Situation Analysis of Children in Saint Kitts and Nevis
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Situation Analysis of Children in Saint Kitts and Nevis

Acknowledgements

The Situation Analysis for Saint Kitts and Nevis 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 Saint Kitts and Nevis.

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- 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);

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- The technical writer and graphic artists who contributed to making the report print-ready.
Situation Analysis of Children in Saint Kitts and Nevis

Foreward

The UNICEF Office for the Eastern Caribbean Area is very pleased to present this Situation Analysis of Children in partnership with the Government of Saint Kitts and Nevis.

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 Saint Kitts and Nevis.

This Situation Analysis of Children in Saint Kitts and Nevis 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.
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### Abbreviations

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<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>CARICOM</td>
<td>Caribbean Community</td>
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<tr>
<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>CERD</td>
<td>Convention on the Rights of Persons with Disabilities</td>
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<td>CFS</td>
<td>Child Friendly School</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</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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<tr>
<td>CVQ</td>
<td>Caribbean Vocational Qualification</td>
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<td>ECE</td>
<td>Early Childhood Education</td>
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<td>ECHO</td>
<td>Early Childhood Health Outreach</td>
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<td>ECD</td>
<td>Early Childhood Development</td>
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<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>MDGs</td>
<td>Millennium Development Goals</td>
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<tr>
<td>MoE</td>
<td>Ministry of Education</td>
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<tr>
<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>NCD</td>
<td>Non-Communicable Disease</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
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<tr>
<td>NHIS</td>
<td>National Health Insurance Scheme</td>
</tr>
<tr>
<td>OECS</td>
<td>Organisation of Eastern Caribbean States</td>
</tr>
<tr>
<td>PAHO</td>
<td>Pan American Health Organization</td>
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<tr>
<td>SIDS</td>
<td>Small Island Developing States</td>
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<tr>
<td>TVET</td>
<td>Technical and Vocational Education and Training</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
</tr>
<tr>
<td>UPE</td>
<td>Universal Primary Education</td>
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<tr>
<td>USE</td>
<td>Universal Secondary Education</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Introduction

Situation Analyses (SitAns) of children in Barbados and the Eastern Caribbean nations and territories are designed to help respective governments shape national policies and action plans in line with the Sustainable Development Goals (SDGs). They describe the current situation of children, identify barriers and bottlenecks in advancing children’s rights in health, education and child protection and set forth recommendations.

The sister islands of the Federation of Saint Kitts and Nevis (SKN) are mountainous and volcanic in origin. Saint Kitts is the larger of the two islands, with Nevis a 40-minute ferry ride away. SKN is the smallest independent nation in the Americas in both population (46,398) and area (269 square kilometers). Gaining independence from Britain in 1983, it is a parliamentary democracy consisting of an elected 11-member House of Assembly and a two appointed Senators on Saint Kitts, with Nevis retaining some management of its internal affairs through an island assembly. Its Constitution stipulates freedom of assembly and association as fundamental human rights. It is a high-income country with an economy based mainly on tourism and agriculture. These two key sectors contracted sharply in the wake of the 2008 global financial crisis and, although improvements in tourism are evident, high unemployment and poverty persist.

Methodology

The main research methods used in preparing this SitAn were: desk review of over 50 national and global resource documents, studies, reports and news articles; data analysis of national and international surveys; interviews with 100 informants from the Government and civil society; and focus groups with stakeholders. Thirty-four children were involved aged 8–18 years from varied backgrounds and experiences. It was not possible to meet with children detained by the authorities. Sources of quantitative data needed to understand trends and changes in children’s status were often out of date or inaccessible due to a lack of infrastructure and human resources required for consistent collection, collation and presentation. The absence of detailed and current data was most notably acute in relation to indicators for inequality, gender, unemployment and social determinants of poverty.
Findings

Poverty is the problem that most affects children and adolescents (0–19 years). Children under the age of 14 account for around 42 per cent of the poor (41.9 per cent in St. Kitts and 42.2 per cent in Nevis). The 2007–2008 country poverty assessment (CPA) indicates that female heads of households tend to be poorer than their male counterparts and that 42.6 per cent of households are headed by women. The national unemployment rate is 6.6 per cent overall but higher for women (6.6 per cent in St. Kitts and 8.3 per cent in Nevis). The labour force participation is male dominated on both islands (St. Kitts: 78 per cent men, 70.3 per cent women and Nevis: 76.2 per cent men, 66.3 per cent women). With 57 per cent of households in the poorest consumption quintile headed by single females, women face significant disadvantages.

In interviews and focus groups, participants identified the following child populations as most vulnerable: children (0–15 years) living in poor female-headed households; adolescent girls and boys (15–19); children in residential care; children of migrant families; and children in conflict with the law. The 2011–2015 National Poverty Reduction Strategy aims to achieve sustainable economic growth, job creation and poverty reduction. Protection of the most vulnerable is one of its core strategies. The current generation of social protection programmes targets specific groups including income-poor infants, ‘at-risk’ and ‘unattached’ adolescents, teenage parents, single mothers and their families, and women in poor households.

The legal and policy environment for education in SKN includes the Education Act (2005) and the White Paper on Education and Development Policy, 2009–2019. These provide a coordinated system of management, strategies and targets for maintaining universal primary and secondary education and the means to tackle new challenges – universal preschool, improved access to tertiary education and a functional system for technical and vocational education and training (TVET).

From 2002 to 2007, the Government invested significantly in programmes aligned with the Millennium Development Goals (MDGs) and Education for All (EFA) framework. As of 2012–2013, allocation to the education sector represented 14.2 per cent of the national recurrent budget. The network of public and private schools, free and accessible for children aged 5–16 years, has been expanded and improved. In the academic year 2013–2014, 3,500 children were accommodated in 100 early childhood care centres, nearly 5,500 pupils in 32 primary schools, over 4,400 children in 12 secondary schools and 107 students in two schools for children with special needs.

As SKN celebrated 25 years of early childhood development (ECD) programmes, 2,771 children attended 78 public and private centres that were meeting the needs of about 53 per cent of the children aged 0–5 years. The ECD landscape experienced a significant phase of growth in terms of access and human resources resulting in the expansion of the ECD Unit in the Ministry of Education (MoE) from three to eight. In 2014, the 100 public and private centres in SKN employed 106 supervisors, 145 teachers and 145 nursery assistants with over 50 per cent trained. Three programmes (the Early Childhood Health Outreach programme, Reaching the Unreached and the Roving Caregivers Programme) are strengthening outreach to the 0–3 year cohort. These programmes work with families, community members, teachers and health personnel to reinforce coordination to promote parent-child interaction and stimulation in the early stages of the child’s life cycle.

SKN made promising strides towards providing quality primary education to all children with nearly 80 per cent of primary school entrants arriving with ECD experience in 2015. Repetition rates have declined in recent years (2009-10 to 2013-14) to 85 boys and 54 girls, mostly repeating kindergarten. Repetition rates in secondary school are relatively low at 0.03, with more girls than boys repeating in form 4 in 2013. Drop-out numbers totalled 46 in 2012–2013, with nearly half occurring in form 4 among boys. The percentage of students achieving five CSEC subject passes including English and mathematics in 2013 was 23 per cent, which was the highest since 2008. TVET was introduced in 2011 with one school offering the Caribbean Vocational Qualification (CVQ). Non-formal TVET is offered mainly by the National Skills Training Programme and Project Strong. The Government is committed to transforming TVET into a vehicle for building the strong skill base that the workforce requires to become more competitive. Nonetheless, there is a lingering perception that TVET is for ‘slow learners’. Changing this attitude requires a long-term advocacy effort.

The Government has a National Action Plan on Child Sexual Abuse (2010–2013) and is restructuring the social protection framework to strengthen the space for child protection. The legislative framework for child protection is grounded in international and regional conventions and universal systems of rules that govern and regulate decision-making, agreements and laws concerning children. These include conventions on the
rights of the child and of women, on political, economic, social and cultural rights, on trafficking and on people with disabilities.

Data provided by the Child Welfare Board note a total of 77 reported cases of child abuse and neglect in 2010, 100 cases in 2011 and 168 in 2013. More than half the cases concerned neglect and abandonment and two thirds of all cases were committed against girls. Informants noted that even with the increase in reported cases, there is reason to believe many cases go unreported. Of the 26 children interviewed in focus groups, 17 stated that they knew someone (friend or relative) who had been a victim of abuse. There remains widespread support for corporal punishment – at home, in schools and residential centres and by the courts.

There is only one residential home providing care and protection for children suffering from neglect and abandonment, sexual or physical abuse or homelessness or whose parent/guardian/caregiver is unable to care for them. St. Christopher Home in a non-governmental organization (NGO) with the capacity to house 34 children ages 4–19 years. Foster care is the preferred placement for children, and in 2015 48 children aged 0–18 were placed in 45 foster homes. Drafting of the formal protocol to fully operationalize the Child Welfare Board Act began in 2010. Meanwhile, the system struggles to implement unofficial guidelines with large and demanding caseloads and limited, insufficiently equipped staff.

SKN leads the Organisation of Eastern Caribbean States (OECS) efforts on juvenile justice reform. It is one of two countries that have passed recent legislation – here, the Child Justice Act, 2013 – governing the juvenile justice process. SKN opened the New Horizon Rehabilitation Centre in 2013 with capacity for 20 boys and 10 girls. It provides classrooms, recreation areas, a computer library and a remand centre for those awaiting trial. Preventative and diversion programmes are available to divert children who have committed an offence away from formal criminal court procedures. SKN has one of the highest number of children charged per capita (270 per 100,000) in the sub-region. There were 127 children charged in 2014, with battery, disorderly manner/fighting and causing harm as the three top offences.

SKN has a functioning and accessible health system, but concerns are emerging that it is becoming overburdened. There are significant challenges related to the health and well-being of women and children and particularly in the delivery of health care to the indigent, the poor and vulnerable and migrant communities. The public hospital’s capacity to provide secondary and tertiary care has increased but so has demand for such care due to the rise in chronic non-communicable diseases (NCDs). The unacceptable level of gender-based violence in SKN places further stress on the health-care system. The infant mortality rate has fluctuated since 1990 when it stood at 23 per 1,000 births. It declined to 20.3 in 2007, 11.3 in 2008 and 8 in 2015. There has also been a steady decline in the under-5 mortality rate, with 19 per 1,000 births reported in 1990 and 11 in 2015.

The first case of HIV in SKN was diagnosed in 1984. Records show that as of 2014, 358 confirmed cases have been recorded. During the period 2006–2010, 17 persons were diagnosed with HIV and the country recorded seven deaths related to the epidemic. Prevention of mother-to-child transmission (PMTCT) of HIV has been well integrated in all health centres, and by 2013 no new cases were reported.

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 channeling 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.

Legal 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.
- Revise the Criminal Justice Act to reflect the CRC regarding the age of criminal responsibility
- Implement the Juvenile Justice Bill, including operationalization of the Child Justice Committee
- Reform the legal framework related to children, welfare, family support and small claims
- Update and implement the HIV strategic plan
- Draft, approve and implement policies and legislation to guide delivery in the areas of chronic NCDs and mental health and to reduce discrimination against persons living with HIV/AIDS
- Ratify the International Covenant on Civil and Political Rights
- Sign/ratify the International Convention on the Protection of Rights of All Migrant Workers and Members of Their Families.

**Survival rights**

- 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
- Create a programme for preventing and controlling child obesity with integral indicators and goals (involving all the relevant ministries)
- Implement the National Health Insurance Scheme and explore other options to reduce the cost of health care and extend coverage to poor households
- Expand access to sexual and reproductive health (SRH) information and services for adolescents
- Improve outreach and communication with the lesbian, gay, bisexual and transgender (LGBT) community
- Target men (including MSM) in HIV prevention programmes.

**Development rights**

- Improve standards and expand access to ECD
- Maintain and increase the coverage and efficiency of the government pro-poor education assistance programmes
- Reduce overcrowding in secondary schools
- 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
- Review initiatives designed to reduce violence in schools and scale up those that prove effective
- Increase provision of TVET in primary and secondary schools.

**Protection rights**

- Improve data collection with regard to statistics on victims of child sexual abuse as well as juveniles charged with offences (disaggregation of data by sex and age is essential)
- Support ongoing public education and advocacy campaigns to increase the level of awareness about child sexual abuse, creating an inhospitable environment for its continuance
- Maintain funding of projects addressing troubled children and dropouts, including for increased residential care for children in need of care and protection
- Promote programmes for improving parenting skills, expand their reach and include men in their parenting role
- 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
- Enforce mandatory reporting for child sexual abuse and ensure cases are prosecuted.
1 Introduction
The Federation of Saint Kitts and Nevis (SKN) enjoys strategic and long-standing partnerships with global and regional, multi-lateral and bi-lateral development partners that require periodic assessments to identify and prioritize focus areas for action and to assist in planning how best to use the limited resource allocations for development assistance. As part of the consultation process towards the elaboration of strategies and priorities for UNICEF-assisted five-year country programmes, a Situation Analysis (SitAn) is conducted every five years. While two previous SitAns (2007 and 2010) covered the member States of the Organisation of Eastern Caribbean States (OECS) under one document, this SitAn represents a return to individual reports for each of the Eastern Caribbean nations.

A SitAn uses human rights- and equity-based approaches to provide a comprehensive analysis of the situation of all children up to 18 years residing in the country. Particular attention is given to the most marginalized and disadvantaged groups, such as children of migrant parents, those living with disabilities and those living in remote, single-parent households and poor urban communities. The analysis results in the identification of gaps and shortcomings that act as barriers to the full enjoyment of children’s rights.

The SitAn exercise undertaken in SKN takes a close look at children whose rights are not being respected, protected and fulfilled, particularly vulnerable children at risk of violence and abuse. Analysis of behaviour and values related to the local 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 high-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. The SitAn document should serve as key evidence and help to persuade policymakers, legislators, civil society and development practitioners to prioritize and formulate the most effective and results-oriented policies, strategies and programmes for the women and children in the country.

### Methodology

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”\(^1\), the SitAn exercise is guided by human rights and equity approaches (see Table 1). When applying the rights-based approach, a deliberate focus on equity is key to better

<table>
<thead>
<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. Respect, protect, fulfill</td>
<td><strong>Definition:</strong> Application of an equity-focused approach in the realization of child rights. Poorest, most marginalized, deprived of opportunities. 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><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 their full potential without discrimination, bias or favouritism. Focus is on the most marginalized children</td>
</tr>
<tr>
<td><strong>Concept of progressive realization of rights:</strong> Violations of child rights are not realized as per CRC four principles: non-discrimination; best interest of the child; right to survive, grow and develop; and the right to participate/be heard</td>
<td><strong>Concept of equity is universal with social justice</strong></td>
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<tr>
<td><strong>Guiding principles:</strong> Accountability, universality, individuality and participation. Justice overriding theme</td>
<td><strong>Guiding principles:</strong> Equality requires all to have the same resources, while equity requires all to have equal opportunity to access the same resources.</td>
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1 See UNICEF 2003.
understand who are the most marginalized, what makes them vulnerable and why their rights are compromised.

