindergarten were past the starting age already at 6 or 7 years old. This is higher than most OECS member States, where numbers vary from 3.4 per cent to 20 per cent (excluding Montserrat at 100 per cent). On the other hand, 24 per cent of the students in kindergarten are below the official starting age of 5. The age of school entry is an important factor for both grade repetition and early school leaving. Ensuring children enter primary school at the official age of 5 can be improved by strengthening the role of truancy officers and/or attendance counsellors as planned for in the Education Act.

Progression from kindergarten through grade 6 is equally important to achieve and sustain UPE. Dominica is seeing the benefits of the push for pre-primary participation, with an estimate over 90 per cent of primary school entrants arriving with ECE experience in 2015.\textsuperscript{57} However, inequalities begin very early, with the children at greatest disadvantage falling behind at the very start of their schooling experience. Prospects of children entering, progressing and completing primary education is directly linked to their household and community situations. The more positive the school experience, the more easily children can develop ‘healthy connectedness’ in other areas. The degree of healthy connectedness children experience with parents, families, communities, church and the learning environment can determine a successful start and completion of primary education (see Figure 10). The more children experience healthy connectedness across all these areas, the more they are able to foster values such as mutual respect, responsibility and service within the community so as to access every opportunity to value themselves and to experience well-being.

Children living with high levels of poverty, disabilities and/or dysfunctional home environments are at greatest risk of experiencing psychological, social and developmental barriers during their primary years. Pupils coming from these environments are

\textsuperscript{54} OECS, Education Statistical Digest 2012-2013 DATE.
\textsuperscript{55} Number of children of official primary school age who are not enrolled in primary, expressed as a percentage of the population of official primary school age. Children enrolled in pre-primary education are excluded and considered out of school (World Bank 2012DATE).
\textsuperscript{56} Education Policy and Data Center 2014.

\textsuperscript{57} Commonwealth Education Hub, 2016 DATE.
most likely to have poor attendance rates due to transportation difficulties, for example. They perform poorly because of improper nutrition, attention deficit disorders and inability to concentrate due to dysfunctional family environments and domestic violence. They are more likely to come from single-parent households where adult supervision, guidance and support is limited or absent. Most teaching staff are not trained or experienced to address these issues with these children being left behind.

“I know when children in my class are experiencing a disconnect in their family or community... their clothes may not be clean or fresh, they are hungry when they arrive, or they may be sad.”

Primary school teacher
The Child Friendly School (CFS) concept, launched in 2009 in Dominica, has expanded to 35 of the country’s primary schools with nearly 60 per cent coverage. CFSs are promoting practices and behaviours designed to help guarantee children safe and protective spaces for learning, free from violence and abuse (see Figure 11). They also help children learn what is needed to face the challenges of the new century; enhance their health and well-being; raise teacher morale and motivation; and mobilize community support for education. CFS promote three basic principles: child-centred learning, democratic participation and inclusiveness. The success of this model is impressive, as noted in a UNICEF-supported study of 10 CFS schools, which noted a decreased use of corporal punishment, often seen as a bottleneck to successful completion of primary school.58 CFS aim to create a better understanding about the harmful consequences of social norms supporting practices such as corporal punishment and advance more ethical practices in dealing with behavioural issues.

Combatting the practices of bullying and sexual abuse is also part of the CFS approach. The lessons learned from this evaluation can be useful in orientations on human rights that should be part of training for teachers and other school personnel.

“We need to get people to appreciate what they have. If your school flourishes, the community flourishes. That’s why the PTA is important to me and my family.”

Single mother of two

The OECS Education Sector Strategy 2012–2021 speaks of “pastoral care for learners” as a cross-cutting strategy, a means to improve leadership management and accountability, teachers and professional development, teaching and learning, and curriculum and assessment.59 This ‘child-centred’ approach calls for actions that proactively identify and target children at risk of social, emotional and/or physical harm to reduce the intensity, severity and duration of risk behaviour. The strategy is grounded in concepts similar

58 Child Friendly Schools, Practices in schools in Dominica, UNICEF, 2011DATE.

59 OECS 2012.
to CFS and life-skills training, all designed to build and strengthen the dimensions of ‘connectedness’ all children need to successfully pursue and profit from lifelong learning opportunities.

Of the total 634 primary level teacher staff active at the end of school year 1993/94, only 37 per cent were trained. Specialists accounted for 2 per cent and teachers classified as temporary made up 35 per cent. After over a decade of teacher training investments, by 2012/2013 the primary teacher corps totalled 530, of which 90 had academic qualifications at Caribbean Secondary Education Certificate (CSEC)/O levels, 291 had Caribbean Advanced Proficiency Examinations (CAPE)/A levels and only 57 had bachelor’s degrees or higher. Specialized counselling services needed to deal with relationships, communication issues and school or family problems continue to be constrained by the limited number of trained professionals as well as the limited areas of special skills represented in the pool of counsellors needed to respond to children facing hardship and learning difficulties.

**Secondary education**

In 2014/2015 the Government recorded a total of 5,864 pupils enrolled in secondary school. The pupil-to-teacher ratio in 2012/2013 was 11:1. The student transition rate from primary to secondary school was estimated in 2014 by the Education Policy and Data Center at 98 per cent. The repetition rate for 2011–2012 was 7.6 per cent and the drop-out rate was 2.4 per cent.

The 2012–2014 Third Medium-Term Growth and Social Protection Strategy acknowledges a continued high drop-out rate in secondary schools. The CPA suggests that this is due to a number of causes, including: inability of parents to provide meals, transportation, textbooks, school fees, uniforms or examination fees for their children; teenage pregnancy; indiscipline by students at school; staying home to care for younger siblings; finding employment as a means of improving their quality of life; and low interest in the education curriculum. The Education Planning Unit (EPU) conducted a more recent analysis that indicates that migration could be the main reason for children dropping out. Looking at data covering a period of eight years (2006/2007–2011/2012), the EPU found that migration represented 33 per cent, pregnancy 6 per cent, financial difficulty 3 per cent and other 58 per cent. This analysis also confirmed that boys had a slightly higher drop-out rate than girls; 2.6 per cent and 2.2 per cent, respectively, in 2011–2012. Drop-out rates for girls have declined as the country records the lowest rate of teenage pregnancy in its history.

Provisions under the Education Act 1997 permit adolescent girls to return to school after giving birth. However, the reality is that exercising the ‘return’ option rests with the discretion of the school principal and other factors. Despite the principle that school is mandatory for children between 5 and 16 years, pregnant teenagers are sometimes asked to leave school until they give birth. Additionally, they are faced with stigma and often choose to discontinue school or to return after giving birth to another school. On the other hand, teenage fathers are left to complete school without disruption. Young mothers who wish to continue their education through alternative course work are discouraged due to fees, childcare requirements and lack of support.

In an effort to offset the non-direct cost (all but tuition fees) of secondary education, the Government implements social safety net programmes, particularly targeting low-income families. Whilst

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60 Education Policy and Data Center 2014.

61 Kairi Consultants Ltd. 2010.

62 10 teenage pregnancies reported for the 2011/2012 school year. Source Education Planning Unit. [?]

SITUATION ANALYSIS OF CHILDREN COMMONWEALTH OF DOMINICA
government coverage of transportation fees, books, school feeding programme, contribution to school uniforms, examination and registration fees absorbs a considerable amount of the social safety net programme budget within the MoEHRD, there are still children left behind. These non-direct costs of education present considerable difficulties for poor families who often have more than one child enrolled. In terms of knowledge acquisition, an important dimension of quality education, less than 35 per cent of students achieved the Caribbean Secondary Education Certificate (CSEC) with five subjects passes including English and math over the past five years. This means that 67 per cent did not attain the minimum matriculations required to enter tertiary education. With 1,114 students from 16 centres writing the CXC/CSEC exams in 31 subject areas in 2012, Dominica registered a 67.5 per cent pass rate. In 2013, 1,040 students wrote the exam in 31 different subjects with a 74.7 per cent pass rate. The overall pass rate in 2014 was 76.1 per cent. Students from Dominica often achieve the highest percentage of passes in the OECS, with girls outperforming the boys.63

The profile of subjects offered at secondary level is changing, with increased offerings of technical and vocational education and training (TVET) and innovative curriculum changes. Core courses will include language arts, mathematics, science, social sciences, health and family life education (HFLE) and visual and performing arts, with TVET (discussed below) including cosmetology, food preparation, garment making, electricity, woodwork, business and agriculture.

The situation regarding trained teachers at secondary level is similar to that of teaching staff in primary schools. Only 38 per cent of the 530 teachers at secondary level have attained bachelor or postgraduate degree level, with most of the teachers (247) attaining CAPE/A levels. Less than half of secondary teachers have been trained. Over 60 per cent of the teaching staff are female. Nearly 100 per cent of principals and deputy principals have received training.

