

SITUATION ANALYSIS OF CHILDREN *in* Antigua & Barbuda



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Situation Analysis of Children in Antigua and Barbuda

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Abbreviations

CARICOM	Caribbean Community
CBI	Citizenship by Investment
CDB	Caribbean Development Bank
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CFS	Child friendly school
CPA	Country Poverty Assessment
CRC	Convention on the Rights of the Child
CSME	Caribbean Single Market and Economy
ECCU	Eastern Caribbean Currency Union
ECE	Early childhood education
ECD	Early childhood development
FDI	Foreign direct investment
GDP	Gross domestic product
GER	Gross enrolment rate
GSA	Grade Six Assessment
HIC	High-income country
ILO	International Labour Organization
IMF	International Monetary Fund
IMR	infant mortality rate
MDG	Millennium Development Goal
MIC	middle-income country
MTDS	Medium Term Development Strategy
NCD	non-communicable disease
NER	net enrolment rate
NEST	National Economic and Social Transformation plan
NGO	non-governmental organization
OECS	Organisation of Eastern Caribbean States
PAHO	Pan American Health Organization
SIDS	Small Island Developing States
SDG	Sustainable Development Goal
SitAn	Situation Analysis
SRH	sexual and reproductive health
TVET	technical and vocational education and training
U5MR	under-5 mortality rate
UNICEF	United Nations Children's Fund
UPE	universal primary education



Situation Analysis of Children in Antigua and Barbuda

Foreword

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

Evidence-informed programming is critical not only to our Multi Country Programme of Cooperation with the governments of the Eastern Caribbean Area, but also 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 St Vincent and the Grenadines.

This Situation Analysis of Children in Antigua and Barbuda 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.

Executive Summary



Introduction

This Situation Analysis of children in Antigua and Barbuda is designed to help the Government shape national policies and action plans in line with the Sustainable Development Goals (SDGs). 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.

Located in the Leeward Islands, just east of St Kitts and Nevis, Antigua and Barbuda has the fourth smallest island population in the world (estimated at 84,760 in the 2011 census). Most of the population (98 per cent) lives on Antigua, the larger of the two islands. The population is young with just over 40 percent under the age of 25 and just over 7,800 children aged 0–5. Women (44,389) outnumber men (40,371).

Methodology

The research combined a desk review of over 50 national and global documents, interviews with 67 key stakeholders from government and civil society, and focus group discussions. Interviewees included children aged 8–18 years from different backgrounds. More boys (73 per cent) than girls (22 per cent) were represented. In-school children represented all levels – primary and secondary and out-of-school children were also interviewed. It was not possible to meet with children living with disabilities or those in police cells or prison. Due to the limitations of available quantitative data, the use of qualitative information is highlighted. 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.

Findings

Governed by an elected bicameral parliament consisting of the 19-member House of Representatives and a Cabinet of 12 ministers, Antigua and Barbuda is a stable democracy. It ranked 62 among the 188 countries and territories in the 2015 Human Development Indicators Report published by United Nations Development Programme (UNDP), and is one of three members of the Organisation of Eastern Caribbean States (OECS) classified as a high-income country in fiscal year 2010. In 2015 the country experienced a relatively low rate of inflation due to greater price stability than neighbouring islands. Revenue went up by more than 13 per cent over the amount collected in 2014 and the tourism industry performed at its strongest since 2007. Although expenditure suffered a slight decline, Antigua and Barbuda was expected to achieve the highest primary surplus in the Eastern Caribbean Currency Union in 2015.

The 2005–2006 Caribbean Development Bank (CDB) Country Poverty Assessment (CPA) indicated that poverty in Antigua and Barbuda affected 18.4 per cent of the population, of which 3.7 per cent were indigent or extremely poor, with 10 per cent of the population considered to be vulnerable. Women dominate household headship in the lower two consumption quintiles and generally support larger households than men. Those who are working outside the home are more likely to be found in seasonal and low-skilled jobs. A close examination of income distribution in 2000–2015 reveals 63 per cent of the labour force earned EC\$3,000 or less per month. The GINI coefficient at 0.48 indicates a high level of inequality, one of the worst in the region.