At the root of the rights-based approach, the Convention on 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 are the primary criteria against which the situation of children may best be understood. The measurement of progress against these formal obligations is a central benchmark by which to assess the situation of children and women.

With a strong equity focus on the most disadvantaged, UNICEF has developed a framework of 10 determinants that is particularly relevant for programming in middle- and high-income countries (see Figure 1). This framework offers an ‘equity lens’ to examine structural and systemic barriers and bottlenecks to children’s rights that often indicate persistent rights-based failures. It provides a basis for a holistic analysis of the factors that determine the achievement of child rights as they relate to advocacy, policy analysis and fostering collaborative relationships in an environment of reduced financing from development partners.

**Figure 1: Ten determinants of equity**

<table>
<thead>
<tr>
<th>DETERMINANTS</th>
<th>DEFINITIONS</th>
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<tr>
<td>Social norms</td>
<td>Social rules of behaviour which are mainly driven by social pressure</td>
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<tr>
<td>Legislation/P</td>
<td>Adequacy of laws and policies at national and sub-national levels</td>
</tr>
<tr>
<td>Budget/Expenditure</td>
<td>Allocation &amp; disbursement of required resources at national and sub-national levels</td>
</tr>
<tr>
<td>Management/Coordination</td>
<td>Rules of Accountability/Coordination/Partnership</td>
</tr>
<tr>
<td>Financial Access</td>
<td>Ability to afford</td>
</tr>
<tr>
<td>Social and Cultural practices and beliefs</td>
<td>Individual beliefs and practices that may be widely shared but are not mainly driven by “social pressure” or expectations.</td>
</tr>
<tr>
<td>Timing and continuity of use</td>
<td>Completion/continuity of services and adoption of practices</td>
</tr>
</tbody>
</table>

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<tr>
<th>DETERMINANTS</th>
<th>DEFINITIONS</th>
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<tbody>
<tr>
<td>Availability of essential commodities/inputs</td>
<td>Physical access (services, facilities, information)</td>
</tr>
<tr>
<td>Access to adequately staffed services, facilities and information</td>
<td>Adherence to required quality standards (national or international norms)</td>
</tr>
<tr>
<td>Quality</td>
<td>Timeless age-appropriate Culturally sensitive</td>
</tr>
<tr>
<td>Continuum</td>
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</table>

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The human rights and equity approaches together represent a basis for monitoring progress and failures, trends and overall changes in the situation of children and women. They are used to identify discrimination based on gender, ethnicity, religion and disabilities as well as geographical isolation, structural poverty and weak governance. They help to better understand the unique interaction of multi-dimensional deprivations, particularly among communities living in extreme poverty. These deprivations are manifested as barriers to crucial social services – such as health and nutrition, education, housing, access to water and sanitation, and information – that help to perpetuate intergenerational poverty. They also manifest in the increased chance of exploitation and child abuse as well as the decreased chance of being registered at birth or surviving the first years of life.

In addition to this combination of approaches, the SitAn draws on an extensive desk review including the examination of a wide range of national and regional development plans, surveys, studies and reports relevant to children (see Table 2). This documentation was useful in describing the status of children and women in SKN. However, the evidence or quantitative data sources needed to understand trends and change in their status were often not accessible or updated. 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 widely acknowledged by governments and development partners.

The absence of data for indicators related to inequality, gender, 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 reach appropriate and required allocation of budgets to attain goals and objectives needed to realize the rights of children. The Sustainable Development Goals (SDGs) recognizes this weakness with a specific target for SIDS.³

Information sharing, as a practice – among government departments and civil society organizations (CSOs) and with the public in general – continues to be a critical bottleneck to the development of informed opinions on economic and social development in the sub-region. Although 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 in SKN can be highly centralized, often requiring high-level clearance before routine reports, 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 those of a wide range of stakeholders who support children in SKN 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 was 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.

Over 50 national and global resource documents and articles were researched and reviewed to help formulate a list of questions used to guide the interviews and groups and focus in on specific issues. Nearly 100 key informants representing the Government and civil society were asked for their opinions on the status of children. Most interviews took place in Basseterre and Charlestown, the capitals, with 43 interviews conducted in the rural areas of three of the 14 parishes (St. Peter Basseterre, St. John Capesterre on St. Kitts and St. Paul Charlestown on Nevis).

<table>
<thead>
<tr>
<th>Table 2: Key quantitative data sources</th>
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<tbody>
<tr>
<td>- Country Gender Assessment, 2014</td>
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<tr>
<td>- Household Census, 2001</td>
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<tr>
<td>- Preliminary Report, Household Census, 2011</td>
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<tr>
<td>- National Social Protection Strategy and Plan of Action</td>
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<td>- OECS Statistical Digest, 2013-2014</td>
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<td>- White Paper on Education Development and Policy, 2009, MOE</td>
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³ 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.”
Contributions from these interviews provided on-the-ground observations and insights from those who experience the results from implementation of national level policies and programmes. The focus group meetings were designed to be informal and took place either in meeting rooms of 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 her/his opinion, and the discussions were recorded and later transcribed. With focus group meetings, 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 both from a duty bearer and rights holder perspective.

The fieldwork for the qualitative research was carried out from 21 to 27 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 subjective thoughts and experiences of the participants and examine how people in both urban and rural settings experienced the problems facing children. It was also expected that participants would give their insights into the reasons for and solutions to the problems. Although question categories prepared for the quantitative research were kept the same for the semi-structured interviews, participants were encouraged to expand on any topic they wished to talk about with the hope that more of the insiders’ experiences would be explored.

The thirty-four children interviewed came from many different backgrounds: in school and out-of-school; rural and urban. They included 25 children with disabilities. It was not possible to meet with children in police cells or prison, but children in New Horizon Juvenile Detention and Rehabilitation Centre were included. The children’s ages were evenly spread between 8 and 18 years. There were more boys (62 per cent) than girls (38 per cent). Standard ethical research techniques were used during the discussions with children to avoid making them feel vulnerable and to protect them from any distress. Because the data collection exercise took place during the summer break, it was not possible to coordinate discussions with many teachers, counsellors or social workers. Discussions with children were therefore arranged at summer camps, playgrounds, bus stops and soccer fields.

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 emerging from the SitAn process were presented and discussed at exit meetings attended by government, NGO, OECS 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 from line ministries; 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 were presented followed by a robust discussion of concrete actions needed to address the issues emerging. 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 in the future when it comes to designing interventions for children in SKN.

**Limitations**

Problems experienced in the qualitative data collection:

1. Difficulties were experienced when arranging interviews with programme administrators due to competing priorities.
2. Because the fieldwork was carried out during the summer break, reaching pupils, teachers and principals was difficult. As noted above, meetings with children were arranged at summer camps to ensure their voices were appropriately included.
3. Participants in the semi-structured interviews were mostly from the core stakeholder groups, with very few parents interviewed.

Difficulties faced during the quantitative research process:

1. Fundamental documents that normally serve as the basis for strategic analysis were outdated, incomplete and/or inaccessible – for example, the Country Poverty Assessment (2008) and National Population and Housing Census (Preliminary Census Report 2011 was used).
2. The availability and quality of quantitative information varied widely by source, and the lack of consistency in methodologies
for data reconciliation processes used to estimate and update data presented some difficulty.

**Structure of the report**

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

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, tertiary and technical and vocational education and 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 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 to which the rights of SKN’s children have been realized and determine shortfalls with the intention of enabling consideration for priority action in the future and to identify opportunities to accelerate progress for the country’s children.
The sister islands of Saint Kitts and Nevis (SKN), are both mountainous and volcanic in origin. Saint Kitts is the larger of the two islands, with Nevis located across a narrow and shallow channel just two miles southeast. One and a half the size of Washington DC, the country covers 261 square kilometres and is the smallest nation in the Americas in both population and area. Basseterre, the capital city, is on Saint Kitts.

SKN ranked 77 among the 188 countries and territories in the 2015 Human Development Report. Life expectancy level at birth was estimated in 2014 at 74 years, with women expected to live slightly longer than men. In 2015, the infant mortality rate (IMR) was eight (per 1,000 live births) and the under-5 mortality rate (U5MR) was 11 (per 1,000 live births).

Other welfare indicators such as pre-primary, primary and secondary school enrolment ratios have shown signs of improvement. The adolescent birth rate (15–19) per 1,000 live births declined from 36 per cent in 1976 to 12.7 per cent in 2014. Literacy rates for age 15 and older in 2011 were reported at 97.7 per cent. Unemployment rates continue to be of concern at 6.5 per cent (5.3 per cent among male and 6.6 per cent among female in Saint Kitts; 8.1 per cent among males and 8.3 per cent among females in Nevis). The proportion of the population using improved drinking water sources in 2012 totalled 98 per cent.

Progress towards the Millennium Development Goals (MDGs) has been good. However, persistent urban-rural disparities pose challenges for achieving the recently adopted Sustainable Development Goals (SDGs) set out for 2030.

Freedom of assembly and association is stipulated in the Constitution and, according to all human rights reports reviewed, is largely respected by the Government. Unions are permitted by law among the police, civil servants and others. The major labour union, the St. Kitts Trades and Labour, is affiliated with the St. Kitts and Nevis Labour Party and is active in all sectors of the economy. Other associations include an independent teachers’ union, a union representing dockworkers in the capital city and two taxi drivers’ associations.

The landscape of non-governmental organizations (NGOs) and civil society organizations (CSOs) includes the Red Cross, Rotary Club and two coalitions of NGOs: the St. Kitts Evangelical Association and the St. Kitts Christian Council. The NGO community has been an effective voice for change on issues of equality, calling for transparency and justice. However, as noted during the focus groups, they would like to be more routinely consulted regarding policy decisions and programme development. The presence of international NGOs is largely confined to hurricane response and recovery efforts.

"Young people use radio talk shows to speak out about injustice .... They name names and openly voice [their opinions]... conversations sometimes have influence."

Government administrator

The press is free, and discussions and interviews conducted for the SitAn indicate no government interference. The print media consists of weekly publications. There are two government-operated national TV networks, and cable subscription services are available providing access to local and international channels. There is also a national radio network of about 15 stations owned by both the Government and private broadcasters. Radio talk shows 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 estimated at 149 per 100 inhabitants in 2012. The number of Internet users was estimated at 17,000 in 2009.

The island territory became a fully autonomous associated state of the UK in 1967, when it included Saint Kitts (sometimes referred to as Saint Christopher), Nevis and Anguilla. The island of Anguilla rebelled and seceded from the union in 1971. The separation was formally accepted in 1980 and Anguilla was established as a British Overseas Territory, while the SKN became an independent state in 1983. Nevis also held a referendum

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4 UNDP 2015.
5 Ibid.
6 UN IGME 2015.
7 Chief Medical Officer, MoH.
8 CIA 2014.
10 UNICEF 2015.
11 CIA 2015.
12 Ibid.
on separating in 1998 but failed to meet the two-thirds required majority.

The Government acknowledged 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 and the Convention on the Rights of the Child (CRC) in March 1990. The initial reports were submitted in 1999 for the CRC and 2002 for CEDAW. The Government ratified the Convention on the Rights of Persons with Disabilities (CRPD) in January 2016, shortly after the Prime Minister delivered assurances during the annual Budget presentation in December 2015 that this would take place “As part of our commitment to protect and promote the inherent dignity, worth and the inalienable rights of our differently-abled citizens and residents”.

 Governance

Similar to most other members of the OECS, SKN is a constitutional monarchy within the Commonwealth of Nations and recognizes Queen Elizabeth II or her successor as the titular Head of Government. The British monarch is represented by a Governor General, who is the highest executive power on the islands and appoints a deputy to represent her/him on the island of Nevis. The current Constitution came into force when the country became independent on 19 September 1983.

The sovereign power is formally divided by the Constitution so that Nevis retains some autonomy with regard to certain “specified matters” and has a separate Nevis Island Assembly (legislature) to address these local concerns. There is a premier analogous to the prime minister, an assembly incorporating both elected and appointed members and a body functioning as a local cabinet, the Nevis Island Administration, which includes the premier plus two or more members of the Nevis Island Assembly. Disputes between the Nevis Island Administration and the Government must be decided by the High Court.

SKN has adopted the British parliamentary system. There are four main political parties: Saint Kitts and Nevis Labour Party, People’s Action Movement, Concerned Citizen’s Movement and Nevis Reformation Party. The separation of powers is positioned across three branches of government:

1. The executive includes the Governor General, the Head of Government (the Prime Minister) and a Cabinet. The Governor General acts on the advice of the Prime Minister, who is the leader of the majority in the House of Assembly and, together with the Cabinet, carries out the affairs of state.

2. The legislative is made up of a unicameral House of Assembly with 11 elected members. Additionally, two Senators are appointed on the advice of the Prime Minister and one on the advice of the opposition. The Attorney General is either appointed as a Senator or is ex officio member of the House of Assembly. Nevis elects representatives to both the National Assembly and its own Assembly, which is an eight-member body (five elected, three appointed). The Nevis Island Assembly is subordinate to the National Assembly only with regard to external affairs and defence and in cases where similar but not identical legislation is passed by both bodies. Both representatives and senators serve five-year terms.

3. The judicial includes magistrate’s courts, which hear less serious cases, and the High Court in Basseterre. Beyond the High Court, appeals are heard by the Eastern Caribbean States Supreme Court based in Saint Lucia. Further appeals at the highest level may be taken to the Judicial Committee of the Privy Council in London, but only if they conform to certain prescribed conditions – for example, if they require constitutional interpretation or are decisions of “great general or public importance”.

There are 14 parishes that serve as administrative structures for the Government. The electoral districts are defined by the Constituencies’ Boundaries Commission. The Constitution mandates a minimum of eight constituencies on Saint Kitts and three on Nevis. In delimiting the boundaries, the Commission is charged to consider the following factors: population density, fair representation for rural areas, communications differences, geographical features and existing administrative boundaries.

As of February 2015, the Cabinet is composed of eleven ministries including the Prime Minister, Deputy Prime Minister and Senior Minister and Minister of Nevis Affairs, Labour, Social Security and Ecclesiastical Affairs. The Cabinet has overall responsibility for policy formulation and the management the day-to-day operations of the nation covering the following areas: agriculture, commerce, education, finance, foreign affairs, health, housing, information, justice, planning and economic

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13 Harris 2015.
Legal framework related to children

The legislative framework for child protection in SKN is grounded in international and regional conventions and universal systems of rules that govern and regulate decision-making, agreements and laws concerning children. The Constitution guarantees a comprehensive set of fundamental rights and freedoms to which every person on both islands is entitled and expressly prohibits any legislation that promotes discrimination against children born out of wedlock (Section 15, (3)). Social and economic rights are not dealt with in the Constitution and do not benefit from judicial protection in SKN. Key national policies, laws and programmes that guide strategies, standards and plans are shown in Table 3.

The Convention on the Rights of the Child (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 Age of Majority Act in SKN establishes that a person reaches majority at 18 years. The Children and Young Persons Act mainly governs child protection in SKN and defines a child as under the age of 14, a juvenile as under the age of 18 and a young person as aged 14 to 18. This 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.

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.  