Tertiary education

The number of Dominicans pursuing education at the tertiary level at the Dominica State College in 2011–2012 was 2,317: 37.5 per cent male and 62.5 per cent female. The 2011 Census reports a significant increase in the number to students attaining associate (220 in 2001 and 2,220 in 2011), bachelor’s (842 in 2001 and 1,942 in 2011) and master’s/doctoral (418 in 2001 and 676 in 2011) degrees in 2011, with more women than men receiving degrees at all three levels. The common perception that girls outperform boys is confirmed in the gender-based analysis of statistics at this level. However, the preferred subjects at college continue to reflect classic gender roles, with women choosing to focus on education and health and men enrolling mainly in applied arts and technology classes.

Choices of subjects at tertiary level are likely to influence girls moving more into traditionally male-dominated areas. Results from the 2013 CXC exams already exhibit this trend. In 2012 and 2013, girls outperformed boys in all but three of the 35 subject areas, including the traditionally male-dominated areas of electronic technology, information technology, principles of business and technical drawing. On the other hand, boys outperformed girls in the areas of French, English and food and nutrition. Dominica benefits from full scholarships for graduate and post graduate levels offered by 10 or more governments each year: 46 students benefitted from these scholarships in 2013. In 2013 also, 276 students were pursuing their studies in non-English-speaking countries. Additionally, the Government provides a budget for scholarships and stipends that totalled EC$5.9 million in 2014/2015 and EC$6.8 million in 2013/2014.
Technical and vocational education and training

Caribbean youth face serious challenges in the labour market as a result of inadequate skills. The focus for general formal education in Dominica, as with most Eastern Caribbean nations, has been oriented towards academic results rather than vocational or technical outcomes. Some would argue that this is a residue of the colonial past, which left in place a British-type system for grammar school. The educational models were formal, with an emphasis on classic study in literature, science and math. Interestingly, this was during a period when the economy of these islands was largely defined by an agricultural sector, which in Dominica employed 30–40 per cent of the workforce. Later, as the region promoted ecotourism as a primary source of income and acknowledged the importance of sustainable use of natural resources, educational systems were slow to keep in tandem with these changes in the workforce requirements. Major education policy changes are called for to fill the skill gaps exposed by the changes in the Caribbean economic landscape and changing global production patterns. This change is accelerated by the drive for a more competitive edge and the advent of technological applications for improved production.

“We are not introducing TVET. We are advancing the TVET agenda to a point where we can award certification.”

Government official

The CARICOM Regional Strategy for Workforce Development and Economic Competitiveness was conceived with a vision of “Sustainable economic prosperity through the creation of a globally competitive regional workforce enabled by a market-responsive education and training system”. In pursuing achievements under the regional strategy, the management of TVET in Dominica is currently under the authority of the MoEHRD, with a Technical and Vocational Education and Training Council (TVETC) appointed in June 2013 mandated to develop the local workforce for economic growth. The country is committed to building and improving the skills base of its workforce using a three-pronged approach: (i) expanding access to tertiary education; (ii) improving the quality of education and (iii) refocusing the education and training systems on building skills demanded by employers. The Ministry of Youth, Sports, Culture and Constituency Empowerment offers skills training for out-of-school unemployed youth through programmes managed by the Youth Development Division.

The high secondary school drop-out rates have negative consequences for unemployment and poverty. The overall figure for unemployment among the 15–19 age group is 39.9 per cent, and 40.5 per cent of youth aged 20–24 are unemployed, pointing to persistent barriers to employment among adolescents and youth in Dominica.

The Government Fourth Medium-Term Growth and Social Protection Strategy (GSPS) 2014–2018 includes priority action to increase provision of TVET in primary and secondary schools and refocus on education and training systems reflecting the skills demanded by employers. Dominica does not have a manufacturing sector per se but imports many items that need routine repairing and maintenance. The increasing need for medical equipment to diagnose and monitor non-

64 The strategy revolves around seven logically sequenced components: TVET redefined and promoted as an agent of workforce development and economic competitiveness; TVET integrated with general education for life and livelihood; a CARICOM training system; labour market intelligence of workforce development; career guidance and counselling; instructor training; and TVET financing: public private partnerships.

65 Central Statistical Office 2011.
communicable diseases – scanners and other special imaging equipment, for example – requires skilled service technicians. These services should be available locally versus calling someone in from another island (or even Canada or the United States) to get the job done.

The major shortcoming in building a successful TVET programme is the lingering perception that technical education is for ‘slow learners’ or students who cannot ‘follow along the mainstream’. Changing this attitude requires long-term advocacy effort. The Government’s commitment to increased TVET is based on the understanding that it is not merely a means of reducing drop-out rates, particularly among males, but is a cornerstone in building a strong skill base among the workforce needed to become more competitive. Basic education skills in reading and writing are essential for successful completion of TVET courses, which require comprehensive mastering of complex concepts communicated through technical textbooks.

TVET is not new to the education system in Dominica as active vocational training programmes were provided by primary schools in the early days of formal education and eventually formalized in the three-year Junior Secondary Programme (JSP). The JSP provided a means for students to either ‘bridge back’ into the mainstream secondary programme or, alternatively, prepare to enter the workforce. Options for secondary school students also included attending the technical wing of Dominica Grammar School, later transformed into the Clifton Dupigny Technical College. It was the push towards USE that ushered in the need to reposition TVET programmes in Dominica along with the 1990 regional TVET policy and in 2002 the Competency Based Education and Training (CBET) model adopted by CARICOM Member States. The CBET model came with the introduction of competency-based standardized training and assessment tools.

The Caribbean Vocational Qualifications (CVQ) programme was piloted in three secondary schools from September 2013. It is designed to facilitate certification corresponding to specific occupational areas that are relevant to employment needs and based on a regional set of standards and competencies. Through its emphasis on teacher education and development, the Dominica Education Enhancement Project (DEEP) delivered tools, equipment and learning materials to support the TVET programme at secondary schools and conducted a review of the National Curriculum Framework, recommending the inclusion of TVET in the lower forms of secondary school. By 2015, 11 secondary school teachers have been trained, as well as the TVET Coordinator and Education Officer – Measurement. Three lecturers from the Dominica State College have been trained as master trainers.

Whilst DEEP is an excellent source of funding for expansion of TVET, innovative private-public partnerships will need to be developed to ensure that every child has the opportunity to choose among TVET options and acquire and demonstrate competencies and skills with greater understanding and application of technology. Moreover, with the support of DEEP, there is an urgent need to put into place management and maintenance policies for the workrooms and expensive variety of tools. Safety and equipment care protocols are called for to ensure this investment is preserved for future TVET students.

Several students at secondary level are likely to earn CVQ certificates. However, a major challenge is the lack of a postgraduate placement process to allow graduates to quickly practice what they have learned.

**Education for children with special needs**

The Government has ratified the UN Convention on the Rights of Persons with Disabilities, but it has not enacted provisions of the Convention as the law still does not specifically prohibit discrimination against
persons with disabilities. No legal requirement requires access to buildings for persons with disabilities – access to polling stations is a bottleneck for disabled persons to enjoy the right to vote, for example. An official number of persons living with disabilities was not accessible, and nor is there a state agency specifically responsible for protecting the rights of unemployed persons with disabilities. Discussions with civil society indicated that the overall number of people living with disabilities in Dominica is high, with many of them unemployed because employers refused to hire persons with disabilities.

There are two special schools for children with intellectual or mental disabilities, both of which are largely government funded: the Alpha Centre, which has been serving children with special needs in Dominica for 40 years; and the Isulukati Special Needs School, which provides specialized curricula for students with intellectual or mental disabilities in the Kalinago Territory.

Both children with physical disabilities and those with hearing and vision impairments are integrated into mainstream schools as much as possible. The Office for Special Education situated in the MoEHRD, has recently been reinforced to carry out its responsibility for ensuring that individuals with special education needs are served through the school system. The five staff offer assessment, diagnosis and intervention services in speech and language therapy (with a focus on deaf education); clinical psychology for assessment and therapeutic services; educational assessment and intervention; teaching students with moderate to severe mental challenges; and working with visually impaired students.

Special education classes are provided through a select number of primary schools and the Alpha Centre. One public school also has a programme for autistic children. Teachers at schools known to have deaf students receive sessions in sign language to assist their learning process. With support from the Rotary Club, periodic training is offered to teachers and parents who work with children with exceptionalities, particularly with autism. CFS include a focus on training that aims to combat attitudes towards children with exceptionalities including disabilities. However, the education of children with disabilities remains a serious problem in terms of removing the stigma facing those who are mainstreamed in the public school system and extending education opportunities to those in rural areas who remain in their homes.

Children well-being (violence at school and participation)
The fundamental challenge in assessing school violence prevention strategies in the Caribbean is that, although a multitude of programmes exist, there is very little evaluated evidence of such interventions to guide policymakers and practitioners in identifying their relative effectiveness (including cost-effectiveness).