The Government is a major employer of persons in the lowest poverty quintile, in which there are more women (34 per cent) represented than men (22 per cent). Young people aged 15–25 represent 17 per cent of the indigent and poor, with children aged 0–14 accounting for 32.5 per cent of the total indigent population and 35 per

cent of the non-indigent poor. The 2014 CDB Gender Assessment found the unemployment rate among youth (under 25 years) to be 12 per cent.

The education sector's budget has declined in recent years. Its share of GDP fell from 3.45 per cent in 2002 to 2.5 per cent in the 2014–2015 school year, while its total of the national recurrent expenditure budget declined from 10.1 per cent in 2012–2013 to 7.5 per cent in 2016. Nearly 90 per cent of the 92 early childhood centres registered in Antigua and Barbuda are privately owned and operated. Total enrolment in all centres for 2013–2014 was 3,459, with more boys (1,768) enrolled than girls (1,691). There are two centres that cater to children living with disabilities. In 2013, the Government invested a total of US\$3,677,934 in pre-primary education, including for nine extra staff persons and the cost of land and renovations to the government-owned centres.

There has been some progress towards providing quality universal primary education. In 2013–2014, 10,059 children were enrolled in the country's 63 primary schools (of which about 50 per cent are private). Among the 745 teachers, over 90 per cent are women and just 60 per cent are trained. In private schools, the level of new entrants to kindergarten in 2010–2011 who had attended preschool was much higher (98 per cent) compared to those entering government schools (54 per cent). In 2013–2014, over one third of all new entrants to kindergarten had no preschool experience.

The primary repetition rate for 2011–2012 was 4 per cent – among the highest in the OECS – and the drop out rate was 0.8 per cent. The primary gross enrolment rate (GER) was 106.2 per cent, while the net enrolment rate (NER) of 92.1 per cent was a significant improvement over 2006–2007, when it was 71.3 per cent. Both of these indicators are used to measure progress towards universal primary education, suggesting that Antigua and Barbuda has achieved this key Millennium Development Goal (MDG).

The goal of universal secondary education was introduced in 2013, but it has proven difficult to achieve due to limited space and growing diversity among the student population. In 2014–2015, a total of 7,797 pupils were enrolled in secondary school. The pupil to teacher ratio in 2012–2013 was 11:1. In 2011–2012, the repetition rate was 7.6 per cent and the drop-out rate was 2.4 per cent. In 2009–2014, less than 30 per cent of students achieved five subject passes including English and maths in the Caribbean Secondary Education Certificate (CSEC) examinations. In other words, 70 per cent of secondary students did not attain the requisite minimum matriculation to enter tertiary education. Among secondary teachers, 44 per cent in government-run schools are trained compared to 48 per cent in private schools. Over 80 per cent of all teachers are women.

Antigua and Barbuda has been progressive in the protection of children when compared with other OECS countries. The country has ratified the UN conventions on the rights of children, women and, most recently in January 2016, persons with disabilities. It has also adopted other key international legal instruments aimed at addressing interlinked problems of harmful child labour, trafficking and the sexual exploitation of children for commercial gain. National legislation and policies articulate bold targets aligned with the SDGs and strategic regional visions that aim to improve the lives of girls and boys in the areas of education, health, food security and social protection.

There were 691 reported cases of child abuse between 2010 and 2013. Most were related to neglect (333), but the number of cases of physical abuse (191) and sexual abuse (112) was also high. In addition, the Child Care Protection Agency intervened in over a 1,000 other cases of custody, maintenance, adoption, suicide (12 cases), runaways and homelessness. The Agency has made much progress in terms of centralizing data collection and monitoring, but changes to data categorization from year to year and the lack of disaggregation by age and sex make it difficult to conduct detailed analysis.