Table 3: Key national policies and laws

- Age of Majority Act, 2002
- Children (Care and Adoption) Act, 2013
- Childcare and Protection Act, 2003
- Corporal Punishment Act, 1967
- Maintenance of Children Act, 2012
- Guardianship, Custody and Access to Children Act, 2012
- Child Justice Act, 2013
- Alternative Sentencing Act
- Status of Children Act
- Marriage Act, 2002
- Offences Against the Person Act, 2002
- Probation of Offenders Act, 2002
- Trafficking in Persons (Prevention) Act, 2013
- Employment of Women, Young Persons, and Children Act, 2002
- Criminal Law Amendment Act
- Electronic Crimes Act

14 UNICEF 2011.
At the time of writing, the Government is preparing the final report on progress towards the Millennium Development Goals (MDGs) and adjusting national plans to include goals, objectives and targets to complete unfinished MDG business and align future plans with the recently agreed Sustainable Development Goals (SDGs).

The SDGs aim “to provide children and youth with a nurturing environment for the full realization of their rights and capabilities, helping our countries to reap the demographic dividend including through safe schools and cohesive communities and families” (see Chapter 7). They include targets on reducing inequality, ending violence against children and combating child poverty. The Caribbean Joint Statement on Gender Equality and the Post 2015 and SIDS 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.

**Demographics**

The population of SKN is estimated at 46,398 with 75 per cent of the population living on Saint Kitts and 25 per cent on Nevis. The overall growth rate is 0.2 per cent or 73 people for both islands since the 2001 census, which recorded a population of 46,325. Saint Kitts has seen a slight decline of 0.7 per cent according to the 2011 census, with only two of the nine parishes (St. Thomas and St. Peter) registering a positive growth rate of 3.5 per cent and 22.4 per cent, respectively. Nevis, on the other hand shows a slight increase of 2.8 per cent since the 2001 census.

There are striking disparities in the population distribution of the two islands. While 37 per cent of the population on Saint Kitts reside in the capital parish (St. George), only 14.5 per cent live in the capital parish (St.

![Figure 2: SKN Population pyramid](image-url)
Paul) on Nevis.\textsuperscript{18} In Nevis, 52 per cent of the population occupy the rural parishes of St. George and St. John, while in Saint Kitts only one rural parish (St. Peter with 4,335) has more than 10 per cent of the population. The population on both islands is relatively young, with 25 per cent under the age of 14 and approximately 38 per cent under the age of 25. People of working age (25–59 years) are estimated at nearly 56 per cent of the population. About 8 per cent of the population is over 65 years of age (see Figure 2).

A slow decline in population is notable since the 1960 census, which recorded the highest population figure ever for SKN (51,023). With the exception of 2001, which saw a growth of 1.31 per cent, the annual population change has been about zero or slightly negative since 1970 with an average of 0.02 per cent population decline or increase in any given year.\textsuperscript{19} An average 4 per cent out migration rate and the gradual drop in fertility rates (recorded at 3.3 in 1982 and 1.8 in 2013) are both contributing factors.\textsuperscript{20} Women slightly outnumber men in both islands: by 1.4 per cent in Saint Kitts and 2 per cent in Nevis, with a total of 96.95 men to every 100 females.\textsuperscript{21}

**Household size and structure**

The 2011 Census recorded an increase of 10.9 per cent in the number of households from 15,680 in 2001 to 17,390 in 2011.\textsuperscript{22} Considering the gradual decline in the general population during the same period, changes in the average size of households coupled with actions to encourage home construction on both islands have obviously influenced this growth. The latter was proposed to bring more affordable housing on the market in a strategic move to reduce overcrowding in the existing inventory. All parishes registered a decline in average household size from 3.0 in 2001 to 2.7 in 2011.\textsuperscript{23} A total of 42.6 per cent of the 30,637 households enumerated on SKN were headed by women in 2011.\textsuperscript{24}

**Ethnic composition and religious affiliation**

The 2006 Country Poverty Assessment (CPA) reports 94.9 per cent of the population as being descended from Africans as part of the historical slave period. There are small communities of Portuguese, Lebanese and East Indians. Very few descendants of the indigenous Kalinago people remain (0.003 per cent). The majority of people are Christians (82.4 per cent) with Anglican as the single largest category (20.8 per cent) followed by Methodist (19.1 per cent).\textsuperscript{25}

With its small physical size, relatively low population and population density of 206 persons per square kilometre, SKN faces challenges common to small communities and SIDS in general. Small communities are more susceptible to the effects of natural disasters and climate change, as experienced in SKN on at least two recent occasions where hurricanes destroyed key physical infrastructure and displaced communities throughout the country. Additionally, severe earthquakes and flooding have caused extensive damage.

**Migrant population**

Migration is a vital element in the history of the Caribbean. There are three primary migration types: (i) internal migration (e.g., from rural areas to a city); (ii) intra-regional migration (e.g., movement among islands); and, (iii) outward migration or emigration (e.g., movement 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. 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.

During the 1960s there was a notable growth in the production of sugar in SKN, which led to the importation of seasonal workers from Barbados, Saint Lucia and Saint Vincent and the Grenadines. By the mid-1970s, people from SKN were migrating to the Dutch Antilles, Puerto Rico and the Virgin Islands (British and US) to work in construction, as hotel service personnel and performing myriad other tasks in the tourism industry. Women generally stayed behind and managed the family household and land while the men sent home remittances with intentions of returning.

\textsuperscript{18} Ibid.
\textsuperscript{19} Ibid.
\textsuperscript{20} Chief Medical Officer, MoH.
\textsuperscript{21} Statistics Department 2012.
\textsuperscript{22} Ibid.
\textsuperscript{23} Ibid.
\textsuperscript{24} Vassell 2014.
\textsuperscript{25} Kairi Consultants 2009.
“We are now seeing a good number of Kittitians returning after living many years abroad... coming back to retire and even young folks returning with useful skill sets.”

Government administrator

Today SKN’s net outward migration continues at a slow pace and it is among few countries that has registered a negative change in population over several years as a result of volunteer emigration (1970: -1.28 per cent; 1980: -0.36 per cent and 1991: 0.64 per cent). The 2011 Population and Housing Census recorded a slight decline (0.6 per cent) over the 2001 results. A high emigration rate, particularly among the educated elite, has long been a troubling factor in forming adequate human development capital. Remittances make up a significant contribution toward poverty alleviation in the form of cash, food, barrels, real estate and small business investments.

The advent of the policy framework for free movement of people under 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 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. The free movement of labour is a critical aspect of the region’s development strategy and of the success of the Economic Union. There are key benefits offered by the OECS framework where the CSME is lacking: facilitation of travel under 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 maximum of six months without a work permit and a return ticket and evidence of financial support is required, for example.

The degree of success of the Economic Union and integration policies are determined by the level of political, social and financial support and resources leveraged to facilitate effective implementation. 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. Policies need to be strengthened and enforced to address child labour, sexual exploitation of children, and violence and abuse exacerbated by the absence of one or both parents. SKN is one of several countries in the region that have yet to sign/ratify the International Convention on the Protection of Rights of All Migrant Workers and Members of the Their Families.

Economy

Research on the ideal environment to sustain increases in per capita GDP shows 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. Similar to other OECS members, SKN is beleaguered by small domestic markets that constrain the 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.

26 Ibid.
27 Statistics Department 2012.
The sugar industry, the core of the SKN economy for over three centuries, was formally closed in 2005 after years of large and persistent losses, sending the country into a recession. This was followed by the 2008 global financial crisis, which had a severe impact on the region as it led to sharp decreases in flows from official development and declines in tourist arrivals, remittances and foreign direct investment (FDI). Compounding its impact, Hurricane Omar struck in late 2008 leaving a trail of destruction that further impacted tourist arrivals and government finances. Headed for a slow recovery, SKN followed policies for economic diversification long established in the late 1970s, which included activities in light manufacturing, tourism, construction and eventually offshore financial services.

The Government’s strategic response to exit from sugar production and shift towards economic diversification eventually proved a good one. The closure of the sugar industry was estimated to have directly reduced GDP by 1.9 per cent. The indirect impact on GDP was much greater, however, due to significant spin-off effects on other sectors of the domestic economy. St. John parish, located in the heart of the sugar belt and home to the St. Kitts Sugar Manufacturing Corporation, particularly suffered as the closure resulted in high unemployment. The limited diversification that was initially achieved was inadequate to withstand the broader economic and social reverberations. What remains in the primary sector is mainly electrical and electronic equipment assembly, a brewery and light agricultural production mostly on Nevis. By 2011, the SKN economy was mainly service-based with an increasing dependency on tourism.

With further economic restructuring and transformation required to meet domestic challenges and ultimately facilitate greater integration into the world economy, SKN took on a robust fiscal adjustment programme, designed to mitigate the consequences of very high public debt facing the country as it rebounded from the recession. It entered into a three-year Stand-By Agreement with the International Monetary Fund (IMF) in July 2011, with a view to reducing fiscal imbalance and restoring macroeconomic stability.

SKN was elevated to high-income country status in December 2012 as a result of successful efforts to reduce and stabilize its debt-to-GDP ratio and the achievement of the World Bank goals set to indicate stability and an improved financial situation. In 2013, the country reported the highest per capita income in the Caribbean of US$13,330. By September 2015, experts were 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 SKN 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 SKN has recently benefited from major improvements in tourism activities, unemployment and poverty reduction constitute significant hurdles on the path towards stable economic and social growth.

28 Kairi Consultants 2009.

29 ECLAC 2014.
3 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 diminishes self-esteem, confidence and their ability to function socially, often leaving a psychological footprint that deeply affects their personal growth and development. When examining the patterns and drivers of children living in poverty, a rights-based approach grounded in the four core principles of the CRC is invaluable: 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 deprivation towards persistent inequalities underpinning the causes.

The Caribbean Development Bank (CDB) has conducted two country poverty assessments (CPAs) in SKN since 1995, with the latest completed in 2008 noting significant improvement in the situation. It is worth noting the slightly different methodology and survey size in each of the CPAs. The 2001 CPA randomly surveyed a total of 900 households, while 958 households were surveyed in 2008. The CPA methodology was enhanced in 2008 to include an assessment of the macro social and economic environment (MSEA), a household budget survey (HBS) and an institutional analysis covering 45 organizations including NGOs and CBOs. While these changes create some difficulty in comparing results from the two studies, the national poverty level findings (headcount index) indicate an important decline in the poverty rate in both islands: Nevis recorded a significant drop from 32 per cent to 15.9 per cent, while Saint Kitts recorded a drop of seven points from 30.5 per cent to 23.7 per cent.

When examining the data by island, the population categorized as indigent or extremely poor fell appreciably from 11 per cent to 1.4 per cent (in Saint Kitts) and 17 per cent to 0 per cent (in Nevis) between 2000 and 2007. The Gini coefficient of inequality was estimated at 0.397 at the national level at the time of the 2008 CPA. In other words, the richest 20 per cent of the population accounted for about 47.7 per cent of total income and the poorest 20 per cent for 8.8 per cent. Whilst women in Saint Kitts are more likely than men to be among the indigent, this is not the case in Nevis, where men are more likely to be poor and vulnerable. Children under the age of 14 account for 42 per cent of the poor (Saint Kitts: 41.9 per cent and Nevis: 42.2 per cent), while women represent over half of the poor (Saint Kitts: 52.2 per cent and Nevis: 50.8 per cent).

Table 4: Labour force participation (LFP) and unemployment

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<thead>
<tr>
<th></th>
<th>Saint Kitts</th>
<th>Unemployment</th>
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<tbody>
<tr>
<td><strong>Men</strong></td>
<td>78%</td>
<td>5.30%</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td>70.30%</td>
<td>6.30%</td>
</tr>
</tbody>
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<tr>
<th></th>
<th>Nevis</th>
<th>Unemployment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td>76.20%</td>
<td>8.10%</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td>66.30%</td>
<td>8.30%</td>
</tr>
</tbody>
</table>

30 Kairi Consultants 2009.
31 The Gini coefficient measures income distribution on a scale of 0 to 1, with 1 indicating absolute inequality.
32 Kairi Consultants 2009.
Although poverty is experienced throughout the 14 parishes, the prevalence of poverty and indigence varies by island. In Nevis, 49.9 per cent of the population live in the rural parishes of St. George and St. John where 34.1 per cent of the poor can be found. 33 St. John is one of the more remote parishes and was heavily impacted by the 2005 closure of the sugar industry as the St. Kitts Sugar Manufacturing Corporation had been an important employer. More than half of the poor live in St. George-Basseterre E., St. Mary and St. John. 34

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. An International Labour Organization (ILO) report on the working poor in the Caribbean found that 21.2 per cent of all workers fall into that category, with more women than men. 35

Young people between the ages of 15 and 25 represent 15.8 per cent of the poor in Nevis and 25.7 per cent in Saint Kitts. 36 A CDB study released in 2015 identifies an acute unemployment problem for youth (18–24), who represent 25 per cent of the population in the Caribbean. 37 The report shows an unemployment rate of 25 per cent among youth compared to 8 per cent among adults, with that among young females (30 per cent) considerably higher than young males (20 per cent). 38

The multidimensional characteristics of poverty on both islands are aggravated by a decline in personal security and the escalation of crime and violence. The strategic location of SKN near major maritime transport lanes makes it tempting to narcotics traffickers and others involved in illegal activities. Although the Government cooperates with the United States and others in the fight against illegal drugs, both islands are affected by the circulation of drugs and arms. SKN has the highest murder per capita rate among OECS members, with 36 homicides per 100,000 (2011–2014) and 23 murders committed in 2015. 39 The United States and SKN have signed a maritime law enforcement treaty, later amended with an overflight/order-to-land amendment, an updated extradition treaty and a mutual legal assistance treaty.

A study published in 2012 by the Institute of Development Studies revisits ideas about the distribution of poverty, asserting that over 60 per cent of the world’s poor are to be found in middle- and high-income countries similar to SKN and other Eastern Caribbean States. 40 These countries contain many of the standard characteristics of rural poverty at significant national levels. To understand and treat rural poverty with the gravity it requires, a focus is needed on different and more indicative factors that go beyond per capita GDP. This should include 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. Although the CPA shows that fewer people are living in extreme poverty in 2008 than previous years, nearly 23 per cent of all households are considered vulnerable and report consumption below the poverty line (24.5 per cent in Saint Kitts and 19.9 per cent in Nevis). 41 Despite recent positive growth trends, sustaining these achievements in both islands and preventing vulnerable households from sinking into poverty constitute a major challenge.