As mentioned above, school, community, church and family ‘connectedness’ are fundamental in reducing risky behaviour among adolescents, including violence at school. School connectedness is pivotal when it comes to creating an enabling environment in which adolescents can establish and maintain healthy connections with school and their communities. Relationships that help to form and sustain connectedness include those with teachers, counsellors and administrators, janitors, coaches, lunchroom servers, office assistants, counsellors, parents and school volunteers. They all have the potential of fostering the positive attitude needed to establish a bond between the pupil and the school and community. But several factors also depend on contributions from the institution itself: high academic rigour and expectations, supportive learning, positive adult-student relationships and physical and emotional safety.
Without this enabling environment, the stress of living in poverty, dysfunctional households and/or with a disability can be overwhelming and lead to harmful and risky behaviours such as violence, bullying and harassment in school. Clear policies, programmes and procedures on the school ethos, culture, structures and student welfare can be important to create an enabling environment, including a statement on processes for preventing and dealing with incidents such as violence, victimization, bullying, alienation, etc. Programmes/strategies to create a positive school culture and empower student participation are also helpful (e.g., peer support groups, giving students a role in decision-making bodies, peer mediation and teacher teams working with student groups on school issues). School assessment and reporting policy should go beyond budget and training/qualification indicators and incorporate elements of health, well-being, connectedness, resiliency and academic care. Democratic decision-making bodies/boards, parent-teacher associations (PTAs), meetings, newsletters and school-based and extra-curricular activities should be included in the accountabilities of the school leadership. School discipline policy should be reviewed with an emphasis on more ethical practices and harm minimization in dealing with behavioural issues.

During 2015 the MoHE carried out training in collaboration with the Juvenile Justice Reform project funded by the OECS Secretariat and United States Agency for International Development (USAID). Training on ‘workplace and peer group mediation’ and ‘conscious discipline techniques’ was attended by school counsellors as well as guidance counsellors of the MoEHRD. The training included participants from Goodwill Secondary (13), Pierre Charles Secondary School (20) and the Castle Bruce Secondary School (15) on peer mediation. The programme of peer mediation is aimed at reducing incidents of conflict and violence at the secondary schools by allowing students opportunities to settle their disputes amicably with the assistance of their peers.
The Right to Protection
States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.

Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary 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. (CRC, article 19).

Child protection calls for assuring all girls and boys experience the first 18 years of life nurtured by growth and development outcomes consisting of: (i) affection and care in the family, (ii) support of the community and (iii) freedom from abuse and violence. As outlined in the Convention on the Rights of the Child (CRC), all children less than 18 years old have a right to be protected from: (i) economic exploitation, (ii) hazardous and forced labour, (iii) physical, sexual or psychological abuse, (iv) prostitution, (v) mobilization in armed conflicts, (vi) trafficking and (vii) sexual exploitation. Actors and institutions at the individual, interpersonal, community, organizational and policy levels bear the duty of delivering the services, creating the demand and enabling the environments that nurture the growth and development outcomes essential for the realization of these rights.

Investing in children is central to the development targets set out in Government’s Third Medium-Term Growth and Social Protection Strategy 2012–2014. The Plan prioritizes poverty alleviation and social plan strengthening, with particular attention to children and the most vulnerable. It conveys the Government’s view of social protection as a basic right for all, one that it continues to translate into policies, programmes and activities that meet the best interests of children, with a focus on those children most at-risk, vulnerable and excluded. These interests are defined in national policies and laws, shaped by international documents, which set standards and enhance international collaboration. An institutional framework that includes interventions from six out of 14 ministries, civil society and development partners, focuses on the development support and protection of children.

Dominica is steadily building an impressive framework of support for its children. Over 90 per cent of primary school entrants arrived with ECD experience in 2015. Almost all children enrol in primary education. Health care is widely accessible, with medical services at the hospital free to children under 18 and adults over 60. Women and children in need can find referral services from the Child Abuse Prevention Unit at the MSSFGA. A range of social transfers, grants and services are available for direct relief in the areas of housing, education and welfare. These and other services are examples of the nation’s commitment to the rights of its children, and are dependent on the robust legal and institutional framework described in Chapter 2.

Strengthening national protection systems relies on several very important determinants and their complex interaction. An example of the complexity of this interaction is seen when looking at the problems of abuse and questioning why social tolerance for child abuse is high in some Dominican communities.

The Dominica Parliament unanimously approved the amendment bill to the Sexual Offences Act in October 2016 with the overall objective of ensuring that sexual offences are reduced, if not eliminated from society. Among the amendments is to make grooming children for sexual relations and peeping at children while they are showering illegal. Additionally, the
amendment includes penalties for persons who fail to report child abuse and for persons who accept bribes to avoid penalty for child abuse or to obstruct the trial.

**Sexual, physical and emotional abuse and neglect**

**Table 7: Child abuse statistics (reported cases), 2005–2015**

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td><strong>Sexual</strong></td>
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<td></td>
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<tr>
<td>Sexual</td>
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<td>107</td>
<td>99</td>
<td>76</td>
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<td>144</td>
<td>121</td>
<td>124</td>
<td>135</td>
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<tr>
<td>Neglect/abandonment</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>15</td>
<td>21</td>
<td>28</td>
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<td>Neglect</td>
<td>3</td>
<td>39</td>
<td>11</td>
<td>1</td>
<td>1</td>
<td>28</td>
<td>33</td>
<td>17</td>
<td>14</td>
<td>11</td>
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<tr>
<td>Emotional</td>
<td>7</td>
<td>6</td>
<td>9</td>
<td>3</td>
<td>2</td>
<td>9</td>
<td>1</td>
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<td>Incest</td>
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<td>0</td>
<td>19</td>
<td>12</td>
<td>18</td>
<td>23</td>
<td>16</td>
<td>18</td>
<td>20</td>
<td>22</td>
<td>148</td>
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<tr>
<td>Pregnancy</td>
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<td>0</td>
<td>0</td>
<td>26</td>
<td>17</td>
<td>13</td>
<td>11</td>
<td>12</td>
<td>14</td>
<td>9</td>
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<td>Physical abuse</td>
<td>29</td>
<td>31</td>
<td>25</td>
<td>19</td>
<td>17</td>
<td>0</td>
<td>33</td>
<td>13</td>
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<tr>
<td><strong>Total cases reported</strong></td>
<td>151</td>
<td>183</td>
<td>155</td>
<td>175</td>
<td>144</td>
<td>247</td>
<td>273</td>
<td>180</td>
<td>189</td>
<td>199</td>
<td>220</td>
<td>2,116</td>
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<tr>
<td>Male victims</td>
<td>25</td>
<td>55</td>
<td>22</td>
<td>13</td>
<td>15</td>
<td>39</td>
<td>49</td>
<td>23</td>
<td>23</td>
<td>15</td>
<td>47</td>
<td>326</td>
</tr>
<tr>
<td>Female victims</td>
<td>110</td>
<td>119</td>
<td>127</td>
<td>104</td>
<td>98</td>
<td>177</td>
<td>162</td>
<td>129</td>
<td>139</td>
<td>155</td>
<td>142</td>
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<td>Unknown victims</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>38</td>
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<tr>
<td><strong>Total victims</strong></td>
<td>152</td>
<td>176</td>
<td>155</td>
<td>130</td>
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<td>216</td>
<td>211</td>
<td>152</td>
<td>162</td>
<td>170</td>
<td>189</td>
<td>1,826</td>
</tr>
</tbody>
</table>

Source: SRSG on violence against children Report 2011. Disaggregation categories vary somewhat by year due to improved reporting standards beginning in 2008. Data for 2012–2015 from Ministry of Social Services, Family and Gender Affairs. *the number of cases does not equal number of victims as one child may have suffered from several cases of abuse including several types of abuse.*
The Children and Young Persons Act and the Sexual Offences Act, No 1 of 1998 prohibit all forms of violence, including physical, mental and sexual violence, injury or abuse, neglect or negligent treatment and exploitation. The Sexual Offences Act establishes the age of consent at 16 years and makes sexual intercourse with persons under the age of 14 punishable by 14 years of imprisonment and incest with children punishable by 25 years. However, there is no specific legislation that addresses these violations when they occur in schools, residential care institutions, juvenile justice institutions or the workplace. The Government’s commitment to protecting Dominican children’s right to be protected is also embodied in the 2010–2013 National Action Plan on Child Sexual Abuse.

The 2007 Joint Report by the United Nations Office on Drugs and Crime and the Latin America and the Caribbean Region of the World Bank indicates a rise in sexual assault, sexual violence and domestic violence in the region.66 Region-wide research conducted by the University of Huddersfield and commissioned by UNICEF also helped to highlight the gravity of child sexual abuse in the Caribbean.67 According to Child Fund Dominica, sexual abuse is the most common form of gender-based violence against children in the country, especially in communities with high unemployment, juvenile delinquency and student drop-out rates, as well as frequent drug use and sexual abuse.68

The statistics in Table 7 show that over 60 per cent of child abuse cases reported over a 10-year period were sexual abuse. Physical abuse counted for nearly 12 per cent of reported cases over the same time period. Girls are more often abused than boys (nearly four to one). Nearly half (47 per cent) of the reported cases in 2005–2015 involved children between the ages of 11–15 years and 33 per cent of cases involved children under the age of 11.