The Ministry of Social Transformation and Human Resource Development has incorporated parenting sessions into its counselling service, working with families that have experienced child abuse. The sessions seek to help parents go beyond the custodial role and render families more functional. Topics include stages of development, communication among family members, conflict resolution, alternative disciplinary approaches, how to help the child to succeed in school, how to spot child abuse and protect children from abuse, and roles and responsibilities of parents and children.

In 2015, Antigua and Barbuda launched a major initiative to reform its weak social protection framework. The system comprises a few formal social assistance programmes dispersed across ministries and agencies with minimal and often informal coordination mechanisms. The main objectives of the reform include: development of a unified targeting system and a single beneficiary registry of social protection programmes; more efficient social public spending; and increased capacity to plan, coordinate and monitor social protection policies. This effort is particularly important in cases where children have to be removed from the home and require a temporary solution until they can be permanently placed with biological family members or in foster care. In 2015, there were six residential care centres housing 38 children.

As part of regional juvenile justice reform, the OECS was mandated to produce a model child justice bill that could be contextualized to national realities. After 10 years, only two countries have drafted and passed the bill. Antigua and Barbuda has drafted a Juvenile Justice Bill, but approval is pending.

Antigua and Barbuda has the lowest number of children charged per capita among the eight countries included in a 2015 regional analysis of juvenile offences. Fewer than 25 children were charged per year during 2012, 2013 and 2014. The top three offences were disorderly conduct and harm, indecent assault/rape and breaking/malicious damage. In 2015, 15 boys were arrested

and imprisoned. Over half indicated that their first contact with the law was associated with school. The average length of custodial sentences is 18 months, reflecting the punitive nature of the colonial era legislation that forms the basis of the country's juvenile justice system. There is one prison, with a capacity for 150 inmates. It is overcrowded with 350 inmates, including about 12 children who are housed in the solitary confinement section separate from the general population. Juvenile offenders do not have ready access to legal aid services.

The Government continues to focus on adolescent pregnancy, which is showing signs of decreasing. In February 2012, a retrospective study reported a 42 per cent decrease in all teen births from 1969–1978 to 1994–2003. Teen births accounted for 29 per cent of all births at Holberton hospital in 1969–1973 but only 16 per cent in 1999–2003.

Primary health care is available and accessible to the population through a network of 26 community health clinics (including 18 satellite clinics), one public hospital (Mount St John's Medical Centre, which replaced Holberton Hospital in 2009) and an eight-bed facility serving Barbuda. The centres and clinics deliver primary health care services including maternal and child health, mental health, environmental sanitation and chronic disease management.

The infant mortality rate has steadily declined from 24 per 1,000 births in 1990 to 6 per 1,000 births in 2015. The main cause of infant deaths is premature delivery. The country has also achieved a steady decline in the under-5 mortality rate, with 26 per 1,000 births in 1990, 16 per 1,000 births in 2000 and 8 per 1,000 births in 2015. The leading causes of morbidity in children under 5 years old include acute respiratory infections and gastroenteritis.

HIV prevalence in the general population stands at 0.75 per cent, well below the 1.0 per cent MDGs target. From 1985 (when the first case of HIV was diagnosed in the country) to December 2014, 1,052 confirmed cases have been recorded, with slightly more males affected

than females. There were 257 AIDS-related deaths in the same period. No new cases of HIV were recorded in children (0–18 years) in 2015.

A comparative study of secondary students in 13 Caribbean nations presents an insight into risk behaviours in Antigua and Barbuda. Lifetime prevalence of alcohol use among the country's students was 71.1 per cent, and past month prevalence increased by 4.5 percentage points in 2010–2013. When examining linkages between alcohol use and behavioural problems, the difference between those who never had a behavioural problem and those who often had a problem was 49.7 percentage points, the highest in the region. Past year incidence of marijuana use more than doubled from 2010 (7.5 per cent) to 2013 (16.2 per cent), again the highest in the region. The perception of harmfulness was one of the lowest in the region for smoking marijuana (51 per cent) and getting drunk (under 50 per cent).