Poverty and female-headed households

While World Bank Enterprise Surveys (WBES) stress the importance of an adequately trained labour force and high participation rate of women in the workforce as key determinants for private sector business development as well as a generally healthy economy, gender disproportionally affects the likelihood of employment in SKN. The 2009 LFA revealed that women’s labour force participation is lower than men’s on both islands. 42 With fewer women in the workforce, higher unemployment rates among women, a boom in the male-dominated construction industry and the traditional gender-based barriers facing women, the 42.6 per cent of households that are headed by women face significant disadvantages. Moreover, 57 per cent of households in the poorest consumption quintile are headed by females (43 per cent by males) and women are more affected by unemployment, which the CPA recorded at 37.3 per cent and 13 per cent, respectively, in the lowest and second lowest quintiles. 43

33 Ibid.
34 Ibid.
35 Labour Market and Poverty Studies Unit 2010.
36 Kairi Consultants 2009.
37 CDB 2015.
38 Ibid.
39 Office of the Chief Medical Officer, MoH.
40 Sumner 2012.
41 Kairi Consultants 2009.
42 Vassell 2014.
43 Kairi Consultants 2009.
Information collected during the SitAn field mission indicates that more female-headed households are vulnerable and experience poverty than male-headed households and that the dimensions of poverty take on different characteristics in single female-headed households. This is confirmed by the 2008 CPA findings that women dominate household headship in the lower two consumption quintiles.  Although the CPA report provided little analysis of the characteristics of the single, female-headed household, other regional studies clearly indicate that the majority of children can be found in these households.

As women generally support larger households than men, they are more at risk of becoming poor or remaining poor. They carry greater responsibilities for caring for and the maintenance of the family. These poor households tend to have three or more children as well as one or two extended family members including other 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 (26.6 per cent of heads of poor households attended only primary school and 61.7 per cent received secondary education), low school attendance rates among the children living in the household, children fathered by multiple men, and inadequate adult guidance and support for children. 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 may include illegal activities and/or transactional sex, referred to as “vagina economics” by several interviewees. As the cycle continues, the chances of pregnancy increase adding to the already overwhelming responsibilities of the growing household.

Typically, though not always, these poor households headed by single women (and in some cases single men) support prime conditions for inter-generational poverty to take hold, promoting a ‘learned helplessness’ (see Figure 3: Learned helplessness).

Figure 3: Learned helplessness

“Learned helplessness”
Intergenerational Poverty/Depression

Poverty promotes casual relationships/transactional sex

Youth

Too poor to meet expectations “material contribution to household”

0-5

3-5 different fathers
Poor guidance

6-8

Serial relationships
Revolving door relationships

12-18

Low education levels
Unemployment
Inadequate/no maintenance
Corporal punishment
Drug + alcohol abuse

44 Ibid. Table 3.5: Household headship by sex and per capita consumption quintiles.

45 See UNICEF 2006. [Office for the Eastern Caribbean Area?] Jones A, Understanding Child Sexual Abuse, Perspectives from the Caribbean, 2013, for example. Also National Social Protection Strategy 2012-2017, Phase One, supported by UNICEF.

46 Kairi Consultants 2009.
Table 5: Children perceived to be vulnerable in SKN

<table>
<thead>
<tr>
<th>Who is perceived to be vulnerable</th>
<th>What makes them vulnerable</th>
<th>How the vulnerability is manifested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children (0–5)</td>
<td>Physical and emotional neglect</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abuse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Malnutrition</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Harmful behavioural patterns</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Slow cognitive development</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poor socialization process</td>
<td></td>
</tr>
<tr>
<td>Children (5–7)</td>
<td>Removal of children from their biological homes is sometimes needed for protection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Miss out on connectedness to family and community</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poor socialization processes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Face stigmatization that can have long-term effect on self-esteem</td>
<td></td>
</tr>
<tr>
<td>Children (7–15)</td>
<td>Poor health and nutrition results in poor school attendance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poor performance in school</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drop out</td>
<td></td>
</tr>
<tr>
<td>Adolescents (15–19) Children in conflict with the law</td>
<td>Girls at risk of sexual violence, abuse Boys at risk to dropout from school w/out certificate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Both at risk of engaging in harmful and risky behaviours and practices</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Out of school and out of work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Risk of life-long negative effect: no second chance, no higher level education due to absence of diversion programme</td>
<td></td>
</tr>
<tr>
<td>Children of migrant families</td>
<td>Low social status in the country associated with situation of parent in country (low paid, low skills, language barrier), parental absence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lack of legal status/appropriate documentation to access social services; separation from extended family and culture; language barrier</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Stigma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Poor academic performance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Comparative difficulty for social inclusion</td>
<td></td>
</tr>
</tbody>
</table>

Figure 3. Qualitative data collected through interviews and focus groups suggest sexual and gender-based violence and drug and alcohol abuse are more likely to occur in these households as opposed to non-poor households. The notion of ‘learned helplessness’ emerged from interviews with administrators of social safety net initiatives in eight OECS countries and from formal assessments of social safety nets. Interviewees in SKN (51 from the Government and CSOs) responding to the question “why does child abuse continue to be a serious social problem?” were nearly unanimous on the defining role of single-parented households (particularly single women), frequently pointing out the influence of negative consequences of social norms, values and power and gender dynamics in households headed by women. However, there is evidence supporting both sides of the debate on vulnerability of children in single-parented households vs non-single-parented households in the Caribbean (see Jones 2013, Chapter 8, for example).

SKN was included in a UNICEF-supported assessment of social safety nets across five OECS countries with common-law or married couples. Children in these households are seriously affected by these conditions in different ways depending on their age group and sex, with sometimes far-reaching negative consequences on their growth, development, survival and protection. Dysfunctional mating patterns and early pregnancies may lead to the girl child repeating the cycle of poverty that traps the single mother heading the household. The boy child may also get caught in the poverty trap, often dropping out of school to bring more income into the household or falling into gang activity and the drug trade.

The perceptions of the interviewees and focus groups of the vulnerabilities facing these children are shown in Table 5.
concluded in 2011 (see next section). While suggesting that the link between gender and poverty in SKN needs to be better understood, the assessment notes that low education levels among the poor and low wage employment among women are relevant factors when looking at poor households, particularly among the 43 per cent of households headed by single women. Further, single mothers and their families are proposed for prioritization as one of the special vulnerable groups in the 2012–2017 Social Protection Strategy.

Social safety nets

The Government continues to articulate a commitment to the principles of social protection with a ‘pro-poor’ focus even during prolonged periods of fiscal difficulties. The national Adaptation Strategy in Response to the New EU Sugar Regime 2006–2013 charted a course to guide reconstruction and transformation in the post-sugar period. Protection of the most vulnerable was among the core strategies in order to promote social as well as economic transformation in the face of considerable social development and poverty reduction challenges.

The National Poverty Reduction Strategy 2011–2015 further dedicated two of five priority areas to strengthening social safety nets, vulnerability and social protection. Coverage, efficiency and effectiveness of existing programmes were identified as major challenges: the food programme was only reaching 4 per cent of the poor; the school uniform programme was reaching 25 per cent of poor school-age children on Saint Kitts and 10 per cent on Nevis; and the public assistance programme had limited capacity and was reaching only 7 per cent of the poor on Nevis. Additionally, the 24 established safety net programmes were operating different administrative systems and duplicating effort, and the delivery mechanisms needed rationalizing and more efficient and compatible approaches. It should be noted that this analysis reflects data prepared and used for the National Social Protection Strategy and Action Plan 2013–2017 and, considering the proactive response of the Government, a new assessment or evaluation of the progress might present a changed profile of the situation.

With the development of the National Social Protection Strategy and Plan of Action (2013-2107), as well as the revision of the Social Security Act (2014), the Government looked to increase both the budget for social assistance programmes and the number of beneficiaries and to put in place a policy framework that would render poverty reduction programmes more coherent, efficient and effective. By 2016, the Government was prepared to finalize the National Single Household Registry, complete the development of the Proxy Means Test to ensure the most vulnerable families and individuals benefitted from safety net programmes, develop an effective management information system and expand the Mold, Empower, Nurture and Direct (MEND) Families Programme from 21 families in 2015 to 42 in 2016. Seen as the main driver for poverty eradication, MEND is a multidimensional programme designed after the well-known and innovative Chile Solidario/Puente Programme that has been adapted to Caribbean realities and piloted in Jamaica, Saint Lucia and Trinidad and Tobago.

The current generation of social protection programmes in SKN are designed to target the following groups:

- Infants and young children, particularly those that are income poor
- ‘At risk’/unattached’ adolescents and young single mothers (and their families)
- Teenage parents
- The unemployed
- The working poor
- Persons with disabilities, particularly those who are income poor
- The chronically ill, particularly those who are income poor
- Older persons, particularly those who are income poor

To facilitate the strengthening of the social protection programmes, the 2016 budget of recurrent expenditures reveals important increases for the relevant ministries (see Table 6).

The increases and additional allocations from the

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49 Ibid.
capital budget are intended to fight poverty and improve the quality of life by concentrating on completing a new Education Sector Strategic Plan, implementing the TVET Development Project, building a new high school, establishing a new oncology unit, upgrading the health system IT capacity, and solidifying collaborative efforts between the Ministry of Community Development, Gender Affairs and Social Services and the Ministry of Youth, Sports and Culture in their efforts to assist youths at risk.

New approaches to poverty analysis

Poverty clearly constitutes a multidimensional phenomenon that invades all aspects of the lives of individuals, families and communities, greatly affecting children who experience poverty differently. They particularly suffer from the non-income dimensions of poverty including social and emotional deprivation, exclusion, inferiority and ill treatment from adults and their peers. Young children are often less able to cope than their older siblings and may develop long-term problems relating to the absence of adult care and supervision. The more connected the child is to the adult who provides care and protection, the more resilient s/he is to the individual vulnerabilities, risks and challenges of living in a poor household.

The CDB and the 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 shift is grounded in a more inclusive analysis, which recognizes that poverty is linked to multiple dimensions of human development such as education and health, with significant gender-related disparities. This change acknowledges the global departure from traditional uni-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. In partnership with the CDB, OECS and other partners, SKN is currently piloting this new model while developing an enhanced CPA.

Table 6: Recurrent expenditure budget and capital budget allocations, 2016

<table>
<thead>
<tr>
<th>Ministry</th>
<th>2016 allocation recurrent expenditure budget (EC$)</th>
<th>Increase over 2015 budget allocation</th>
<th>2016 allocation capital budget (EC$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Development and Social Services</td>
<td>7.4 million</td>
<td>6%</td>
<td>6.1 million</td>
</tr>
<tr>
<td>Education (largest increase in dollar amount to any Ministry)</td>
<td>69.4 million</td>
<td>4.9%</td>
<td>15.6 million</td>
</tr>
<tr>
<td>Health</td>
<td>46.1 million</td>
<td>13.6%</td>
<td>14.9 million</td>
</tr>
<tr>
<td>Youth, Sports and Culture</td>
<td>6.4 million</td>
<td>8.9%</td>
<td>$10 million</td>
</tr>
<tr>
<td>Agriculture, Cooperatives, Human Settlements and Environment</td>
<td>8.5 million</td>
<td>6.4%</td>
<td>$4.2 million</td>
</tr>
</tbody>
</table>

Source: Harris 2015.
4 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).

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 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 is a major influence on a country’s standard of living.

SKN was the first Commonwealth Caribbean country to introduce universal secondary education in 1968, a milestone that paved the way to achieving 98 per cent literacy rate. By the mid-1980s education was free and compulsory from ages 5 to 14 (later extended to 16). Next came a period of renovation of existing primary and secondary buildings and construction of new schools and buildings including laboratories, engineering facilities and larger classrooms to accommodate vocational and non-formal programmes. With these improvements, the Government continued to prioritize progress towards meeting the basic educational needs of the population.


Figure 4: Budget for education (%), 2012-2013
Further, the current public education system 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 legal framework for policies and strategies in education is the 2005 Education Act, supported by the Education (Immunization) Regulations No. 39 of 2007; Education (Student Discipline) Regulations No. 26 of 2008; Education (Premises of Educational Institutions) Regulations No. 14 of 2008; Education (Appeal Tribunal) Regulations No. 13 of 2008; and Education (Home-Based Education) Regulations. Education (Education Institutions) Regulations, Education (Teacher) Regulations and Education (Home-Based) Regulations were later completed.

The education sector went from receiving 3.8 per cent of GDP in 2005 to a high of 4.11 per cent in 2006 back to 3.8 per cent in 2013 (see Table 7). The decrease in the expenditure is a reflection of measures implemented to combat the consequences of the global economic downturn. The education budget totalled 15.9 per cent of the national budget in 2012–2013 and 14.8 per cent in 2013–2014.

SKN is one of two OECS countries that invest a small share of the budget specifically in the education of children living with disabilities or special education, supporting two schools with 95 students enrolled. By 2103, SKN had a total school-age population (5 to 16 years of age) of 9,911: 32 primary schools with 5,426 pupils enrolled and 385 teachers; and 12 secondary schools with 4,416 students enrolled and 400 teachers. While the existence of an improved network of public schools that are free and accessible for children ages 5–16 is a considerable achievement, the quality of basic education is somewhat constrained due to the low percentage of fully trained teachers and the continuing disparity in academic success among girls and boys (see below).

### Table 7: Expenditure on education as a % of GDP, 1999–2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>3.3%</td>
</tr>
<tr>
<td>2005</td>
<td>3.8%</td>
</tr>
<tr>
<td>2006</td>
<td>4.11%</td>
</tr>
<tr>
<td>2007</td>
<td>4.23%</td>
</tr>
<tr>
<td>2008-10</td>
<td>4.2%</td>
</tr>
<tr>
<td>2013</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

**Source:** UNICEF 2015.

### 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 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. This research further 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.

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54 UNICEF 2015.
56 OECS 2013.
57 See Engel and Black 2008, for example.
of opportunity for realizing their right to education and the potential to perform to the best of their abilities. Reaching adolescent and 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 of migrant families and children living with disabilities are equally vulnerable.

In 1975, the Government approved Act No 18 to establish operating requirements for private ECD institutions and guide the expansion of services led by private entities and individuals. The first training of childcare workers took place in the same year with the support of the Israeli Government and UNICEF, followed by an agreement to improve childcare facilities. By 1970, 100 children were enrolled in government and private centres.

Acknowledging that children from the poorest backgrounds are those who stand to benefit most from ECE programmes, the Government, with support from donor community, introduced the HighScope model in 1981, which permitted the major extension of childcare services with the following structures and framework:

- Completion of an Early Childhood Policy manual with the message of building ‘A better tomorrow’
- Establishment of a Child Family and Community Unit in the Ministry of Education, later called the Early Childhood Unit, with a full-time coordinator and two additional support staff
- Institutionalization of robust training and quality control capacity
- Four new government centres serving an additional 200 children.

By 1990, a total of 50 private and public childcare centres were in operation. The HighScope model helped to sponsor several teachers to attend the Servol two-year training programme at a resource centre based in Trinidad and Tobago. The HighScope curriculum moved teaching methods away from a ‘teacher directed’ approach towards a ‘child directed’ or active participatory learning, including a daily routine of: (i) small and large group activities; (ii) plan-do-review; and (iii) outside time. With support from UNICEF and other donors, the model was later officially piloted in 13 preschool settings in four countries with a view to improve the learning environments and quality of developmental and educational programmes. Regional surveys conducted in 2009 scored SKN’s ECD services high in both government and private-run centres in terms of providing minimal or good quality environments. The HighScope curriculum has since been widely introduced with 36 preschools in Saint Kitts and 10 in Nevis practicing HighScope approaches receiving supplies of appropriate furniture and materials in 2014.

The ECD landscape in SKN experienced another phase of significant growth in the early 2000s, which saw the introduction of a Mission Statement for Early Childhood, an increase in the ECD Unit staff from three to five, an increase in staff at government-run centres.