In 2014, UNICEF and UN Women conducted a survey on attitudes to corporal punishment, child sexual abuse and domestic violence in Dominica through face-to-face interviews with 600 adult women and men.69 The results provide a valuable basis for understanding practices, experiences and attitudes towards corporal punishment, as well as views on child sexual abuse. On a positive note, the results indicate: (i) a slight cultural shift in terms of acknowledging that discipline of children is possible without the use of corporal punishment (see Figure 11); and (ii) the willingness by some to see a ban on the use of corporal punishment in schools (43 per cent) and in the home (25 per cent). A UN study in 2009 had found that more than 90 per cent of children in Dominica reported experiencing physical abuse at home or at school.70

With regard to child sexual abuse, nearly 80 per cent of the respondents in the 2014 survey believed this to be a major problem in Dominica. Respondents showed a clear understanding of what constitutes child sexual abuse, with nearly 100 per cent answering yes on the following: engaging in sexual activities with a child; indecent exposure to a child; physical contact of a sexual nature with a child, like touching or stroking the child’s private parts; showing pornography to children; asking to see a child’s private parts; and voyeurism (peeping/looking a child’s private parts for adult’s sexual gratification).

When it comes to reporting incidents of child sexual abuse, however, the survey confirms that much work is yet to be done to: (i) convince children, parents and service providers to report the incident to the relevant authority; (ii) ensure that the child is protected and counselled to avoid long-term negative effects; and (iii) apprehend and prosecute the perpetrator to the full extent of the law. Reasons given by respondents for not reporting are shown in Figure 12.

67 Jones and Trotman Jemmott 2009.
68 Ennulat 2014.
69 CADRES 2014.
70 Humanium 2013.
Interviews with stakeholders during the preparation of this report indicate that, even with the increase in reporting resulting from recent advocacy efforts, they believe many cases continue to go unreported because: (i) Dominica is a small society so there is no confidentiality and people worry about the stigma; (ii) cultural values prevail that depreciate the role and place of children; (iii) there is a belief that the end of childhood for a girl coincides with beginning of their menstrual cycle; (iv) many of the perpetrators are powerful people; and (v) abuse occurs often in poor, single female-headed households where the mother has ‘visiting’ boyfriends; among others.

Six out of 10 primary and secondary school children interviewed in focus groups for the SitAn said that they knew someone (friend or relative) who had been a victim of sexual abuse.

Interviews and discussions also pointed out the importance of legislation addressing the issue of child abuse and pornography. The use of cell phones to access pornography and the mounting prevalence of ‘sexting’ among teenagers were raised as real concerns. However, existing national legislation does not prohibit child pornography.

Success in processing and sentencing perpetrators of sexual, physical and emotional abuse and neglect is very limited. The National Registry on Domestic Violence shows that between July 2011 and January 2014 there were 360 reported cases of sexual and physical abuse in the 0–15 age range, but only 17 persons “accused”. The highest numbers came from the 0–5 age group. Again, discussions with stakeholders suggested that there are serious delays in the court processing system and a lack of capacity to respond to breach of orders. Discussants also noted that “a payoff to the parents” often occurs before the case gets to court.

In an effort to strengthen parents’ sense of responsibility and ability to protect their children, the

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“Child sexual abuse has graduated away from the home setting... towards schools and centres where young people gather.”

Teacher

“My friend did not report being sexually abused because she didn’t think anyone would believe her.”

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71 Bureau of Gender Affairs 2014, Table 8.
Child Abuse Prevention Unit initiated parenting programmes targeting communities with high reported cases of abuse. Using methodologies that promote robust interaction between parents and role-play, the classes build a better understanding of what is needed to bring parenting beyond the custodial role and render families more functional. Parents support and learn from one another by exchanging actual experiences and examining ways in which their situation could have been handled more effectively. Topics covered include stages of development, communication among family members, conflict resolution, parental role in helping the child succeed in school, the signs and effects of child abuse, how to protect your child from abuse, and the roles and responsibilities of parents and children. Although the number of parents completing this three-week programme is limited, the response to the initial sessions has been positive. Sustained funding is needed to expand the parenting programme, fully develop the methodology and materials and follow-up with parents who have completed the sessions to measure the overall results.

Children who experience sexual, physical and emotional abuse and neglect can face enormous difficulty normalizing their lives, and in many cases there is a cumulative effect that is debilitating. With only one counsellor and a part-time psychologist available to the Child Abuse Prevention Unit, more needs to done to provide institutional capacity for effective monitoring and management of abuse cases, including support to child victims and their families. Working with child victims requires trained and experienced personnel. Offering an incentive for university students to specialize in areas needed and providing opportunities for exchange visits to other countries could help to fill this gap. Peer support groups and networks at community level and in schools could provide support for child victims.

Many of the actions that are needed to further improve the institutional response to the sexual, physical and emotional abuse of children in Dominica are included in the National Plan of Action on Child Sexual Abuse 2010–2013 in the areas of legislative framework and enforcement, advocacy, mapping, reporting and monitoring. Review of the plan would help to take note of progress and lessons that can be used to renew the Government’s commitment to prevention efforts.

Residential care
The Social Welfare Division, housing the Child Abuse Prevention Unit, is responsible for care and protection of children, social assistance to families and juvenile probation. The Division is understaffed, with only five full-time social welfare officers who double as social workers and probation officers. Case-loads vary but can include an average of 20 childcare and protection or public assistances cases and 40 juvenile probationers at any given time. One full-time counsellor is on staff to assist with cases of abused or neglected children.

CHANCES, a place of safety for children at risk that opened in April 2011, is the only government-operated residential care facility. It is an emergency, short-term (up to six months) centre for children in need of care and protection. CHANCES can accommodate up to 32 children from babies to 18 years who are at risk of psychological, physical and sexual abuse and neglect/abandonment. It fills an essential gap in the care and protection of children requiring a temporary solution until they can be permanently placed with biological
family members or in foster care. In its first 18 months of operation, 66 children transited through this facility. The number of children in residence varies according to need, with 19 children resident at the time of writing.

With funding from the Government and some private donations, CHANCES aims to improve the life chances of children and young people who are vulnerable, abused or excluded and also serves as an important step to prevent at-risk children from adopting lifestyles that would be detrimental to themselves and to the wider society. The routine activities offered include education, skills development, recreation and counselling. Parenting programmes are also conducted along with planned home visits as follow-up to placement of children in foster care or with biological family members. Operation Youth Quake (see below) also accommodates children who are abused, neglected or ‘in crisis’ with a safe temporary place to live.

**Children in conflict with the law and juvenile justice**

The results of the qualitative analysis for the SitAn presented a general perception of high crime and anti-social and delinquent behaviour among youth. Interviewees attribute the cause to a complex interaction of risk factors including poor parenting (lack of ‘care and control’), an increasing number of female single-parent households, unemployment, growing drug use (alcohol and cannabis), teenage pregnancy, problems with suspension/expulsion/dropping out from school, child abuse and exposure to violence and general poverty.

Careful analysis of these factors shows that not all households headed by single females are at the centre of criminal behaviour among young people, but more of such households are poor and there may be a notion of ‘learned helplessness’ that can promote intergenerational poverty. Several women interviewed recalled growing up in similar households where their mother was “unemployed”, “hooked on alcohol” and/or had “visiting male friends”, for example. Girls are at increased risk of sexual abuse due to the series of ‘revolving door’ relationships the mother goes through and lack of parental protection. Young boys and youth often engage in harmful behaviours that result in conflict with the law and juvenile offences.

**Table 8: Key definitions used to discuss juvenile justice in Dominica**

<table>
<thead>
<tr>
<th>Definition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child</td>
<td>Under the age of 14 (Children and Young Persons Act. However, the CRC defines a child as a person under the age of 18)</td>
</tr>
<tr>
<td>Juvenile</td>
<td>Under the age of 18 years (Children and Young Persons Act)</td>
</tr>
<tr>
<td>Young person</td>
<td>Person between the ages of 14 and 18 (Children and Young Persons Act)</td>
</tr>
<tr>
<td>“Young offender”</td>
<td>While not clearly defined legally, in practice this refers to an adult between 18 and 23 years (loosely referred to in the Criminal Justice Reform Act)</td>
</tr>
</tbody>
</table>

Juvenile justice reform was launched in June 2012 followed by a situation analysis completed by the end of the year and a policy framework drafted in 2013. For most OECS countries, preventative and diversion programmes – where children who have committed an offence are kept out of prison – are becoming the preferred option as they emphasize rehabilitation approaches to juvenile offenders, within a restorative justice framework, rather than criminalization and punitive measures. Following this approach, the National Policy and Action Plan on Juvenile Justice set out a comprehensive policy framework and a detailed strategic action plan for improvement of the juvenile justice framework at every step of the process (contact with the law, investigation, arrest, court proceedings, rehabilitation and reintegration). A Juvenile Bill – based on the OECS model – has been drafted and is before the legislature for approval. The need for considerable legislative reform represents the main bottleneck to its adoption and implementation.