Conclusion

The idea behind the SDGs is to create a global movement to advance work on the MDGs towards new commitments. In this sense, nations should frame their development plans and policies for the next years based on this new globally agreed development agenda.

To maintain an enabling environment conducive to delivering equitable social and economic growth and effective poverty reduction, certain capacities must be put in place or strengthened. These include: mobilizing and channelling resources to the appropriate sectors at the appropriate time for optimal production; enforcing standards and regulations (specifically, operationalizing 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
- Operationalize the Health Sector Plan
- Reform the legal framework related to children, welfare and family support
- Implement the Medium Term Development Strategy 2016–2020 to address the unfinished development agenda
- Ratify the International Covenant on Civil and Political Rights
- Ratify the International Convention on the Protection of Rights of All Migrant Workers and Members of the Their Families.

Survival rights

- Design and implement advocacy initiatives regarding healthy living and eating practices to combat the high rates of overweight and obesity and the rise in NCDs
- Intensify communications on the harmfulness of drug use targeting youth
- Provide a sustainable funding source to continue the fight against HIV/AIDS
- Expand access to SRH information and services for adolescents, removing the necessity for parental approval and protecting their confidentiality
- Strengthen the health information system
- Expand programmes that grant cash assistance to the poor

Development rights

- Maintain and expand government pro-poor education assistance programmes

- Introduce a programme such as the Roving Caregivers to provide early childhood stimulation to high-risk children from birth to age 3
- Improve standards and expand access to early childhood education (ECE), particularly in rural areas where parents tend to keep younger children at home
- Set up a functional mechanism to coordinate early childhood development (ECD) planning, programming and monitoring across sectors and ministries
- Ensure children enter primary school at the official age of 5 by, inter alia, working closely with health facilities that monitor children's growth and development
- Increase the provision of technical and vocational education and training (TVET) in primary and secondary schools
- Maintain funding of projects addressing troubled children and dropouts
- Review initiatives designed to reduce violence in schools and scale up those that prove effective.

Protection rights

- Continue initiatives to reform the social protection framework
- 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

- Increase the number and quality of counsellors for child victims through, for example, offering incentives to university students
- 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

- Strengthen and enforce policies to address child labour, sexual exploitation of children, violence and abuse exacerbated by the absence of one or both migrant parents
- Implement the recommendations in the US State Department report on human trafficking to eliminate the practice
- Continue to develop referrals options to ensure diversion of juvenile cases away from formal criminal court procedures towards community support, particularly at the pre-charge stage.

1 Introduction



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

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

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

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

1 UNICEF 2003.

Table 1: Human rights and equity approaches

Rights-based approach	Equity-based approach
<p>Definition: Application of human rights principles in child survival, growth, development and participation.</p> <p>Respect, protect, fulfil.</p>	<p>Definition: Application of an equity-focused approach in the realization of child rights.</p> <p>Poorest, most marginalized, deprived of opportunities, etc.</p>
<p>Scope: 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.</p>	<p>Scope: All children have equal opportunity to survive, develop and reach full potential without discrimination, bias or favouritism. Focus is on the most marginalized children.</p>
<p>Guiding principles: Accountability, universality, indivisibility and participation. <i>Justice is the overriding theme.</i></p>	<p>Guiding principles: Equity is distinct from equality. Equality requires all to have the same resources, while equity requires all to have equal opportunity to access the same resources.</p> <p>Equity derives from a concept of social justice.</p>
<p>Violations of child rights arise when their basic rights are not realized as per the CRC's four principles: non-discrimination; best interest of the child; right to survive, grow and develop; and right to participate/be heard.</p> <p>Concept of progressive realization of rights.</p>	<p>Inequities arise when certain population groups are unfairly or unjustly deprived of basic resources that are available to other groups.</p>

At the root of the rights-based approach for children are the Convention of the Rights of the Child (CRC), the Convention of the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of Persons with Disabilities (CRPD) and other core international, regional and domestic human rights instruments. The measurement of progress against these formal obligations is a central benchmark by which to assess the situation of children and women.