Table 8: Children 0–5 years enrolled in early learning programmes, 2011–2014

<table>
<thead>
<tr>
<th></th>
<th>2011-2012</th>
<th>2012-2013</th>
<th>2013-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST. KITTS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls</td>
<td>1,343</td>
<td>1,431</td>
<td>1,568</td>
</tr>
<tr>
<td>Boys</td>
<td>1,367</td>
<td>1,574</td>
<td>1,699</td>
</tr>
<tr>
<td>Total</td>
<td>2,710</td>
<td>3,005</td>
<td>3,267</td>
</tr>
<tr>
<td>NEVIS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Girls</td>
<td>211</td>
<td>183</td>
<td>132</td>
</tr>
<tr>
<td>Boys</td>
<td>161</td>
<td>169</td>
<td>178</td>
</tr>
<tr>
<td>Total</td>
<td>372</td>
<td>352</td>
<td>310</td>
</tr>
<tr>
<td>Total both islands</td>
<td>3,082</td>
<td>3,357</td>
<td>3,577</td>
</tr>
</tbody>
</table>

Source: Ministry of Education, ECD UNIT

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58 Ibid.
59 See Manitou Inc. 2015.
60 Williams 2009.
61 Manitou Inc. 2015.
the development of minimum service standards,\textsuperscript{62} registration and licensing guidelines, job descriptions for all service categories, and development of monitoring and supervision standards, among others. By 2013, 100 centres were registered serving in total over 3,500 children (see Table 8).\textsuperscript{63} The student to teacher ratio is noted at 11:1 for 2012–2013. Expenditures on pre-schools represented 6.1 per cent of the education budget in 2012/2013, one of the highest in the OECS.\textsuperscript{64}

Despite a demonstrated government commitment and visible achievements, important deficiencies in access, quality and system support persist, blocking optimal expansion and quality of ECE including the need to supplement services provided at the centres. Although there is a formally approved policy in place and corresponding legislative framework, universal access continues to be a challenge and a good number of children do not have exposure to structured early childhood services.

Few ECD centres are owned and operated by the Government (19 out of 100), and the private centres have much higher fees. In 2016, the weekly nominal fee at government centres was EC$15.00 per child, while at most private centres it ranged from EC$25.00 to $45.00.\textsuperscript{65} Most vulnerable and disadvantaged households are unable to pay the fees at private centres for one child let alone two children. With private centres unaffordable, government centres tend to be overcrowded. Targeted attention is needed to achieve equity and the inclusion of all children.

Also notable is the commitment to ensure the right to education for children living with disabilities (the Government ratified the CPRD in January 2016, as previously noted). The vision of the education sector pledges "to promote adequate learning of skills by all special needs students as they move through their pre-primary to high school experiences".\textsuperscript{66} It is making good on this promise with 1.5 per cent of the education budget allocated to special education in 2012–2014 and placement of a trained ECD staff member with the Special Education Section in 2015.

The number of leaders and teachers at the ECD level in 2012/2013 totalled 397 of which 178 are untrained.\textsuperscript{67} The ECD Policy called for the number of trained staff to go from 21 per cent to 50 per cent by 2010 and the White Paper on Education Development and Policy 2009–2019 maintained this indicator as relevant. By 2012–2013, nearly half of the ECD teachers and supervisors were trained. Local teacher training course specializing in ECD is being developed,\textsuperscript{68} and it will be made available through the Clarence Fitzroy College to provide basic training for ECD practitioners and as a short course opportunity for the expansion of existing skills including assessment and certification.

Interventions designed to support parenting skills and early stimulation highlight 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 part of the Roving Care Givers Programme (RCGP), Reaching the Unreached and the Early Childhood Health Outreach (ECHO) programme. The RCGP is intended to provide early childhood stimulation to high-risk children from birth to three years by using home visitation interventions 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. Caregivers or ‘rovers’ work in their home communities delivering routine home visits. Initiated in 2009 and benefitting from private sector support and NGO and government funding, the RCGP is very active on Nevis.

Similarly, Reaching the Unreached provides support to caregivers in small communities where there is no

\begin{table}[h]
\centering
\begin{tabular}{|l|c|c|c|}
\hline
 & Supervisors & Teachers & Nursery assistants \\
\hline
Public centres & 21 & 64 & 72 \\
\hline
Private centres & 85 & 81 & 73 \\
\hline
Total & 106 & 145 & 145 \\
\hline
\end{tabular}
\caption{ECD staffing, 2013–2014}
\end{table}

\textit{Source: Ministry of Education, 2014.}

\textsuperscript{62} CARICOM ECD Minimum Service Standard and Regional Service Standard.
\textsuperscript{63} ECD Unit, MoE.
\textsuperscript{64} OECS 2013 and 2014.
\textsuperscript{65} Ibid.
\textsuperscript{66} See Ministry of Education 2009.
\textsuperscript{67} OECS 2013 and 2014.
\textsuperscript{68} See Ministry of Education 2009.
day-care centre or where parents are unable to send their children to a centre. Its two main components are a preschool expansion project catering for the 3–5-year-old cohort that provides preschool services to children three days per week; and an afterschool programme in designated preschools. Home visitation involves child stimulation, toy lending and training of parents and caregivers in child development and stimulation techniques. The objective is to improve the ECE skills of parents and caregivers and to provide early stimulation in home-based nurseries. The 2012 progress report on the programme indicated that it had reached 131 children gathered in nine homes, with 12 community outreach staff having been trained.

The ECHO programme also targets parents and caregivers in the home setting and aims to provide parents with a better understanding of children as rights-holders and underscore their protection needs. All three programmes promote an active role for the parent/caregiver in stimulation of the child’s cognitive and psychological development. Additionally, these models take into consideration social relationships outside the family that affect childhood and the development of the family unit. They are grounded in the notion that healthy connectedness to neighbourhoods and communities can improve childrearing patterns that might otherwise adversely affect social and cognitive outcomes during the preschool years.

The existing system to monitor the health aspects of children’s development is effective in the areas of child mortality, immunization rates and the routine internationally established set of milestone indicators. Because the home visit programmes focus on enhancing cognitive development and socialization skills, to a certain degree they are also helpful in detecting and addressing some developmental problems early on. However, as is the case in most countries, the link between developmental and growth monitoring through the health system and ECD could be stronger. Developmental screening is inadequate to detect and treat physical, emotional, social, behavioural, sensory and communication delays before children enter the formal education system.

Although these programmes work with families, community members and teachers, continued efforts to build closer relationships between parents, teachers and health-care workers are needed to motivate parents to construct active adult-child relationships and enhance their role as manager and supporter of their children’s education, growth, protection and development starting at birth. Promotion of better parenting and parent-child interaction can be accomplished using a mix of home visits, parental training, individual counselling and centre-based approaches. A major bottleneck that weakens the on-going efforts 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.

Improving the quality of ECD care will require increased investment in the number and level of training of rovers, leaders, teachers and health workers in the different sectors. It is particularly important to maintain or improve the existing teacher-student ratio as enrolment rises. Institutionalizing the RCGP and the parenting skills training initiatives demands firm and continual support from the Government. Whilst health centres work hand-in-hand with the ECD Unit to identify children not attending preschool, the access and outreach of these three programmes is important to reach 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 required to extend coverage to reach the most vulnerable and disadvantaged (indigent communities, migrant families, children living with disabilities and families in remote areas).

The current gains are important building blocks to better ECD delivery, but this still needs to be prioritized across the service delivery ministries. In addition, a national multi-stakeholder coordination mechanism is essential for improved coordination.
Table 10: Expenditure on primary education as a % of GDP, 1999–2010

<table>
<thead>
<tr>
<th>Year</th>
<th>Expenditure as % of GDP</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>4.43%</td>
</tr>
<tr>
<td>2005</td>
<td>3.86%</td>
</tr>
<tr>
<td>2006</td>
<td>4.16%</td>
</tr>
<tr>
<td>2007</td>
<td>4.23%</td>
</tr>
<tr>
<td>2008–2010</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

Source: UNICEF 2015/UIS

Primary education

Universal primary education (UPE) was established as a national priority as early as the 1960s in SKN seeking equal opportunities for girls and boys. However, a lack of quality education and the inequitable distribution of learning opportunities – along with the general unsatisfactory state of school structures – slowed progress. Sweeping policy reform in the education sector as a result of the OECS Education Policy Reform led to the abolishment of school fees and the introduction of compulsory education from ages 5 to 14 in mid-1980s followed by significant investments in recruitment of human resources and rehabilitation of schools. The highest government expenditure on education, 15.43 per cent (current, capital and recurrent), was in 1985 and corresponded to the expansion of schools. In terms of expenditure as a percentage of GDP, the investment in primary education has averaged around 4 per cent since 1999 (see Table 10). By 2007, over 6,000 pupils were enrolled in primary school with 370 teachers. The gross enrolment rate (GER) was 94 per cent and the net enrolment rate (NER) was 87 per cent.

70 The Education (Amendment) Act Number 17 of 2007 called for guidance counsellors to be placed in schools and set forth the legal framework for this to function.

A number of programmes were institutionalized in late-1990s and early 2000 to support the delivery of primary education including the school feeding programme and the distribution of uniforms and shoes. Additionally, social protection and technical programmes were introduced to address quality and equity issues in the education system at the community level. Several programmes achieved reasonable coverage but fell short of reaching the key

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70 Government of St. Kitts, Ministry of Education, Education Management Information Unit, September 2014 NB: Gross enrolment rate (GER) and net enrolment rate (NER) are unavailable for the school years 2009-2014 due to the lack of a detailed breakdown of the population distribution by age and gender.
objectives to: (i) protect the poor and vulnerable; (ii) promote their efforts to overcome their situation; and (iii) empower them to take advantage of existing opportunities as recommended by the 2008 CPA. Education experts in the region have pointed out that the current structure and design of social assistance and education-based programmes succeeded in partially addressing the first objective.

The focus for 2011–2015 was to move towards an educational system that develops the capacity for critical thinking and innovation and produces a generation of young people who can take full advantage of the knowledge economy of the 21st century. To this end, a revised curriculum was being implemented as of September 2015 to strengthen learning in the areas of civics and values and reinforce family and life skills. With approximately EC$1.4M allocated from the Capitol Fund in 2016, additional primary schools are to be renovated and/or rehabilitated island-wide.

Against this backdrop, the Government has made promising strides towards providing quality primary school education to all children. In 2013/2014 the total enrolment in the 32 primary schools was 5,426 children with a pupil to teacher ratio of 14:1 and the total number of new entrants recorded at 795.71 Boys’ enrolment is higher than girls’ in the lower primary grades, K–3, but evens out by grade 4. However, from grade 5 onwards the female enrolment is notably higher than the male (see Figure 5).

Getting children into primary school at the right age, ensuring that they progress smoothly and facilitating completion are key elements to advance towards UPE. In 2012–2013, only 4.2 per cent of the children entering primary school were older than the official starting age of 5, most of them boys. This is lower than most OECS member States, which vary from 3.4 per cent to 20 per cent (excluding Montserrat at 100 per cent).72 On the other hand, 24 per cent of the students enrolled in kindergarten were below the official starting age of 5 for the same period.73 There are several strands of evidence from anthropological, psychological, neuro-scientific and educational studies that point to the importance of play in young children’s development and the value of an extended period of playful learning before the start of formal schooling. The effect of late or early entry remains unclear as it is debatable whether outcomes associated with school entry age relate to chronological age and the accompanying maturity levels or whether these are driven by a student’s age relative to his or her peers. Nevertheless, UNESCO and leading educators recognize that a range in the age and maturity of pupils can present teaching difficulties within the classroom setting, creating the need for adjustments to the curriculum, instruction and/or the learning environment.

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72 OECS 2014.
73 Ibid.
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 laws and policies.

As shown in Figure 6, repetition rates have significantly declined in the recent past, with the 2013–2014 number of repeaters (mostly boys) totalling 85 and 54 of these occurring in kindergarten.

Regarding the issue of dropouts, the system recorded 42 dropouts (26 girls and 16 boys) in 2012–2013, with the trend analysis in Figure 7 showing a change in the gender pattern.
The primary net enrolment and completion rates appear to have significantly improved since 2005, although GER and NER cannot be calculated with precision due to the absence of a detailed breakdown of the population with age and gender disaggregation. Both of these indicators are used to measure progress towards UPE – a key MDG – and suggest that the country has achieved this.

Progression from kindergarten through grade six is equally important to achieve and sustain UPE. SKN is seeing the benefits of the push for pre-primary participation with nearly 80 per cent of primary school entrants arriving with ECE experience in 2015. The system of automatic promotion from primary school to secondary schools ensures that all children have the opportunity to achieve basic education. However, inequalities begin very early, with the children at greatest disadvantage falling behind at the very start of their schooling experience. The prospects of children entering, progressing and completing primary education are 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, family, community, church and the learning environment can determine a successful start and completion of primary education (see Figure 8). The more children experience healthy connectedness across all these areas, the more they are able to foster values – particularly those of 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 from these environments are most likely to have poor attendance rates due to transportation difficulties, for example. They may perform poorly due to inadequate nutrition, attention deficit disorders and inability to concentrate. They are more likely to come from single-parent households where adult supervision, guidance and support are limited or absent. Most teachers are not trained or experienced to address these issues with these children being left behind.

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**Figure 8: Environments of “healthy connectedness”**

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74 Commonwealth Education Hub.
As part of its Child Friendly School (CFS) implementation process, the Ministry of Education developed the following new policies in 2014:

1. Alcohol and drug policy
2. Anti-discrimination and harassment policy
3. Behavioural remediation matrix
4. Policy on the use of restraint in schools;
5. Policy on acceptable computer use
7. Policy on special education
8. Policy on health and family life education (HFLE) – CFS approaches require that schools move HFLE beyond the classroom and put systems in place to facilitate the application of its tenets in the school and wider society.

CFSs are designed to help children realize their right to a basic education of good quality. They are also needed to: help children learn what is needed to face the challenges of the new century; enhance their health and well-being; guarantee them safe and protective spaces for learning, free from violence and abuse; raise teacher morale and motivation; and mobilize community support for education. CFSs promote practices and behaviours that offer protective measures so children, teachers and communities can identify inappropriate behaviours and identify the best action to respond to bullying and sexually abusive advances. They promote three basic principles: child-centeredness; democratic participation and inclusiveness. The CFS aims to create a better understanding about the harmful consequences of social norms supporting practices such as corporal punishment and looks towards more ethical practices in dealing with behavioural issues.

The success of this model is impressive as noted in a series of UNICEF-supported studies of CFS schools. In general, the studies noted decreased use of corporal punishment, often seen as a bottleneck to successful completion of primary school. 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 are a small community. It is not difficult to know which child’s home life has challenging circumstances. Sometimes they try to hide it, but I know and try to work with them in a way to avoid trespassing on their pride.”