The current juvenile justice system is largely based on legislation dating back to the colonial era that emphasizes criminalization of juveniles and requires
punitive measures be taken. This system upholds whippings, flogging and life imprisonment for juveniles, for example. Legal aid and representation are accessible for juveniles, but there is no ombudsman or mechanism for filing complaints. The minimum age of criminal responsibility is 12 years, and the juvenile justice framework applies to young people between the ages of 12 and 18 years who come into conflict with the law. However, the variants in the use of terminology in reference to juveniles in Dominica are worth noting (see Table 8).

The total prison population of 220 in August 2015 included nine children (six boys and three girls). All children who are imprisoned are kept in with the general population. Among the stakeholders interviewed, there was a perception of increasing violence and offending among youth. Interviewees mentioned numbers of crimes, repeaters and the mounting levels of seriousness in the offences. Absence of quality national data disaggregated by basic demographic characteristics limits the ability to evaluate these perceptions. However, estimated data from 2008–2011 notes an average of 294 new juvenile items presented before the court per year, including care and protection matters. This same data notes an average of 170 juvenile charged each year.72 Discussions and interviews during the August 2015 data collection visits estimated that about 10–15 cases concerning juveniles are heard weekly (this includes continuations). Although these data are unconfirmed, they suggest that the number of juveniles processed through the court has doubled between 2011 and 2015, confirming the general perception of an increase in youth offending.

Data collection on juvenile offenders is largely limited to the records held at the magistrate’s court (basically the docket) and limited to offences charged.73 This represents an important reporting bottleneck and hampers the ability to understand the level of offending as well as trends in charged and non-charged offences, urban versus rural offenders and offences by age and sex. However, these data do present a glimpse at most common offences for which juveniles are charged in 2008–2011 (see Figure 13).74 The number of juveniles charged on matters of serious violent crimes is small, representing only about 7 per cent over the 2008–2011 period. Drug-related offences (mostly possession of cannabis) made up 9 per cent of juvenile charges in the same period.

Dominica has yet to establish a family court. Meanwhile, all juvenile dossiers are handled by one magistrate, who sets aside one day a week to hear juvenile cases. The same magistrate also handles maintenance and abuse issues. The Magistrate has options regarding probation either community service or free work within the community for a maximum of three years. A prison sentence is the last resort, although it is not uncommon for a juvenile to be remanded to prison until the case can be brought before the court.

The Ministry of Justice, Immigration and National Security (MJINS) and the Ministry of Social Service, Family and Gender Affairs (MSSFGA) embrace the

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73 Data are available by examining the records held by Judicial Enforcement Management System (JEMS) and should be treated with such limitations in mind.

approach of diversion programmes for underage offenders. Diversion programmes consist of basic skills training, educational assistance and counselling. Under diversion, a court will refer a juvenile to the MSSFGA, where the Probation Service aids in the rehabilitation process by providing supervision, guidance and counselling. The juvenile is normally enrolled in a life skills course held at one of the relevant local programmes or services provided by community-based organizations. In addition to the Youth Division (Ministry of Culture), there are four NGOs currently offering these alternatives and support services for juveniles.

1. **Youth Division**: serving youth up to 35 years of age, the focus is on services and programmes for school dropouts and at-risk youth by addressing unemployment through a Skills Training Programme, the Dominica Youth Business Trust and Youth Enterprise Centres. The Youth Division also offers counselling services, literacy and skills training programmes at Dominica State Prison.

2. **A Ganar**: introduced in 2011, A Ganar is a youth workforce development programme operated in Portsmouth and Roseau. Using soccer and other team sports, it aims to help at-risk youth ages 16–24 through full-time learning in the areas of technical skills, remedial literacy, math and recreational sports. Upon completion, participants take part in two-month internships for practical experience in the field of study.

3. **CALLS**: established by a religious order in 1994 as a programme for at-risk youth and designed based on a model from Trinidad and Tobago. With a capacity of 25 and serving youth 16 and older, it offers two years of vocational education with a basis in English, math and social studies. Although it is the only such programme serving the north of the island, students come from all parts of the country. With a graduation rate of 75 per cent, CALLS receives more applications that it can accommodate.

4. **Operation Youth Quake (OYQ)**: the oldest service/programme available for at-risk youth, OYQ is a residential facility (capacity of 16) located near Roseau and initially developed in 1978 as an alternative to prison for boys. It had shifted towards more general care and protective services for children and operates day programmes in order to meet the demand for education and skills development for youth. However, with the opening of CHANCES, OYQ is returning to its original mandate of working with juvenile offenders. The centre caters mainly to 15- and 16-year-old boys but also takes in children under 15. Unfortunately, although OYQ is intended for temporary stays, some children end up in residence until they reach 18 years of age. Residents under 16 attend the formal school system and several children participate in alternative programmes at the Social Centre, including From Offending to Achieving (FOTA) (see below). The OYQ programme includes sessions with external professionals including policy officers and nurses and training in agriculture and farming. Most of the juveniles are referred by the Social Welfare Division because of child abuse and abandonment, minor theft and drug offences.

5. **The Social Centre**: provides a variety of support and community programmes for at-risk children. It also provides day-care facilities for children. The Adolescent Skills Training Programme offers alternative education and training for dropouts or children unable to continue in the public-school system. The Centre has operated FOTA, the only diversion programme in Dominica for juvenile offenders, since 2007. FOTA has very limited slots available for boys only between 15–20 years, who are usually referred by the magistrate as an alternative to prison. However, some boys come on their own looking for educational and training opportunities. FOTA, started with full support from UNICEF, receives very little government funding and has difficulty responding to the demand. By emphasizing rehabilitation and reintegration as opposed to punitive approaches, the Centre makes a special effort to involve family in the
rehabilitation process via home visits, although only 40 per cent of the parents participate.

Discussions with interviewees indicated excellent coordination between these programmes and services and the two ministries. Although short on staff, their capacity in dealing with court referrals is good and they understand the process well. These centres operating services and programmes for at-risk youth and juvenile offenders could be more effective if followed up with a robust aftercare programme, which is currently hampered by limited human and financial resources. There is some discussion with the religious community regarding ideas for a ‘halfway house’ to assist with transition from prison.

Overall, the dearth of research in the area of juvenile justice and the absence of reliable disaggregated data make a comprehensive understanding of the situation of youth offenders – and therefore the design of appropriate preventative programmes and services – difficult. Many of these constraints were mentioned in the initial CRC report.

Adolescent pregnancy

Table 9: Girl dropouts due to adolescent pregnancy

<table>
<thead>
<tr>
<th>Year</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005–2006</td>
<td>9</td>
</tr>
<tr>
<td>2006–2007</td>
<td>5</td>
</tr>
<tr>
<td>2008–2009</td>
<td>14</td>
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<td>2009–2010</td>
<td>8</td>
</tr>
<tr>
<td>2010–2011</td>
<td>6</td>
</tr>
<tr>
<td>2011–2012</td>
<td>10</td>
</tr>
</tbody>
</table>

Source: Education Planning Unit

The problem of adolescent pregnancy continues to be a focus for the Government, although there are signs of decreasing numbers. The rate in 2014 was considered the lowest in the history of Dominica. What is unclear is the number of girls under 16 years of age or below the age of consent who become pregnant. The numbers in Table 9 exclude adolescent pregnancies below the age of secondary school or pregnancies among out-of-school girls. Without a reporting system in place among schools, hospitals, the police or other institutions, it is not possible to establish statistics on statutory rape even when this results in adolescent pregnancy.

As mentioned above, the Education Act 1997 provides for the option of girls to return to school after giving birth. However, few opt to return due to the stigma attached to teenage pregnancy and, it should be noted, because the decision to return is often ‘delegated’ to the school principal. If girls do opt to return to school, they usually return to a different secondary school. Girls who do not return but desire to complete their secondary education are able to enrol in courses that allow them to attain their certificate of completion and sit for exams. The fees associated with these courses are often a major bottleneck as teenage mothers struggle to gain employment and independence.

While women in Dominica decide freely on the number and spacing of children, adolescents have little access to sexual and reproductive health (SRH) information. The legal age of consent to sex is 16, but the legal age of majority is 18. Below the age of majority, the law requires parental consent for medical treatment. Access to contraceptives and other aspects of SRH care and services for 16 and 17 year olds is restricted although they can legally have sex. Primary health centres provide very basic family planning options that include distribution of condoms. Most schools do not offer sex education subjects, beyond the very basic module included in some HFLE classes, despite the evidence that the number of sexually active adolescents in Dominica is high.