Equity means that all children have an opportunity to survive, develop and reach their full potential without discrimination, bias or favouritism. This

interpretation is consistent with the CRC, which guarantees the fundamental rights of every child regardless of gender, race, religious beliefs, income, physical attributes, geographical location or other status. Inequities generally arise when certain population groups are unfairly deprived of basic resources that are available to other groups. It is important to emphasize that equity is distinct from equality. Equality requires everyone to have the same resources. Equity requires everyone to have the opportunity to access the same resources. The aim of equity-focused policies is not to eliminate all differences so that everyone has the same level of income, health and education. Rather, the goal is to eliminate the unfair and avoidable circumstances that deprive children of their rights.²

² UNICEF, 'Strategic Plan', 2014.

Methodology

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

This SitAn seeks to contribute to the development of programmes, policies and strategies that understand and address the root causes of inequity so that all children, particularly those who suffer the worst deprivations in society, have access to education, health care, protection and other services necessary for their survival, growth and development. The framework of the ten determinants³ (see Figure 1) offers an ‘equity lens’ to examine structural and systemic barriers and bottlenecks to children’s rights that often indicate persistent rights-based failures.

Figure 1: Ten determinants of equity



The analysis in this SitAn is not only guided by the 10 determinants but also 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.

The complete list of sources used for the quantitative analysis can be found in the references. The existing documentation describing the status of children and women in Antigua and Barbuda was useful and current. However, uncertainty related to the quality of the data accessed and quoted, which could have been more accurate; this is ubiquitous in all reports that cite statistics from different sources.

3 UNICEF 'Formative Evaluation' 2014.

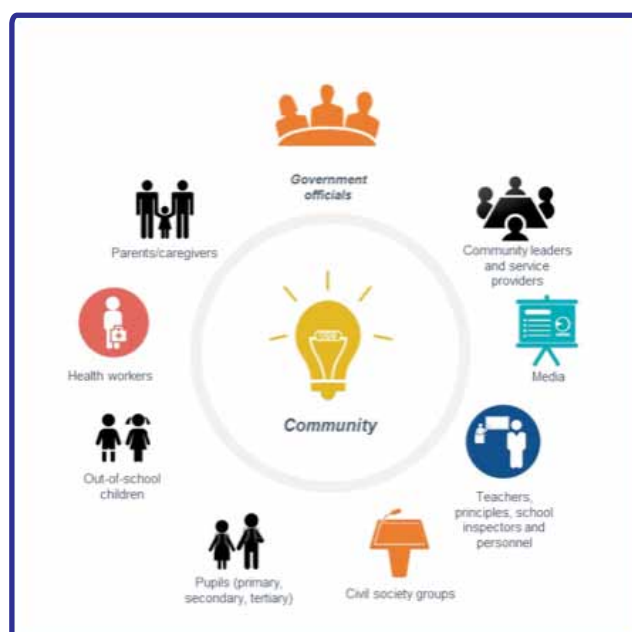
Key quantitative data resources

- Country Poverty Assessment, 2005/2006
- Country Gender Assessment, 2014
- 2001 Census
- 2011 Preliminary Census report
- OECS 2012/2013 Statistical Digest for Education
- Antigua and Barbuda Education Statistical Digests (2012, 2014)
- Antigua and Barbuda MDG Report, 2009
- Antigua and Barbuda Social Protection Assessment year
- UNICEF Progress on Drinking Water and Sanitation, 2010

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

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

Figure 2: Key stakeholders contributing to the SitAn



The desk review of information and quantitative data analysis was combined with the voices of children and of a wide range of stakeholders who support children in Antigua and Barbuda through key informant interviews, focus group discussions and observations, as illustrated in Figure 2. In view of the limited data available from surveys, studies and standard monitoring tables, this qualitative data 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 are presented throughout the report in text boxes.