Primary school teacher

The OECS Education Sector Strategy 2012–2021 speaks of “pastoral care for learners” as a cross-cutting strategy to improve leadership management and accountability, teachers and professional development, teaching and learning, and curriculum and assessment. 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 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 401 primary level teaching staff active at the end of school year 2013–2014, only 84 had no training with over 55 per cent attaining different levels of training. Although SKN has specialized counselling services to deal with relationships, communication disorders and school and family environmental issues 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

Rare among the OECS, there is no common entrance examination for entry to secondary school in SKN. Students are required to take the grade 6 Test of Standards, and their scores are used for streaming at the secondary level, which is made up of lower secondary (forms 1 to 3) and upper secondary (forms 4 and 5).

75 A series of UNICEF-supported studies were conducted in the region documenting CFS Practices in Schools including Antigua and Barbuda, Barbados, Dominica, St. Lucia and others. UNICEF Eastern Caribbean Area Office

76 OECS 2012, p. ix.
77 Government of St. Kitts, Ministry of Education, Education Management Information Unit, September 2014
In 2013–2014, the Government recorded a total of 4,416 pupils enrolled in 12 secondary schools (nine in Saint Kitts and three in Nevis); four schools are privately run (one in Nevis and three in Saint Kitts). More girls than boys enrolled and completed secondary school in 2013–2014, which has been a trend for the past five years (see Figure 9).

Repetition rates continue to be relatively low with 0.03 in 2012-2013 or 144 repeaters, many occurring at form 4 level among girls (see Figure 10).

The number of adequately trained teachers was nearly 60 per cent at the secondary level. The OECS regional Education Sector Strategy 2012–2021 calls for increased investments in pre-service training and professional development programmes.

The number of drop-outs totalled 46 for 2012–2013, with

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**Figure 9: Enrolment in secondary schools by sex 2009-10 to 2013-14**

Source: Education Statistical Digest

**Figure 10: Cross-section of gender patterns in repetition, 2009–2014**

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78 Ibid.

79 Ibid.
Poor education quality is a regional issue that has gained increased policy attention. The challenge to improve quality involves addressing high drop-out rates, weak pupil performance, teacher shortages and insufficient instructional time. The percentage of students in SKN achieving five Caribbean Secondary Education Council (CSEC) passes including English and mathematics in 2014 was 23 per cent (24 per cent for males and 23 per cent for females), representing the highest level of achievement over the past five years (see Figure 12). However, this means that over 70 per cent of secondary students did not attain the minimum matriculations required to enter the tertiary education level.

80 Ibid. NB: No data are available for the 2011–2012 school year.
**Technical and vocational education and training**

Caribbean youth face serious challenges in the labour market as a result of inadequate employability skills. The focus for general formal education in SKN, as with most Eastern Caribbean nations, has been 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 grammar school system. The educational models were formal with an emphasis on classic study in literature, science and math. 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.

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 technical and vocational education and training (TVET) in SKN is currently overseen by the MoE and has gained prominence in recent national dialogue. The Education Act 2005 provides the framework for the composition and functions of a TVET committee, and SKN has made significant advancements towards establishing a TVET policy. A Director of TVET Development was appointed in 2009.

The relationship between education and youth unemployment constitutes a key enabling factor for building vibrant public/private/civil society sectors and strong entrepreneurship. According to the 2008 CPA, the overall figure for unemployment in the 15–25 age group in the poorest quintiles is 25.7 per cent on Saint Kitts and 15.8 per cent on Nevis. The Government’s National Poverty Reduction Strategy 2011–2015 includes priority action to adapt the school curricula to the changing national needs, including enhancing the teaching of civics and values as well as strengthening post-secondary and TVET services. This will mean an increase in the provision of TVET in schools and a refocus on education and training systems reflecting the skills demanded by employers. SKN does not have a vibrant 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-communicable diseases (NCDs) – 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.

TVET is not new to the SKN education system as active vocational training programmes are available at the formal level in secondary schools for the CSEC and one school is currently offering Caribbean Vocational Qualification (CVQ). Curriculums will be broadened to include more options for students, with subjects such as garment production, crop production and cosmetology becoming available. In addition, the TVET landscape in SKN includes the following:

- The Advanced Vocational Education Centre (AVEC), established in 1999, caters to students from age 16 who have either completed five years of school. The CVQ is based on Occupational Standards that have been approved by the CARICOM Council for Human and Social Development (COHSOD) for use across the Caribbean region. Each Standard comprises mandatory and elective units that give details of the competencies a student is expected to achieve. The CVQ is awarded at five levels. Students are assessed at any level only when they have mastered the competencies associated with the mandatory units at that particular level.
years of secondary school or dropped out of school. It offers two years of full-time courses in eight skill areas including four core subjects: English, mathematics, information technology and life skills/occupational guidance.

- Project Strong, governed by a board including members of the private sector, also receives public funding. It serves as a safety net for youth generally between the ages 16 and 18 who have not had success at secondary level and are marginalized and unemployed. Programmes include basketry, cooking, dressmaking, pastry-making, tailoring and woodwork.

- The National Skills Training Programme (NSTP) is governed by the MoE and responds to demands from both public and private sectors. The programme provides a flexible, non-formal training mechanism that can respond quickly to the immediate and changing skill requirements of the workplace.84

- The People Empowerment Programme (PEP), implemented by NSTP, is a government initiative intended to contribute to skills development. Designed for youth who are out-of-school and unemployed persons, it has the potential to be a valuable avenue of training for many people, especially those without secondary-level qualifications.

- Clarence Fitzroy Bryant College (CFBC), mandated by the Education Act 2008, offers tertiary education and training in several areas including agriculture, business and hospitality skills, training and professional development, TVET, technology and information science.

A major shortcoming in building a successful TVET programme is the lingering perception that it is for ‘slow learners’ or students who cannot ‘follow along the mainstream’. Changing this attitude requires long-term advocacy efforts. Government commitment to increased access to TVET is based on the understanding that it is not merely a means of reducing drop-out rates – particularly among males – but a cornerstone in the building a strong skill base among a workforce that needs 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.

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.

Education for children with special needs

As previously noted, the Government ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) in January 2016, but there are currently no legal provisions that specifically prohibit discrimination against persons living with disabilities or requiring access to buildings for such persons. Lack of access to polling stations can be a bottleneck to disabled persons’ enjoyment of the right to vote, for example. An official number of persons living with disabilities in SKN was not accessible 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 is high, with many of them unemployed because employers refuse to hire them.

Two special schools for children with intellectual, physical or mental disabilities exist in SKN with a total of 107 students, of whom 66 are mentally challenged, 18 have learning difficulties and nine have autism.85 Many children with physical disabilities and those with hearing and vision impairments are integrated into mainstream schools, where possible. The Office for Special Education in the MoE has recently been reinforced to carry out its responsibility for ensuring that individuals with special education needs are served through the school system. They offer assessment, diagnosis and intervention services in speech and language services.

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therapy; educational assessment and intervention; teaching for students with moderate to severe mental challenges; and work with visually impaired students. Limited service for clinical psychology is available. The Child Development Project of the Ministry of Social Services has prioritized the development of diagnostic kits to identify children with learning or behavioural difficulties at an early age.

The ECD Unit has recently provided specialized assistance to children aged 0–5, including a focus on training that aims to combat attitudes towards children with exceptionalities including disabilities. The education of children with disabilities remains a serious problem in terms of removing the stigma facing those children who are mainstreamed in the public school system and extending education opportunities to children in rural areas who remain in their homes.

**Children’s well-being (violence at school)**

The fundamental challenge in assessing the effectiveness of 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. Relationships that help to form and sustain school connectedness include those with teachers, counsellors, administrators, janitors, coaches, lunchroom servers, office assistants, parents and school volunteers. They all have the potential of fostering the positive attitude needed to establish the bond between the pupil and the school and community. But several factors depend on contributions from the institutions 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, in a dysfunctional household 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, initiatives to support a student 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.
Violence at schools is often associated with poverty, unemployment and political and social inequities. The Government’s stated position in 2011 was “that discipline is important in society and corporal punishment is regulated under the Education Act to ensure it does not cross the line into abuse”. For cultures that continue to legalize and practice corporal punishment in schools, households, the juvenile justice and alternative care institutions, it can be a major challenge to eradicate violence in schools. Indeed there is growing evidence that the use of humiliation and intimidation by teachers, parents and law enforcement can influence violence within the student population. Many experts opine that childhood aggression can be closely linked with the degree of negative criticism and violence experienced at a young age. Ending legalized violence against children is an important step towards eliminating violence in schools.

With the increasing prevalence of gang violence and the emergence of gang cultures at schools, security on school premises has received heightened attention. The Government introduced the Community Protection Act in 2011, which provides a framework for gang-related crime and violence. Work on violence prevention and understanding the root causes of violence in communities and schools was launched with one-year pilot programmes in 2011 in five secondary schools. This pilot was aimed at ensuring a peaceful environment and enabling improved academic performance, and it helped to identify risk behaviours and assess staff and student needs. Social media discussions at secondary schools have also been organized to look at ways of establishing security policies and protocols.

The MoE appointed a research psychologist in 2011 to lead implementation of the system-wide violence prevention programme and oversee the ongoing work of the network of guidance counsellors. In 2012, the MoE promoted a Peace Promotion Programme geared towards the creation of a more friendly school environment for students and teachers alike, and a curtailment of the growing trend of violence and bullying in schools and the society in general. This was complimented by a UNICEF-sponsored violence prevention project that involved training teachers, assessing schools, putting into effect specific policies to address anti-social behaviour and evaluating the targeted outcomes. The number of guidance counsellors was increased in primary schools to direct address the identifiable psycho-social problems of students. In 2013, the HFLE curriculum was launched with a view to reinforce healthy family and community connectedness to the school environment by promoting open discussion regarding self and interpersonal relationships and providing basic information on sexuality and sexual health.

Programmes such as the Mentoring, Advising, Guiding and Instructing Children (MAGIC) programme, which was spearheaded by the Commissioner of Police, has registered success in addressing issues related to drug use, violence, alcohol consumption, bullying and gang-related activities in primary schools. Other contributing programmes include the CFS initiative, which is being implemented in schools across SKN.

As of March 2016, SKN was one of five Caribbean countries piloting a two-year CDB project, Youth on Youth Violence in the Caribbean, that aims to reduce youth-on-youth violence, particularly in schools. The project acknowledged the importance of the role of multiple stakeholders in order to break the cycle of youth crime centred on four main issues: violence against children, school violence, gender-based violence, and youth gangs and violence. This cannot be achieved without considering the influence of gender, culture and other social determinants.
5 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)

According to UNICEF, there is significant evidence that violence, exploitation and abuse can affect children’s physical and mental health in the short and longer term, impairing their ability to learn and socialize and impacting their transition to adulthood with adverse consequences later in life. Violence, exploitation and abuse are often practiced by someone known to the child, including parents, other family members, caretakers, teachers, employers, law enforcement authorities, state and non-state actors and other children. Worldwide only a small proportion of acts of violence, exploitation and abuse are reported and investigated, and few perpetrators are held accountable. This situation is exacerbated in a society such as SKN, where the small size of the population creates a situation where all people living in the area are easily identifiable.

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 of sexual assault, sexual violence and domestic violence in the region. Research conducted by the University of Huddersfield and commissioned by UNICEF also helped to highlight the gravity of child sexual abuse in the Caribbean.

Some good practices in SKN include Child Friendly Schools (discussed in Chapter 4) and ‘Breaking the Silence’, launched in late 2013 with support from UNICEF. The National Poverty Reduction Strategy 2011–2015 and other sectoral planning documents convey 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 most at-risk, vulnerable and excluded. National policies and laws provide an institutional framework that focuses on the development, survival, participation and protection of all children and includes specific interventions from nearly all ministries, civil society and development partners.

Over 60 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 Department of Probation and Child Protection Services in the Ministry

89 UNODC and World Bank 2007.
90 Jones and Trotman Jemmott 2009.
of Social Development, Community and Gender Affairs. 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, which is also seen in the robust legal and institutional framework described in Chapter 2 (and further below).

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

The Government’s commitment to fulfilling children’s right to be protected from sexual, physical and emotional abuse and neglect is embodied in the 2010–2013 National Action Plan on Child Sexual Abuse and other key documents. In terms of the legal framework, the Age of Majority Act and the Marriage Act establish 18 as the minimum age of marriage without parental consent and set the age of sexual consent at 16; the Criminal Law Amendment Act, the Offences against the Person Act and the Electronic Crimes Act cover different forms of child sex abuse; and the Children (Care and Adoption) Act and the Probation and Child Welfare Board Act cover the care and protection of children, operation of adoption services and other related matters including physical, verbal, emotional, financial and psychological abuse. The latter explicitly recognizes the principle of the best interest of the child with reference to article 3 of the CRC and includes the right to participation, also in accordance with the CRC. Importantly, the Act also provides for mandatory reporting of persons who commits the offence of failing to care for or protect children with a fine not exceeding EC$5,000. This legislation specifically addresses such violations whether they occur in schools, residential care institutions, juvenile justice institutions or the workplace.

There were a total 77 reported cases of child abuse and neglect in 2010, 100 cases in 2011, 114 cases in 2012, 168 in 2013 and 62 cases in 2014 (January–October) (see Figure 13). Two thirds of the reported cases were

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**Figure 13: Reported child abuse cases in SKN**

![Graph showing reported child abuse cases in SKN from 2010 to 2014]

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91 The Department of Child Protection Services, Ministry of Social Services.
committed against girls, particularly in the categories of neglect/abandonment, sexual abuse and emotional abuse.\textsuperscript{92} No data are available regarding the ages of the child victims.

In May 2014, UNICEF conducted a social survey on attitudes to corporal punishment, child sexual abuse and domestic violence in SKN. It involved face-to-face interviews with 600 men, women and children. The results represents 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 14) \textsuperscript{93}; and (ii) a willingness to see a ban on the use of corporal punishment in schools (37 per cent) and in the home (18 per cent). The latter was somewhat lukewarm but indicates an opportunity for advocacy.

With regard to child sexual abuse, the survey validates the perceptions of those interviewed for the SitAn, as almost half (49 per cent) of the respondents believed it to be a major problem in SKN and 20 per cent regarded it as a minor problem. \textsuperscript{94} The survey confirms that respondents had a clear understanding of what constitutes child sexual abuse.

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\textbf{Figure 14: Discipline and corporal punishment}

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Not sure</th>
<th>Prefer not to say</th>
<th>Yes, there are other forms of punishment</th>
<th>No, punishment always means corporal punishment</th>
<th>I am unsure/prefer not to say</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>63%</td>
<td>15%</td>
<td>2%</td>
<td>85%</td>
<td>5%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Discipline is the same thing as corporal punishment

---

\textbf{Figure 15: Reasons for not reporting CSA incidents (%)}

Table: Reasons for not reporting CSA incidents (%)

- It's not their business
- Fear of negative consequences
- Embarrassment of stepping forward
- Believe that CSA does not merit reporting
- Believe the authorities will not act
- Believe the process will take too long
- Lack knowledge of who to go to
- Fear of Death
- Believe the child will get over it

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\textsuperscript{92} Ibid.

\textsuperscript{93} CADRES 2014.

\textsuperscript{94} Ibid.
“Girls get sucked up into transactional sex. It has become a survival strategy... now called ‘vagina economics’.”  

*Interviewee*

Regarding CSA, “there is a pay-off system in place and the child is programmed to keep quiet.”  