Children have the right to live. Governments should ensure that children survive and develop healthily (CRC, article 6). Children have the right to good quality health care – the
The Right to Health
best health care possible – to safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy (CRC, article 24)

Mothers should have appropriate pre-natal and post-natal health care (CRC, article 24)

The National Strategic Plan for Health 2010–2019 and the Growth and Social Protection Strategy 2014–2018 outline Dominica’s pathway to protecting its citizens’ right to health. The Government’s goal is to ensure the availability of quality health services that respond to the needs of the population. Dominica prioritizes health by dedicating 13 per cent of its annual budget to health care. However, budget shortfalls still exist with consequences to the public health sector. Primary health care is available and accessible to the population through 50 decentralized health centres, where most services are free and funded through general tax and user fee revenues. The user fees are collected at the three secondary care facilities – Princess Margaret Hospital in Roseau and the district hospitals in Portsmouth and Marigot – as well as the Central Medical Stores for services such as x-ray, lab, mortuary and nursing home. Out-of-pocket spending is estimated at 30 per cent of the total health expenditure. Princess Margaret Hospital is the major trauma facility and provides medical-surgical services, intensive care, diagnostic services and some specialty services. It also provides referrals for tertiary services available only off-island, with most citizens going to Barbados, Guadalupe or Martinique for care.

In general, women and children have access to health care services. Most people live close to a primary health centre, although with current trends of population movement the rural centres are often underutilized and urban centres over-utilized. Nearly 100 per cent of women have a skilled birth attendant at delivery, and vaccination coverage for all antigens is 96.7 per cent. Adolescent pregnancy rates are low at 0.2 per live 1,000 births.

Despite a functioning and accessible health system, Dominica faces significant challenges related to the health and well-being of its women and children, as outlined below. In many cases, it is hard to understand the full scope of the problem due to lack of data and robust analyses. The Ministry of Health and Environment (MoHE) does not have a health planning office or a monitoring and evaluation unit. It is recommended that the MoHE strengthens its data collection and analysis to link service provision to utilization to health outcomes and make data more accessible for evidence-based planning and budgeting.

Infant and child mortality

The infant mortality rate (IMR) in Dominica is concerning especially when considering surges in the rates over the past few years. The most recent numbers (2015) from the MoHE show it at 19.6 (per 1,000 live births). Causes include birth asphyxia, neonatal sepsis, prematurity and neonatal pneumonia. For an upper-middle-income country with a comprehensive health system, these numbers can and should be much lower. The antenatal care coverage rate has room to improve at 79 per cent and although the vast majority of women give birth within the health-care system, high rates of neonatal deaths indicate that the quality of services and resources available to mothers and new-borns needs to be enhanced.

Previous reporting on the under-5 mortality rate (USMR) indicated a fluctuation of this indicator based

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76 Ministry of Health and Environment (MOHE) 2010.
77 Dental services are free for students only at the district level. Adults pay a small fee for services.
78 Strengthening Health Outcomes through the Private Sector and Health Systems 20/20 2012.
79 Ibid.
80 Ibid.
81 Health statistics for 2013 provided by the Health Information Unit, Chief Medical Officer Office (September 2015).
82 Ibid.
83 Strengthening Health Outcomes through the Private Sector and Health Systems 20/20 2012.
85 Ministry of Health and Environment 2010.
86 Ibid.
on various sources. A 2003 report showed an increase from 11 (per 1,000 live births) in 1990 to 21 in 1998.87 World Bank data reports a more stable status of 20 and 21 (per 1,000 live births) between 2011 and 2015.88 The UN IGME reports a change from of 17 to 21 (per 1,000 live births) between 1990 and 2015. The average U5MR for the Latin America and Caribbean region is 18 (per 1,000 live births) for 2015.89 Causes of the increases and the higher than regional average are under review but partially explained by several under-5 deaths caused by sepsis.

The Government has directly addressed the issue in the National Strategic Plan for Health 2010–2019 and the Growth and Social Protection Strategy 2014–2018. It is currently implementing an intervention programme funded by the European Union with the objective of reducing the U5MR to 10 per 1,000 live births by the end of 2019. This programme includes an action plan with a timetable, annual indicators and recommendations for (i) implementation of strengthened perinatal (first week of life) and neonatal (<30 days) databases, and (ii) the resources required for implementation of programme and databases.90 It is recommended the Government invest in and use this action plan and these recommendations to take appropriate, evidence-based action to prevent infant deaths and closely monitor and evaluate the health outcomes related to the intervention.

### HIV/AIDS

#### Table 10: HIV-positive cases by age and sex, 2014

<table>
<thead>
<tr>
<th>Age group</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;1–19</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>20–24</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>25–29</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>30–34</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>35–39</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>40–44</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>45–49</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>50–54</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>55–59</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>60+</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td>2</td>
<td>18</td>
</tr>
</tbody>
</table>

Dominica has no malaria cases and an HIV prevalence rate in the general population of 0.75 per cent, well below the 1.0 per cent prevalence target in the MDGs.91 With regards to women and children, prevention of mother-to-child transmission (PMTCT) of HIV is a national priority with a 100 per cent success rate. All pregnant women identified as HIV-positive are treated with highly active antiretroviral therapy (HAART), and in the past 10 years there has been no seroconversion to infants. In 2014, there were no reported positives among pregnant women and no new cases in children under the age of 19 (see Table 10).92

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87 Downes and Downes 2003.
88 World Bank 2016.
89 UN IGME 2015.
The overwhelming burden of HIV/AIDS in Dominica is among men who have sex with men (MSM). The estimated prevalence in this population is 26 per cent. The localized epidemic among MSM can also affect women and youth. A 2010 study found that 57.4 per cent of the MSM surveyed had sexual intercourse with one to five women in the previous six months, and the majority of study participants (75.3 per cent) first had sex with a female or male before the age of 15. This localized epidemic requires special interventions targeting MSM and their female partners, as well as anti-stigmatization and discrimination actions aimed at supporting MSM's health and well-being.

Although Dominica signed the ICCPR with no reservations or declarations in June 1993, no reports have been submitted on compliance as called for in article 40. With ratification of the Convention, the Government is obligated to uphold certain civil and political rights of the population, including lesbian, gay, bisexual and transgender persons (LGBT). Dominica was also one of 84 nations and one of two Caribbean countries that signed a non-binding joint statement delivered to the UN General Assembly in 2011 advocating for “Ending acts of violence and related human rights violations based on sexual orientation and gender identity”. Nevertheless, Dominica maintains laws prohibiting same sex intimacy, including the Sexual Offences Act section 16 regarding buggery. The text does not differentiate between consensual or non-consensual sex and carries imprisonment punishments ranging from five to 25 years depending on the age of those involved. Statistics obtained from the Criminal Records Office for the period of 2000 and 2010 show that 50 cases of buggery were reported.

Because LGBT persons are wary of expressing their orientation for fear of legal prosecution, social pressures and the general stigma attached to homosexuality, they often enter into heterosexual relationships as a cover up. As previously noted, the high rates of HIV and AIDS among MSM put the heterosexual female population at risk. The interviews with secondary school students reveal a slight change in attitudes to homosexuality, in that over 50 per cent of those questioned said they “have lesbian or gay friends at school”, but also that “it is easier for a lesbian than a gay guy to come out”.

94 Ibid.
95 UN Human Rights Council 2011.
96 Heartland Alliance for Human Needs and Human Rights 2011.
Although sex education is taught in some schools as part of the HFLE curriculum, it is unlikely to include LGBT human rights issues because of the prevailing conservative Christian culture. Moreover, with practicing Roman Catholics making up over 60 per cent of the population, teaching of sexual and reproduction health (SRH) is likely to cover the minimum of information excluding contraceptives. The fight to stamp out HIV and AIDS must include access to family planning and sexual health education for in- and out-of-school youth. As it stands, adolescents require parental approval to access medical services including SRH information services. Laws and policies should be clear in protecting confidential SRH information for adolescents, and an effort should be made to ensure user-friendly access including for adolescents who are new parents.

**Chronic diseases and obesity**

In what has been described as a rapid dietary and epidemiological transition, chronic non-communicable diseases (NCDs) have replaced malnutrition and infectious diseases as major health issues. The shift towards prevention and treatment of chronic NCDs requires a very different approach to meet the new supply, demand and quality standards. These means: (i) different equipment (lab set-ups and x-ray tools) to investigate and diagnose NCDs using delicate imaging instruments at both the central and sub-national levels; (ii) a change in outreach strategies including rigorous efforts to equip health personnel with skills to monitor and communicate for behavioural change; and (iii) a higher quality of human resources prepared to handle patients dependent on drugs and alcohol as a result of stressful home and work environments. Additionally, unlike the fight against infectious diseases, effort to reduce the incidence of chronic NCDs will not produce immediate results but requires long and sustained input to register significant change. Changing behaviours and attitudes regarding the production and consumption of nutritious foods also needs resolved political will and sustained resources.