Over 50 national and global resource documents were researched and reviewed to help formulate a list of questions used to guide the interviews and focus groups and examine specific issues. The qualitative sample comprised multiple key informants representing the Government, development partners, and civil society, all of whom were asked for their opinions on the status of children. Specifically, there were 21 key informants from ministries, one development partner and two from non-governmental organizations (NGOs). The interviews provided on-the-ground observations and insights from those who experience national level policies and programmes. At the community level, interviewees included teachers (16), health workers (1), and parents/caregivers (5). The children interviewed came from many different backgrounds: in-school, including those in primary and secondary education (6) and out-of-school (16). It was not possible to meet with children living with disabilities or those in police cells or prison. Nonetheless, children came from different backgrounds, and their ages were spread between 8 and 18 years. There were more boys (73 per cent) than girls (22 per cent) largely due to the timing of the interviews which took place during the summer school break where boys were more accessible at soccer fields and other public places. Most interviews took place in Saint John's, the capital, and Codrington, the main town on Barbuda, with 27 interviews conducted in the rural areas of three of Antigua's six parishes (St. John's, St. Philip and St. Paul) and of Barbuda.

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

The first phase of fieldwork for the qualitative research took place from 28 July to 7 August 2015. Semi-structured interviews were conducted in public places by a trained data collector, using a questionnaire prepared for the research. The aim was to identify and define the problem, obtain the thoughts and experiences of the participants and examine how people in both urban and rural settings viewed the problems facing children. It was also expected that participants would give their opinions about the reasons for and solutions to the problems. Although question categories prepared for the quantitative research were the same as for the semi-structured interviews, questionnaire respondents were encouraged to expand on any topic they wished in the hope that more of their experiences would be explored.

Standard ethical research techniques were used for the discussions with children to avoid making them feel vulnerable and to protect them from any distress. Because the initial exercise took place during the summer break, it was not possible to coordinate discussions with many teachers, counsellors or social workers. Limited discussions with children were therefore arranged at the beach, playgrounds, bus stops and soccer fields.

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

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

Limitations

There were two main limitations to the SitAn exercise:

1. Because the fieldwork was carried out during the school summer break, reaching pupils, teachers and principals was difficult. As noted above, meetings with children were

arranged at other venues (library, beach, etc.) to ensure their voices were appropriately included.

2. Most of the participants in the semi-structured interviews were from the core stakeholder groups, and comparably fewer parents/caregivers (8) were interviewed.

Structure of the report

After this introductory chapter, the report provides a country overview in Chapter 2, including governance structure, legal framework related to children, demographics and the economy. Chapters 3, 4, 5 and 6 then assess the situation of children relative to the right to an adequate standard of living; the right to be protected (from sexual, physical and emotional abuse and neglect); the right to education (early childhood development and primary and secondary education); and the right to health (infant and child mortality, HIV/AIDS, chronic diseases and obesity, and drug and alcohol use and mental health services). Chapter 7 looks at how the new SDGs can accelerate progress for children, and finally Chapter 8 offers concluding remarks and recommendations.

The report aims to establish the extent to which child rights are realized in Antigua and Barbuda and determine the shortfalls with the intention of identifying opportunities to accelerate progress for the country's children.

2 Overview of Antigua and Barbuda





Antigua and Barbuda are both volcanic in origin. Antigua is the larger of the two islands with Barbuda (once known as Dulcina) located 40 miles north, about 90 minutes by ferry. Both are low-lying islands with mostly limestone and coral formations. The country covers a total area of 170 square miles (which includes the dependency of Redonda, an uninhabited rocky islet). St. John's, the capital city, is on Antigua. Known as the 'Land of 365 Beaches', the country has the fourth smallest population in the world. In addition to Antigua, Barbuda and Redonda, it counts over 50 other offshore islands, which are havens for migratory and resident bird population. With 153 kilometres of coastline, the shorelines are deeply indented and ideal for the formation of many natural harbours and beaches. Barbuda is

home to one of the region's most significant bird sanctuaries and known for its pink sand beaches.