*NGO Manager*

“When it comes to reporting incidents of child sexual abuse, the UNICEF survey confirms that much work is yet to be done to: (i) convince children, parents and service providers to take the appropriate action when learning that a child has been abused (report the incident to the relevant authority); (ii) ensure that the child is protected and counselled to avoid cumulative effects of the incident; and (iii) apprehend and prosecute the perpetrator to the full extent of the law. Survey respondents gave several reasons for reluctance to report incidents of CSA (see Figure 15).

Interviews for the SitAn suggest that – even with the increase in reporting resulting from recent advocacy efforts – many cases go unreported because: (i) SKN is a small society where there is little respect for 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 the beginning of menstruation; (iv) many of the perpetrators are powerful people; and (v) abuse often occurs in poor, female-headed households where the mother has ‘visiting’ boyfriends. Out of 26 primary and secondary school children interviewed in focus groups for the SitAn, 17 stated 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. Additionally, prosecution of adults engaging in child pornography activities are no longer uncharted territory for SKN. 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. 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 suggested that a ‘payoff’ to the parents often occurs before the case gets to court.

Sexual abuse is the most common form of gender-based violence against children in SKN, especially in communities with high unemployment, juvenile delinquency and student dropout rates, as well as frequent drug use and sexual abuse. Tolerance persists for sexual, physical and emotional abuse and neglect of children.

In an effort to the responsibility of parents and their ability to protect their children, the Department of Probation and Child Protection Services initiated parenting programmes targeting communities with high reported incidences of abuse, with 95–99 per cent answering yes to: 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 an adult’s sexual gratification).
abuse. These classes bring parents/caregivers and service providers together for peer support and feedback on the harmful consequences of cultural and social norms. Building and sustaining these networks is essential.

Using methodologies that promote robust interaction between parents and role play, the classes build a better understanding of what is needed to move parenting beyond a custodial role and render families more functional. Parents support and learn from one another by exchanging actual experiences, examining their actions and looking at how their situation could have been handled better. Topics covered include stages of development, communication among family members, conflict resolution, the parental role in helping the child succeed in school, the signs and effects of child abuse and how to protect your child from abuse, and the roles and responsibilities of parents and children. Sustained funding and commitment is needed to expand the parenting programme beyond the limited number of beneficiaries, fully develop the methodology and materials, and follow up with parents who have completed the sessions to measure the overall results of this effort. Additionally, Project Purple works with schools to bring awareness to teachers and students about alternative and positive approaches to discipline in an effort to change the practice of corporal punishment and help to garner institutional support for victims of abuse.

Children who experience sexual, physical and emotional abuse and neglect can face enormous difficulty normalizing their lives, and in many cases there are cumulative effects that are debilitating. There is only one home for alternative care in SKN (see ‘Residential care’ below). With limited capacity in terms of counselling and psychological services available to the Department of Probation and Child Protection Services, more needs to done to provide support to child victims and their families. Working with child victims requires trained and experienced personnel who are in limited supply on both islands. 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 also provide support for child victims and help to eliminate the stigma associated with child abuse.

Many of the actions that are needed to further improve the institutional response to child sexual, physical and emotional abuse of children in SKN 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 and updating 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.

The Department of Probation and Child Protection Services, the Social Security Scheme, the MoH and the MoE are responsible for social and community services that assist families on protection issues. This architecture is currently undergoing reorganization and, with many of the key units understaffed, there are only a handful of social welfare officers working as social workers and probation officers. There are not many formal social assistance programmes, with social insurance playing a vital role and the existing programmes somewhat dispersed across ministries and agencies with very modest and often informal coordination mechanisms. This weak structure or system of social protection is a barrier to finding effective, appropriate and swift solutions to children in need of protection. This is particularly important to children who must be removed from the family and require a temporary solution until they can be permanently placed with biological family members or in foster care (see box).
Residential and foster care

The St. Christopher’s Children’s Home is the only home for alternative care in SKN and has a capacity of up to 34 children ages 4–19. The home has NGO status and receives children who are victims of sexual abuse, neglect and abandonment. Children are placed there temporarily until arrangements can be made for placement in foster care, adoption or with extended family members.

Foster care is the preferred placement for children, and there are currently 48 children placed in 45 foster homes. In the absence of a formal protocol, interviewees indicated that legislative initiatives such as the Probation and Child Welfare Board Act cannot operate effectively. Drafting of the SKN National Child Abuse Protocol began in 2010 and is needed to establish guidelines for the placement of children into alternative care environments, whether foster care or institutional care.

Children in conflict with the law and juvenile justice

As discussed above, SKN has a high intensity of gang violence: The average annual murder rate for 2000–2009 was 26.14, with 41 per cent of the murders gang-related. Homicide is a public health challenge (see Figure 16).

Seventy per cent of crime is committed by offenders under 24 years of age. 95

The qualitative analysis for the SitAn also presented a general perception of high crime, anti-social behaviour and ‘delinquent’ misbehaviour among youth. Interviewees attribute the cause to a complex interaction of risk factors including: poor parenting (lack of ‘care and control’); increasing number of female, single-parent households; unemployment; growing drug use (alcohol and cannabis); teenage pregnancy; problems with suspension/expulsion/dropout from school; child abuse and exposure to violence; and general poverty. It should be noted, however, that analysis of these risk factors shows that not all households headed by single females are at the centre of criminal behaviour among young people.

The law relating to child offenders in SKN is the Child Justice Act, which conforms to the Beijing Rules. 96 Juvenile justice reform was launched a decade ago following a SitAn. However, as is the case in other OECS countries, the process of reform designed to bring

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95 Office of the Chief Medical Officer, MoH.
96 Defines a juvenile as a “child or young person who, under the respective legal systems, may be dealt with for an offence in a manner which is different from an adult”.

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forward a more child rights-focused administration of justice for children has been slow. This is a reflection of (i) the painstaking process of legal reform in general, (ii) the difficulty of adjusting cultural paradigms and social ideas that favour punishment over rehabilitation, and (iii) the limitations in terms of financing and human resource capacity required to implement the reform.

With regard to the age of criminal responsibility, the Act gives discretionary power to the public prosecutor to decide to lower the age of criminal responsibility (section 4 and 5), leaving open the possibility of prosecuting children aged 10–12 years. The CRC advises against the practice of allowing exceptions to a minimum age of criminal responsibility in cases where the child is considered mature enough to be held criminally responsible. The Act prohibits the imposition of a sentence of life imprisonment on a child, instead offering community-based sentences, restorative justice sentences and other options.

The Act calls for the establishment of a Child Justice Committee to preside over the initial inquiry stage as part of the juvenile justice legislation and system. It should be composed of a magistrate or senior attorney-at-law of at least seven years standing and two social workers. However, in the absence of the family court inclusive of the integral involvement of psychosocial services, such a Committee would be limited in its effectiveness. In lieu of a family court, SKN currently relies on a magistrate’s court for juvenile cases.

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, within a restorative justice framework, rather than criminalization and punitive measures. Referral options are available to ensure diversion of juvenile cases away from formal criminal court procedures towards community support, particularly at the pre-charge stage of the process. The New Horizons Rehabilitation Centre opened in SKN in 2013 with a capacity for 20 boys and 10 girls and features classrooms, recreation areas, a computer library and a remand centre for those awaiting trial. With an emphasis on rehabilitation, the Centre forms part of holistic approach by the Government to address the individual and social risk factors that increase the probability of juvenile offences. The treatment provided is consistent with the CRC, including psychosocial support to the residents, as well as development services and training opportunities to enhance the employment and education prospects of those graduating from the programme.

The dearth of data on juvenile offenders in conflict with the law limits an analysis of scope and categories of

![Figure 16: Homicide: a public health challenge](image)

<table>
<thead>
<tr>
<th>Period</th>
<th>Cumulative</th>
<th>Annual Ave.</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001-2005</td>
<td>40</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td>2006-2010</td>
<td>104</td>
<td>21</td>
<td>40</td>
</tr>
<tr>
<td>2011-2014</td>
<td>98</td>
<td>18</td>
<td>36</td>
</tr>
</tbody>
</table>

Chief Medical Officer, St.Kitts and Nevis
offences. However, a regional analysis of country-submitted data, conducted in 2015, provides a snapshot of the situation in SKN as follows: 97

- 127 children charged during 2014
- 270 per 100,000 children charged, one of the highest rates in the region 98
- Top three offences: (i) battery, (ii) disorderly manner/fighting and (iii) causing harm (see Table 11).

Under diversion, a Court will refer a child to the Probation Unit, which aids in the rehabilitation process by providing supervision, guidance and counselling for juvenile offenders. The Counselling services in the Probation Unit handles all probation cases and has 12 staff including four with a Masters in Clinical psychology. Caseloads vary but can include a dozen childcare, protection or public assistances cases, and juvenile probationers at any given time. The offender is normally enrolled in a life skills course held at one of the local programmes or services provided by community-based organizations. 99

Despite the updating of important legislation, the system still upholds whippings, flogging and life imprisonment for juveniles. Legal aid and representation is largely accessible for juveniles through New Horizons Rehabilitation Centre, the Department of legal Affairs and the National Bar Association. The dearth of research in the area of juvenile justice and the absence of reliable disaggregated data make it difficult to gain a comprehensive understanding of the situation of youth offenders and therefore design appropriate preventative programmes and services. Many of these constraints were mentioned in the initial CRC report.

**Adolescent pregnancy**

The problem of adolescent pregnancy continues to be a focus for the Government, with signs of decreasing numbers (see Figure 17). What is unclear is the number of girls under 16 years of age or below the age of consent who become pregnant. Gaps in adolescents’ health care were pointed out by health-care administrators, who noted that they “only see young people if they are

<table>
<thead>
<tr>
<th>Table 11: Reported juvenile offences, 2014–2015 (January-September)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Armed with an offensive weapon</strong></td>
</tr>
<tr>
<td>Armed with an offensive weapon</td>
</tr>
<tr>
<td>Assault</td>
</tr>
<tr>
<td>Battery</td>
</tr>
<tr>
<td>Building break-in with intent</td>
</tr>
<tr>
<td>Care and protection</td>
</tr>
<tr>
<td>Carrying abroad an offensive weapon</td>
</tr>
<tr>
<td>Did knowingly harbour a certain juvenile</td>
</tr>
<tr>
<td>Disorderly manner by fighting</td>
</tr>
<tr>
<td>Housebreaking and larceny</td>
</tr>
<tr>
<td>Indecent/insulting language</td>
</tr>
<tr>
<td>Possession of cannabis</td>
</tr>
<tr>
<td>Supplying of cannabis</td>
</tr>
<tr>
<td>Stealing</td>
</tr>
<tr>
<td>Wounding and wounding with intent</td>
</tr>
<tr>
<td>Other</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
</tr>
</tbody>
</table>

97 OECS Assessment of Child Protection Services: St. Kitts and Nevis, 2013
98 Included Anguilla, Antigua and Barbuda, British Virgin Islands, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia and Saint Vincent and the Grenadines.
99 Data are incomplete for 2015 (January-September, 2015). UNICEF 2015
sick because otherwise they do not access health care … 10-11-years-olds are exposed to sexual activities and can’t wait until secondary to learn about it”.

Many interviewees saw the introduction of the ‘morning after pill’ as a principle reason for the decline in adolescent pregnancies, and they insist that abortion – although illegal – is accessible. While women in SKN 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 thus restricted even though legally they are allowed to have sex. Health services provide very basic family planning options that include distribution of condoms. Most schools do not offer sex education despite evidence that the number of sexually active adolescents in SKN is high.

The law provides the option for pregnant girls to continue to attend school for as long as possible and to return to school after giving birth. Girls who do opt to return usually go to a different secondary school. Those 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. However, the fees associated with these courses are often a major bottleneck as teenage mothers struggle to gain employment and independence.

Project Viola is a support programme set up by the Department of Gender Affairs in 1997 for teenage mothers attending public schools. It assists with day-care costs while they are studying in school. In 2013–2014, 28 young women aged 14 to 18 were enrolled, among whom four had conceived at 13 years old. All but two came from single-parent households and one had parents who were economic migrants.
The Right to Health
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 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)

SKN has two ministries of health (MoH), one on each island. Each MoH has directorates of community health services and health institutions responsible for organizing and managing public health services and policy. The MoH on Saint Kitts is responsible for some country-wide issues, including reporting data, creating the national strategic plan and administering procurement. Each MoH is divided into an administrative branch, directed by the permanent secretary, and a clinical branch, directed by the chief medical officer (CMO) in Saint Kitts and the medical officer in charge in Nevis. Both ministries follow the same general organization in delivering health services.

The main referral hospital is Joseph N. France General Hospital, a newly constructed 150-bed service on Saint Kitts, which also has two district hospitals that provide basic inpatient services. Alexandra Hospital is the main health facility on Nevis. The network of health facilities includes 17 community health centres (11 on Saint Kitts and six on Nevis) that provide maternal and child health care, general medical services and chronic disease management. Most communities live within three miles of a clinic. In 2010, the ratio of doctors per 100,000 is estimated at 11.8, with two dentists per 10,000. The number of registered nurses per 10,000 declined from 37.9 in 2005 to 32 in 2010. Many OECS countries reflect this trend due to the emigration of nurses to Canada and the United States in the mid-2000s.

The health-care services are largely public with fewer than 20 physicians in private practice who mostly provide specialist services. Private sector pharmacies outnumber public sector pharmacies, and there is only one laboratory, which is privately run.

The Government’s goal in 2016 is to ensure the availability of quality health-care services that respond to the needs of the population and put forth a framework for enhancing health-care financing. This will involve improvements to and diversification of existing services while providing compassionate care. Further, funds have been allocated to create an oncology unit at the General Hospital. Implementation of the National Health Insurance Scheme (NHIS) is planned to reduce the cost of health care and bring about more equitable access to all services.

Government expenditures on health in 2008–2012 totalled 2 per cent of GDP, with the annual health expenditure averaging about US$370 per capita during that period. The health-care system is reasonably funded with external funds received uniquely for the HIV/AIDS response – this aid is dwindling as the epidemic is stabilizing and systems are put in place. The primary health-care system is considered to be functioning well, with good access to services. Nearly 100 per cent of women have a skilled birth attendant at delivery, and vaccination coverage for all antigens is almost 100 per cent. Primary health centres provide limited family planning options, and the distribution of condoms is free. As a member of the OECS, SKN participates in the Pharmaceutical Procurement System, which results in savings through high volume purchase of basic drugs. Primary and secondary level care services and medications are free for children and seniors over the age of 62. HIV drugs are free of charge.

As reported in the Social Protection Assessment (2011), the NHIS, once implemented will represent the main programme responding to health-care needs related to lifestyle diseases. The NHIS is a means of providing

100 UNICEF 2015.
101 PAHO 2012
102 UNICEF St. Kitts and Nevis Social Safety Net Assessment, 2014
a high quality, people-centred, comprehensive and integrated service in which due attention is paid to the expenditure on and revenue from the package of services provided. The scheme, modelled after similar programmes in Taiwan and the United States, will cover the following diseases: asthma, cancer, cardiovascular diseases, certified lunacy, diabetes, glaucoma, hyper-tension, leprosy and sickle cell anaemia.