The Director of the Pan American Health Organization (PAHO), Dr Carissa Etienne, a native of Dominica, came to the country in July 2015 and presented “startling” statistics on chronic NCDs that made the headlines, stating “For every three persons, one has high blood pressure; for every five persons in Dominica, one has diabetes; for every four persons in Dominica, one has high cholesterol; for every two people, one is overweight or obese.” She called for preventative measures, reminding the Government of its responsibility to ensure an enabling environment where people can live healthy lifestyles.97

While NCDs among adults have a social and economic impact on society as a whole, these diseases are also becoming a leading health issue among children. In October 2014, the countries of the Americas unanimously signed the 5-year Plan of Action for the Prevention of Obesity in Children and Adolescents at the 53rd Directing Council of PAHO. The plan calls for policy change, such as taxes on sugar-sweetened beverages and regulation of food marketing and labelling, improved school nutrition and physical activity and promotion of breastfeeding and nutrition. It highlights how in seven Eastern Caribbean countries the combined rates of overweight and obesity in children 0–4 years doubled from 7.4 per cent in 2000 to 14.8 per cent in 2010.98 According to Dominica’s Minister of Health, “the prevalence of overweight and obese children (0–59 months) increased from 9 per cent in 2000 to 12 per cent in 2009; and an estimated 24.8 per cent of adolescents (13–15 years) were overweight and 9.1 per cent obese”.99

The Government is taking action. The National Food and Nutrition Policy is pending adoption, and the country’s overall Health Strategy and Action Plan (HSAP) is already established with an operational plan being prepared.100 Interviews with MoHE officials highlighted the need to explore taxation on sugar, sweetened beverages, tobacco and alcohol as these policies have shown

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98 PAHO, WHO 2014.
99 Caribbean 360 2016.
results in combating chronic disease in other countries. It is recommended that a multidisciplinary approach is used across sectors to promote good nutrition, healthy lifestyles and physical activity among children and youth, which may include improving nutrition in food options in and around school, promoting sports for girls and boys and regulating substances that are risk factors for chronic disease.

**Drug and alcohol use and mental health services**

Alcohol, tobacco and marijuana use among youth can be detrimental to their health and well-being and has strong associations to mental illness, academic difficulties and problems with the justice system. In a comparative study of secondary students in 12 Caribbean nations, Dominica had above average rates for both male and female use of alcohol, tobacco and marijuana (see Table 11). The Government has conducted two National Secondary School Drug Survey Reports in the last decade (2006 and 2010) and, although the report is not finalized from the 2010 survey, results show lifetime marijuana use increasing by 11 per cent since 2006. Further, in 2010 43 per cent of 9-year-olds and 93 per cent of 13-year-olds had tried alcohol.

Then National Drug Abuse Prevention Unit in the Ministry of Health has a difficult job due to budget constraints and cultural acceptance of these substances.

With only five drug abuse prevention officers working across the island to engage youth and increase parental, community, school and community-based organizations involvement in the fight against substance use, there is a need for more feet on the ground. Dominica has a legal buying age for alcohol but no legal drinking age or smoking age for tobacco. There is room to strengthen taxes on alcohol and cigarettes and regulations on the issuance of liquor licenses. It is recommended that the Government look at how to strengthen its policies to support the prevention of alcohol and drug abuse, especially among youth.

Dominica also lacks services for drug addiction and abuse, as well as other mental health issues. There is a need for a rehabilitation centre for addicts in the general population as well as services for people in prison. People with mental health issues have few options for seeking care, which is generally through the psychiatric unit at the hospital. In interviews across the Government, it was stated that there are not enough mental health professionals and the ones working are stretched thin. WHO reports 3.01 psychiatrists in Dominica per 100,000 people. It is recommended that Dominica works to train and recruit more mental health professionals to tackle problems such as substance abuse among youth.

**Table 11: Prevalence of alcohol, cigarette and drug use among 13–17-year-olds (%)**

<table>
<thead>
<tr>
<th></th>
<th>Lifetime prevalence</th>
<th>Past year prevalence</th>
<th>Past month prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Males</td>
<td>Females</td>
<td>Males</td>
</tr>
<tr>
<td>Alcohol use</td>
<td>81.5</td>
<td>79.06</td>
<td>68.85</td>
</tr>
<tr>
<td>Cigarette use</td>
<td>38.39</td>
<td>24.12</td>
<td>17.84</td>
</tr>
<tr>
<td>Marijuana use</td>
<td>39.87</td>
<td>20.73</td>
<td>25.26</td>
</tr>
</tbody>
</table>

Source: CICAD 2010.

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101 CICAD 2010.
102 Ibid.
103 National Drug Prevention Unit, 2015 DATE.
104 WHO 2011.
The SDGs and a New Framework for Children
While the Millennium Development Goals (MDGs) set the international development framework for action until 2015, United Nations’ Member States had agreed at the Rio +20 Conference to create a set of Sustainable Development Goals (SDGs) to coordinate the development efforts post-2015. The SDGs represent a new framework for global development that was officially adopted at the SDG Summit in September 2015. The process of developing the SDGs was not limited to the United Nations; it involved vast participation from different stakeholders from civil society, private enterprises and citizens around the world. There are 17 Goals (see Table 12) and 169 targets. They are action-oriented, global in nature and universally applicable. Indicators to measurable progress on outcomes have also been adopted.

Children, youth and future generations are referenced as central to the SDGs. Children are directly related to 12 of the goals and indirectly to the other five. The SDGs call for explicit targets on reducing inequality, ending violence against children and combating child poverty. At the same time, UNICEF emphasizes the importance of “leaving no one behind”; reaching first the poorest and most disadvantaged children must be reflected in all indicators and national implementation frameworks as they are developed.

The SDGs include targets on reducing inequality, ending violence against children and combating child poverty – capturing critical issues for children and expanding on the MDGs. The Caribbean Joint Statement on Gender Equality and the Post 2015 and

Table 12. The 17 Sustainable Development Goals

<table>
<thead>
<tr>
<th>Goal 1</th>
<th>End poverty in all its forms everywhere</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 2</td>
<td>End hunger, achieve food security and improved nutrition and promote sustainable agriculture</td>
</tr>
<tr>
<td>Goal 3</td>
<td>Ensure healthy lives and promote well-being for all ages</td>
</tr>
<tr>
<td>Goal 4</td>
<td>Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</td>
</tr>
<tr>
<td>Goal 5</td>
<td>Achieve gender equality and empower all women and girls</td>
</tr>
<tr>
<td>Goal 6</td>
<td>Ensure availability and sustainable management of water and sanitation for all</td>
</tr>
<tr>
<td>Goal 7</td>
<td>Ensure access to affordable, reliable, sustainable and modern energy for all</td>
</tr>
<tr>
<td>Goal 8</td>
<td>Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</td>
</tr>
<tr>
<td>Goal 9</td>
<td>Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation</td>
</tr>
<tr>
<td>Goal 10</td>
<td>Reduce inequality within and among countries</td>
</tr>
<tr>
<td>Goal 11</td>
<td>Make cities and human settlements inclusive, safe, resilient and sustainable</td>
</tr>
<tr>
<td>Goal 12</td>
<td>Ensure sustainable consumption and production patterns</td>
</tr>
<tr>
<td>Goal 13</td>
<td>Take urgent action to combat climate change and its impacts</td>
</tr>
<tr>
<td>Goal 14</td>
<td>Conserve and use the oceans, seas and marine resources for sustainable development</td>
</tr>
<tr>
<td>Goal 15</td>
<td>Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss</td>
</tr>
<tr>
<td>Goal 16</td>
<td>Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</td>
</tr>
<tr>
<td>Goal 17</td>
<td>Strengthen the means of implementation and revitalize the global partnership for sustainable development</td>
</tr>
</tbody>
</table>

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105 UNICEF 2014.
SIDA Agenda called on the SDGs to consider the social, economic and environmental vulnerabilities of SIDS, and the resulting challenges for sustainable, human rights-based and gender-responsive development. The Statement highlighted the situation of girls and boys in its focus on freedom from violence, accessing capabilities, economic empowerment and leadership. The GSPS (2014–2018) was established based on the Government’s participation in the work accomplished before the adoption of the SDGs, and part of the responsibility arising from Dominica’s signing in support of the SDGs is a commitment to regularly reporting on its progress.

The SDGs call for a “data revolution”. All targets must be measurable to ensure equitable results for all children. In addition, disaggregated data will be essential for monitoring equity gaps, strengthening social accountability and ensuring that the gaps between the most and least advantaged groups are narrowing. Data should also be disaggregated by all grounds of discrimination prohibited by international human rights law, including by sex, age, race, ethnicity, income, location, disability and other grounds relevant to specific countries and contexts (e.g., caste, minority groups, indigenous peoples, migrant or displacement status). The global framework of goals, targets and expected indicators for 2016–2030 have significantly expanded compared to the MDG era and will place higher demands on data collection. Adequate resources and increased capacities will be critical to generating quality disaggregated data for SDGs monitoring. This will be particularly challenging for Dominica and other islands in the Eastern Caribbean area, given their resource and capacity constraints.


110 Ibid.
Conclusion and Recommendations
This Situation Analysis (SitAn) has identified a number of areas in which action is needed in order to ensure that the rights of all girls and boys in Dominica are realized. These general observations and recommendations are being made with the acknowledgement that a proper, equity-based analysis of the situation of children depends on the availability of disaggregated data covering different aspects that might influence their lives, including, but not limited to, gender, age and socio-economic status. While the Government produces some documentation that was useful in describing the status of children and women, the quantitative data sources needed to understand trends and change in their status were often not accessible.