Antigua and Barbuda ranked 62 among the 188 countries and territories in the 2015 Human Development Indicators Report published by the United Nations Development Programme (UNDP).⁴ Life expectancy at birth was estimated in 2015 at 76.5 years, with women expected to live longer than men (78.8 and 74.4, respectively).⁵ Health data accessed for the SitAn exercise show the infant mortality rate at six per 1,000 live births and the under-5 mortality rate at eight per 1,000 live births.⁶

Other welfare indicators such as pre-primary, primary and secondary school enrolment ratios have shown signs of improvement, as the Government and partners noted in the 2009 MDGs progress report and subsequent monitoring reports. The number of births to adolescents (aged 15–19) per 1,000 live births declined from 50.5 in 2011 to 45.7 in 2014.⁷ Literacy rates for ages 15 and older in 2012 were reported at 99 per cent. Unemployment rates continue to be

4 UNDP 2016.
5 CIA 2015.
6 UN IGME 2015.
7 United Nations 2017.

of concern, with an estimated rate of 12 per cent in 2012.⁸ The proportion of the population using improved drinking water sources in 2015 totalled 97.9 per cent,⁹ while the proportion using improved sanitation facilities increased from 74.7 per cent in 1990 to 91.4 per cent in 2011.¹⁰ Progress towards the MDGs has been impressive. However, persistent urban-rural disparities pose serious challenges for achieving the recently adopted SDGs set out for 2030.

The protection of freedom of assembly and association is stipulated in the Constitution as a fundamental right and, according to all human rights reports reviewed, these rights are largely respected in practice by the Government. Trade unions represent over 75 per cent of the country's workers and operate freely, including through collective bargaining and exercising strike action in accordance with the Labour Code.¹¹ Formed in 1939, the Antigua Trade and Labour Union is the largest with over 7,000 members and is known for its close ties to the Antigua Labour Party. The Antigua and Barbuda Workers' Union (AWU) is also active and has been loosely allied with the opposition. Other associations include the Antigua Employers' Federation.

The landscape of NGOs and civil society organizations (CSOs) includes the Red Cross, Rotary Club, Kiwanis Club and several faith- and/or community-based organizations. The NGO community has been known to be an effective voice for change on issues of equality, calling for transparency and justice and working to keep the power and the spirit of volunteerism and active citizenship alive. However, as noted during the field mission, NGOs suffer from inadequate funding and limited capacity to follow the development of issues in technical areas. The Community Development Division in the Ministry of Social Transformation and Human Resource Development has the mandate to forge alliances

"If you want to get attention to a problem, put it on the radio, TV... you cannot be afraid."

NGO Representative

with NGOs and community- and faith-based organizations, including capacity building. The presence of international NGOs is largely confined to hurricane response and recovery efforts.

The press is free, and discussions and interviews conducted for the SitAn indicate little government interference. Both daily and weekly privately owned print media are active. One national TV network is operated by the state-controlled Antigua and Barbuda Broadcasting Service (ABS), and cable TV subscription services are available that provide access to local and international channels. ABS also operates one national radio station. However, about 15 stations are owned by private broadcasters.

In this age of rapid globalization, access to the Internet, coverage of mobile networks and ownership of personal computers are essential to keep citizens informed and share information in order to implement policy decisions. Radio talk show formats have emerged as an important vehicle for discussions on social and economic issues. Young people, in particular, openly participate in these discussions by calling in from their cell phones. The number of mobile phone subscribers was estimated at 120 per 100 inhabitants in 2015 and the number of Internet users at 64 per cent of the population.¹²

With its small physical size and low population density, Antigua and Barbuda faces challenges common to small communities and SIDS in general.