SKN accomplished a number of strategic achievements in health between 2006 and 2010: a decrease in the incidence of vaccine-preventable diseases; a decline in communicable diseases through efforts to improve sanitation and food handling; and a reduction in the number of HIV/AIDS-related deaths and improvement in the quality of life for persons living with HIV from provision of antiretroviral drugs. This effort has contributed to the general reduction in both infant and maternal mortality and led to an increased life expectancy for citizens.

The health system has recognized the importance of addressing cross-cutting challenges by putting in place strategies that favour inter-sectoral collaboration as the basis of health promotion and the use of public messages to deliver essential health information to the public. Moreover, it has developed strategic cooperative relationships with NGOs, faith-based organizations and the private sector to ensure maximum outreach and effective public education.

Nevertheless, SKN faces significant challenges related to the health and well-being of its women and children. The 2008 CPA highlighted issues of inequity challenging the delivery of health care to the indigent, the poor, the vulnerable and migrant communities. Unacceptable levels of gender-based violence and the consequences of gang violence all place stress on the health-care system. Although the capacity to provide secondary and tertiary care via the public hospital has increased, the rise in chronic non-communicable diseases (NCDs) is causing emerging concern that the health system is becoming overburdened. These developments, coupled with the fact that the country is fast becoming ineligible for donor funding due to its high-income status, reinforce the need to put an updated national health sector plan in place – including both public and private aspects – to understand the strengths and weaknesses, address challenges and follow up with appropriate action for promoting greater efficiencies and strengthening the system.

**Infant and child mortality**

The infant mortality rate (IMR) has declined since 1990, when it was reported at 23 deaths per 1,000 births, to 20.3 deaths per 1,000 births in 2007, 11.3 in 2008 and 8 in 2015, with a total of 58 infant deaths over the period. The majority of infant deaths occur within the first 28 days, mainly caused by prematurity and congenital anomalies. SKN is performing better than the estimate for IMR in the Americas (43 per 1,000 births in 1990 and 15 in 2015) and close to the expectation for high-income countries sharing similar characteristics (13 for 1990 and 6 for 2015). The incidence of low birthweight ranged between 8 and 10 per cent in 2006–2010. The antenatal care coverage rate is reported at nearly 100 per cent in the MDG progress report of 2009, with 100 per cent of births delivered in a hospital by a trained personnel.

The proportion of the population under 5 was estimated to be 6.9 per cent in 2010. As with the IMR, SKN has managed to achieve a steady decline in the under-five mortality rate (U5MR), with 19 per 1,000 births reported in 1990 and 11 in 2015. The leading causes included acute respiratory infections and gastroenteritis. The U5MR average for the Latin America and Caribbean region is 19 per 1,000 births for 2015, and the World Bank estimates that the U5MR for high-income countries should be as low as 7 for 2015. The MDG for 2015 for high-income countries is 5 per 1,000 births for U5MR.

The Government acknowledges the effort required to sustain these achievements and, with support from international organizations, remains committed to the implementation of an NHIS to make quality health care affordable and accessible to all.

**HIV/AIDS**

The Caribbean has the second-highest HIV prevalence rate in the world after sub-Saharan Africa and, although the concentration of the epidemic is outside of the OECS, HIV-related deaths continue to be the leading cause of death among the 25–44 age group in the broader region. However, by 2012 and largely due to a successful coordinated response, the region also recorded the world’s most profound decline (49 per cent) in infections since 2001. The remaining epidemic is concentrated in key high risk populations: sex workers and their partners, men having sex with men, and men and women engaged in transactional sex.

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103 UN IGME 2015. NB: In small populations such as SIDS, a small change in variation in the number of deaths can produce significant variation in mortality rates.

104 UNDP, MDG Progress report for OECS, 2009

105 Ibid.

106 UNAIDS, 2011
SKN has made great progress in achieving MDG Goal 6, Combat HIV/AIDS, malaria and other diseases, with no indigenous malaria cases and an HIV prevalence in the adult population estimated at 0.5–1.1 per cent, slightly above the 1.0 per cent prevalence target. After the first case of HIV was diagnosed in 1984, a total of 358 confirmed cases were recorded as of December 2014, with slightly more males affected than females (see Figure 18). The Federation did not record any new cases of mother-to-child transmission of HIV in 2013. During 2006–2010, 17 persons were diagnosed with HIV and the country recorded seven deaths. No data are available for men having sex with men, which is likely a sub-epidemic but stigmatized at-risk population.

SKN has yet to sign the International Covenant on Civil and Political Rights (ICCPR), which would oblige the upholding of certain civil and political rights of the population, including lesbian, gay, bisexual and transgender persons (LGBT). There are legal statutes criminalizing sexual relations between consenting adults under Sections 56 and 57 of the Offences against the Person Act. The law criminalizes consensual same-sex sexual activity between men, which carries a penalty up to 10 years in prison. Arguments have been advanced in favour of repealing the law, but the Government – as in other Caribbean nations – has met with strong opposition to change. Nonetheless, it has taken steps to build tolerance and change societal attitudes towards the LGBT community.

In August 2015, the Prime Minister publicly called for tolerance toward LGBT persons and an end to discrimination and stigmatization as a way to combat the spread of HIV. In February 2016, a four-day training was organized and facilitated by a gay couple from Canada for uniformed officers in Saint Kitts to address safety issues concerning the local LGBT community. The training started a dialogue about the sensitivity of the police, military, prisons and customs in terms of dealing with LGBT persons.

Despite the existence of the law, there has been ‘relaxed enforcement’ and no reports of violence or discrimination based on sexual orientation are known. However, some unofficial reports indicate that discrimination against LGBT persons continues and affects their willingness and ability to seek medical treatment and/or counselling on disease prevention.

107 USAID 2014.
108 Office of the Chief Medical Officer, MoH.
109 PAHO 2012.
Although sex education is taught in schools as part of the HFLE curriculum, because of the prevailing conservative Christian culture there is little demand for LGBT human rights issues to be included. Moreover, teaching of sexual and reproduction health (SRH) covers the minimum of information excluding contraceptives. The promotion and protection of adolescents’ right to access comprehensive SRH information must go beyond the distribution of condoms. The fight to stamp out the HIV/AIDS epidemic 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**

The major shift taking place in the field of health has been described as a rapid dietary and epidemiological transition where chronic non-communicable diseases (NCDs) have replaced malnutrition and infectious diseases as major health issues. This requires a very different approach.

The health system described at the beginning of this chapter is one largely designed to combat malnutrition and preventable infectious diseases, and it is struggling to adequately meet the demands of increases in chronic NCDs. According to the PAHO 2012 County Report, the leading causes of illness, disability and death among adults in SKN now include morbidity causes of hyperlipidemia, hypertension, excess weight, diabetes, schizophrenia, depression and substance abuse.

Control of chronic NCDs requires: (i) a different lot of equipment (lab set-ups and x-ray tools) for investigation and diagnosis, 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 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.

Obesity threatens the health of both children and adults throughout the Caribbean. Over a quarter (26 per cent) of school-age children in SKN are obese, putting them at risk of diabetes and hypertension. The problem is exacerbated by the poor availability of nutritious foods such as fruit and vegetables (mainly due to land use for sugar) and people’s dependence on imported processed foods. The bid to change behaviours and attitudes regarding the production and consumption of nutritious foods is challenged by the need for resolved political will, sustained resources and considerable time.

**Mental health**

The mental health legislation in SKN dates back the Mental Health Act of 1956 and an update drafted in 2007, along with a Mental Health and Substance Abuse Strategic Plan for 2010–2014. Most mental health services are community-based. There is no national plan or policy to facilitate guidelines on diagnosis, treatment and recovery, and existing policy does not permit primary health care (PHC) nurses to independently diagnose and treat mental disorders within the PHC system. In-patient and acute psychiatric care is provided through seven mental health outpatient facilities. There is a psychiatric ward at the General Hospital. The majority of mental illnesses treated in 2006–2010 were schizophrenia, depression and substance abuse disorders.

The Government is taking action. For example, the 2016 Budget allocates funding to complete the construction of a Mental Health Day Treatment Centre underway in Lime Kiln, Basseterre. The Centre intends to “optimize independent living skills and offer treatment in areas of drug intervention, personal care and hygiene, and occupational therapy and skills development within a therapeutic environment”.

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110 PAHO 2012.
111 IDRC 2014.
112 Ibid.
113 Harris 2015.
Table 12: Leading health risks in SKN

<table>
<thead>
<tr>
<th>Risks</th>
<th>Frequency</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Excess weight</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td>78%</td>
<td>CDRFS 2008</td>
</tr>
<tr>
<td>Teens</td>
<td>50%</td>
<td>SHS 2011</td>
</tr>
<tr>
<td><strong>High blood pressure (adults)</strong></td>
<td>20%</td>
<td>HIU est. 2008</td>
</tr>
<tr>
<td><strong>Unsafe sex</strong></td>
<td>70%</td>
<td>BR</td>
</tr>
<tr>
<td><strong>Rape</strong></td>
<td>30%</td>
<td>BR</td>
</tr>
<tr>
<td><strong>Misuse and abuse of substances</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Alcohol use</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(High school students)</td>
<td>1 out of 3 tried</td>
<td>DUS 2006</td>
</tr>
<tr>
<td></td>
<td>Initiated at 11</td>
<td></td>
</tr>
<tr>
<td><strong>Marijuana use</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(High school students)</td>
<td>1 out of 3 tried</td>
<td>GYTS 2010</td>
</tr>
<tr>
<td><strong>Tobacco use</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(High school students)</td>
<td>1 out of 7 tried</td>
<td>GYTS 2010</td>
</tr>
<tr>
<td><strong>Abused and neglected children</strong></td>
<td>15 reported cases for 100 born per year</td>
<td>PCPS</td>
</tr>
<tr>
<td><strong>Low birthweight</strong></td>
<td>8%</td>
<td>HIU</td>
</tr>
</tbody>
</table>

Source: Office of the Chief Medical Officer, MoH
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 2015.114 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.115 There are 17 Goals (see Table 12) and 169 targets. They are action-oriented, global in nature and universally applicable.116 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.117

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 SIDS 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.118

114 UNICEF 2014.
117 UNICEF 2014.
highlighted the situation of girls and boys in its focus on freedom from violence, accessing capabilities, economic empowerment and leadership.

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 SKN and other islands in the Eastern Caribbean area, given their resource and capacity constraints.

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

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119 Ibid.
Conclusion and Recommendations
This Situation Analysis (SitAn) has identified a number of areas in which action is needed to ensure that the rights of all girls and boys in SKN 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 gender, age and socio-economic status. While the Government produces some documentation that was useful in describing the situation of children and women, the quantitative data sources needed to understand trends and changes 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 2007/2008, 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.

The SitAn exercise confirmed that information collection and sharing in SKN can be highly centralized, often requiring high-level clearance before routine reports, sectoral studies, surveys and basic information regarding budget and expenditures can be distributed. Even where data exist, there is a lack of infrastructure and human resources required for their consistent collection, collation and presentation. 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 (see ‘Methodology’ section).

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 also affect men and boys – for example, more boys are dropping out of school. 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.

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 in SKN. 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. The following specific actions are also recommended.

### Legislative and policy framework

The legislative framework for child protection in SKN is grounded in international and regional conventions. However, there are cornerstone pieces of legislation and policies that remain in draft form or need updating – for example, the draft early childhood development (ECD) policy and the National Plan of Action on Child Sexual Abuse 2010–2013. Adoption and enforcement of these should be accelerated for operationalization. It is also recommended that the Government:

1. Prohibit the use of corporal punishment of children in all settings, including the home, and abolish sentences of whipping and life imprisonment for juveniles
2. Revise the Criminal Justice Act to reflect the CRC regarding the age of criminal responsibility
3. Implement the Juvenile Justice Bill, including operationalization of the Child Justice Committee
4. Reform the legal framework related to children, welfare, family support and small claims
5. Update and implement the HIV strategic plan
6. Draft, approve and implement policies and legislation to guide delivery in the areas of chronic NCDs and mental health and to reduce discrimination against persons living with HIV/AIDS
7. Ratify the International Covenant on Civil and Political Rights
Sign/ratify the International Convention on the Protection of Rights of All Migrant Workers and Members of Their Families.

Survival rights

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 also almost 100 per cent. However, 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:

1. 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

2. Create a programme for preventing and controlling child obesity with integral indicators and goals (involving all the relevant ministries)

3. Implement the National Health Insurance Scheme and explore other options to reduce the cost of health care and extend coverage to poor households

4. Expand access to sexual and reproductive health (SRH) information and services for adolescents

5. Improve outreach and communication with the lesbian, gay, bisexual and transgender (LGBT) community

6. Target men (including MSM) in HIV prevention programmes.

Development rights

For education to be compulsory, it is necessary for it to be free. Indirect costs of education can render compulsory education too expensive for poor families. For example, the school uniform programme does not meet the requirements of all children in need and the school feeding programme only reaches 4 per cent of the poor. 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:

1. Improve standards and expand access to ECD

2. Maintain and increase the coverage and efficiency of the government pro-poor education assistance programmes

3. Reduce overcrowding in secondary schools

4. 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

5. Review initiatives designed to reduce violence in schools and scale up those that prove effective

6. Increase provision of TVET in primary and secondary schools.

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 SKN,
but it is generally felt that many cases still remain unre-ported. Despite the updating of important legislation, the law still allows whippings, flogging and life imprison-ment for juvenile offenders. Further investments and sustained effort is needed in the following areas:

1. Improve data collection with regard to statistics on victims of child sexual abuse as well as juveniles charged with offences (disaggregation of data by sex and age is essential)

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

3. Maintain funding of projects addressing troubled children and dropouts, including for increased residential care for children in need of care and protection

4. Promote programmes for improving parenting skills, expand their reach and include men in their parenting role

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

6. Develop support and comprehensive counselling services for child victims

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

8. Enforce mandatory reporting for child sexual abuse and ensure cases are prosecuted.

The SDGs and the future

The SDGs represent a new framework for global develop-ment. 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.

Leadership must be willing and capable of reaching agreements with key actors in order to define bureau-cracies that eliminate top-down approaches and achieve development paradigms featuring a dynamic and broad base that is constructive, inclusive and optimally engaged. For civil society organizations to flourish, they need to be strengthened and encouraged. They require support to improve their technical capacity, access to a wide variety of information and access to government officials. They should be encouraged to build strong partnerships with development partners and funding arrangements while being guided in their effort to do so.

With the rebound from global financial crisis, budgets are stretched thin according to real growth and compet-ing priorities. These times of austerity require the develop-ment of innovative private-public funding partnerships at the local, national, regional and global levels. The shift in human and financial resources toward emerging prior-ities such as chronic non-communicable diseases, tech-nical and vocational education and training (TVET), early childhood development (ECD) and poverty eradication will be a costly one at a moment when the economy is showing timid signs of recovery. However, investing in children is not only a moral imperative but also can also have high returns in terms of human lives as well as eco-nomic productivity. Priority should be given to promot-ing child-centred initiatives and sustaining recent gains in the areas of education (particularly ECD and TVET), health and protection.


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