The absence of data for indicators related to inequality, gender, health outcomes and behaviour, child development, nutrition, social and child protection, unemployment and social determinants of poverty is notably acute. Despite its importance, poverty has not been monitored in the territory since 2008/2009, and so the full impact of the economic crisis is hard to assess. In addition, some groups and families might not be characterized as poor but are vulnerable in ways that negatively impact on the realization of children’s rights.

Lack of information sharing, as a practice, among government departments, civil society organizations and with the public in general continues as an acute bottleneck to the development of informed opinions on economic and social development. Even where data exist, there is a lack of infrastructure and human resources required for their consistent collection, collation and presentation. The SitAn exercise confirmed that information collection and sharing can be highly centralized, often requiring clearance at the Cabinet level before routine sectoral studies, surveys and basic information regarding budgets and expenditure can be distributed. When programmes, plans and strategies are formulated in the absence of sound analysis, it is difficult to reach appropriate and required allocation of budgets to attain goals and objectives needed to realize the rights of children. The Sustainable Development Goals (SDGs) firmly acknowledge this weakness with a specific target for SIDS.\(^{111}\)

Gender was seen as a crosscutting topic in the SitAn. More female-headed than male-headed households experience poverty, and they carry greater responsibilities for caring for and the maintenance of the family. Sexual abuse and domestic violence are also predominantly carried out against girls and women. Moreover, gender issues do not only impact on girls. More boys are dropping out of school than girls, and almost two thirds of Dominicans pursuing tertiary education are female. Moreover, girls are starting to take more non-traditional subjects and out-performing boys in the exams. There is a need to properly assess the gender balance in society and create policies that are able to position women and men at the same level, as called for by the SDGs.

In line with the government review of the progress and achievements of the MDGs, the following actions are suggested for incorporation into a future set of goals and targets aligned with the SDGs and in national strategy and planning documents to address the unfinished development agenda.

**Legislative and policy framework**

The legislative framework for child protection in Dominica is grounded in international and regional conventions. However, there are cornerstone pieces of legislation and policies that remain in draft form. Adoption and enforcement of these should be accelerated for operationalization. These include the draft family court bill, draft early childhood development (ECD) policy and the National Plan of Action for Children. It is also recommended that the Government:

\(^{i}\). Prohibit the use of corporal punishment of children in all settings, including the home, and abolish

\(^{111}\) SDG Goal 17, target 18 (data, monitoring and accountability): “By 2020, enhance capacity-building to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant to national contexts.”
sentences of whipping and life imprisonment for juveniles
ii. Improve court capacity to process cases and respond to the breach of orders
iii. Adopt and implement child rights and juvenile justice laws (child friendly procedures)
iv. Raise the minimum age of criminal responsibility, and standardize the minimum age of marriage and minimum age of consent
v. Establish a children’s ombudsperson
vi. Draft, approve and implement policies and legislation to guide service delivery in the area of non-communicable diseases (NCDs) and to reduce discrimination against persons living with HIV and AIDS
vii. Review/revise/draft policy and legislation that promote and protect adolescents’ right to access comprehensive and confidential sexual and reproductive health services and (user-friendly) information, including for adolescent new parents
viii. Strengthen policies to support the prevention of alcohol and drug abuse, especially among youth
ix. Sign/ratify the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families.

Survival rights
Since the 2010 SitAn, many changes have occurred in the health sector as Dominica has become firmly placed in the class of an upper-middle-income country. In general, women and children have access to health care services, nearly 100 per cent of women have a skilled birth attendant at delivery and vaccination coverage is 96.7 per cent. However, the infant mortality rate is concerning, especially when considering surges in the rates over the past few years. The rise in chronic non-communicable diseases (NCDs) and child obesity calls for new approaches and service delivery in health-care systems designed to combat the behavioural and biological risks. In this context, the following actions are recommended:

i. Take appropriate, evidence-based action based on the EU-funded intervention programme to lower the infant mortality rate
ii. Produce and publish annual data on child and maternal health, including mortality, prenatal care, delivery, vaccination and other basic indicators
iii. Create a programme for preventing and controlling child obesity with integral indicators and goals (involving all the relevant ministries)
iv. Increase access to family planning and sexual health education for in- and out-of-school youth
v. Target men (including MSM) in HIV prevention programmes
vi. Provide in-service training for health workers geared towards equipping them to monitor and coach patients with NCDs and to guide and treat the results of workplace and family stress that can result in drug and alcohol abuse
vii. Establish a rehabilitation programme for drug and tobacco addiction
viii. Ensure 100 per cent access to potable water
ix. Increase the number of mental health professionals in service.

Development rights
For education to be compulsory, it is necessary for it to be free. Indirect/non-direct costs of education incurred by families can render compulsory education too expensive for poor communities. The school uniform programme cannot meet the requirements of all children in need; the school feeding programme, providing one nutritious meal per school day, covers a little more than half of primary schools; and the school transport programme also has limited coverage, leaving children in the rural areas without service. With respect to the future vision to ensure that all citizens, at every stage of their learning journey, from early years to adulthood, are able to reach their full potential and be successful in life, at work and in society, the following recommendations are made:

i. Reinforce and favour outreach of the Roving Care Givers Programme to the most vulnerable through the provision of sustained human and financial resources
ii. Locate more ECD centres in primary schools for greater effectiveness and efficiency
iii. Re-examine the fee structure for preschools to
ensure equity
iv. Establish collaboration between health centres and the school attendance officers called for by the Education Act to monitor enrolment in primary school at the legal age
v. Undertake routine screening for disabilities and developmental issues to understand the magnitude of problems facing children with exceptionalities as well as provide a firm basis for planning and the development of strategies for inclusive education
vi. Ensure that all teachers undertake in-service training on classroom management and lesson preparation and provide mandatory refresher courses to ensure teachers are up-to-date on methodologies and materials
vii. Ensure that schools are environments of ‘healthy connectedness’ by introducing ‘pastoral care for learners’ as a cross-cutting strategy to construct and maintain an environment that will build resilience in children who are at risk
viii. Identify out-of-school children – and their reasons for not being at school – and develop effective policies to reintegrate them into the formal educational system.

Protection rights
Care and protection of children is a moral imperative for the Government and all members of society. Much has been accomplished to change a culture of silence on sexual, physical and emotional abuse of children in Dominica, as evidenced by the increased numbers of cases reported. Children sometimes need to be removed from their family for protection and care. Residential care services, such as the newly established CHANCES, offer an option until children can be reunited with their biological families or placed in foster care. However, this option can be strengthened to minimize the negative consequences of the experience on children and families. Once a child comes in conflict with the law, it should not mean punishment, stigma and limited opportunity for a second chance in life. In order to capitalize on the gains made thus far, further investments and sustained effort is needed in the following areas:
i. Support ongoing public education and advocacy campaigns to increase the level of awareness about child sexual abuse, creating an inhospitable environment for its continuance
ii. Provide financial support and political will for parenting programmes to reinforce parental ability to protect and safeguard their children, and assess the programme to determine how and if it can be scaled up
iii. Include child protection modules in health and family life education (HFLE) programmes in schools to help to inform children of their rights, develop a network for child victims and eliminate stigmatization
iv. Develop support and comprehensive counselling services for child victims
v. Provide in-service training of all service providers to help standardize policy and procedures for handling child abuse cases
vi. Reinforce the Child Abuse Prevention Unit to enable systematic and reliable data collection, collation and reporting on child abuse
vii. Introduce and enforce mandatory reporting for child sexual abuse.

The SDGs and the future
The Sustainable Development Goals (SDGs), which were officially adopted in September 2015, represent a new framework for global development. The aim is to create a global movement to continue the work begun with the Millennium Development Goals (MDGs) as well as advance towards new commitments. Nations should therefore start framing their development plans and policies for the next years based on this globally agreed development agenda.

For Dominica, that means some strategic changes in terms of producing and using data. Information systems that collate, manage and generate information should be easily accessible and shared across different agencies and with partners to produce evidence-based decisions and a national research agenda that fills the notable gaps in the existing body of knowledge.
Following the global financial crisis, budgets are stretched thin according to real growth and competing priorities. These times of austerity require the development of innovative funding and private-public partnerships. The shift in human and financial resources toward resettlement and reconstruction (post Erika) will be a costly one, coming at a moment when Dominica’s economy is showing signs of recovery. Careful consideration should be given to prioritizing child-centred initiatives and to sustaining recent gains in the areas of education (particularly ECD and TVET), health and protection.

Also important is establishing a mix of social partnerships with local councils, civil society organizations (CSOs), research institutions and the private sector. Leadership must be willing and capable of reaching agreements with key actors in order to define bureaucracies that eliminate top-down approaches and achieve development paradigms featuring a dynamic and broad base that is constructive, inclusive and optimally engaged. For CSOs to flourish, they need support to improve their technical capacity and access to a wide variety of information and to government officials.
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