8 Huggins 2014.

9 United Nations 2015.

10 Ibid.

11 Human Rights Council 2010.

12 UNDP 2015.

Small communities are more susceptible to the effects of natural disasters and climate change, as experienced on at least three occasions in Antigua and Barbuda when hurricanes destroyed key physical infrastructure and displaced communities throughout the country (Luis in 1995, Hugo in 1989 and Donna in 1960). Additionally, severe earthquakes and flooding have caused extensive damage.

Governance

Antigua and Barbuda achieved independence on 1 November 1981, with Vere Bird, Sr. as the first Prime Minister. Similar to other members of the OECS (with the exception of Dominica) as well as the Bahamas, Barbados, Belize, Jamaica and the British Overseas Territories, it 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 or Vice-regal, who is the highest executive power on the islands. Antigua and Barbuda has a stable democracy with two main political parties: the Antigua and Barbuda Labour Party (ALP) and the United Progressive Party (UPP). Additionally, there are four other political parties and two political pressure groups. It is governed by an elected bicameral parliament consisting of 19 member House of Representatives elected to five-year terms.

The Prime Minister is the leader of the party that holds the majority of seats in the House. The Senate is made up of 17 members appointed by the Governor General after consultation with the Prime Minister. The Prime Minister appoints a Cabinet of 12 ministers. With the exception of defence and foreign affairs, Barbuda manages its affairs through the Barbuda Council, which was set up by an Act of Parliament in 1976.

The current Constitution, the supreme law of the land, came into force when the country gained independence. The separation of powers is positioned across three branches of government:

i) The executive branch includes the Governor General, the Prime Minister and the Cabinet. Effectively, the Cabinet wields the power on behalf of the Government by determining and operationalizing its priorities and policies.

ii) The legislative branch is made up of the bicameral Parliament that consists of the House of Representatives and the Senate. The Attorney General also serves as Minister of Legal Affairs, Public Safety, Immigration and Labour.

iii) The judicial branch includes the magistrate's court for minor offences and the High Court for major offences. Magistrates are appointed by the Office of the Attorney General. Beyond the High Court, appeals are heard by the Court of Appeal of the Eastern Caribbean States Supreme Court, the itinerant superior court of the OECS.

There are six parishes on Antigua and one dependency (Barbuda) that serve as administrative structures of the national Government. There is no constitutional provision for local government although, as noted above, the Barbuda Council manages the affairs of the dependency. The Council is composed of nine directly elected members who, together with the members of the national Parliament representing constituencies on Barbuda and a government-appointed member, have the power to raise taxes; are responsible for agriculture, forestry, public health, public utilities and roads in Barbuda; and are accountable to the Prime Minister.

As of February 2015, the 12-member Cabinet includes the Prime Minister, a senior minister and the Deputy Speaker of the House of Assembly. The Cabinet has overall responsibility for policy formulation and management of the day-to-day operations of the nation covering the following areas: agriculture, commerce, education, finance, foreign affairs, health and the environment, housing, information, justice, planning and economic development, public works and ports, social transformation and human resource development, tourism, trade and youth, sports, culture and Barbuda affairs.

Legal framework related to children

The legislative framework for child protection in Antigua and Barbuda is grounded in international and regional conventions and universal systems of rules that govern and regulate decision-making, agreements and laws concerning children. International and regional conventions and agreements represent the foundation for standards and tools by which national frameworks can be constructed in an integrated universe.

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 August 1989. It went on to ratify the Convention on the Rights of the Child (CRC) in 1993, extending protection to children across all aspects of their lives. The initial reports were submitted in 1997 for CEDAW and 2004 for the CRC. After an intense and comprehensive advocacy effort led by the

- Age of majority: 18
- Minimum age of marriage without parental consent: 18
- Age of sexual consent: 16
- Minimum age of employment: 16
- Age of criminal responsibility: 17
- Compulsory school age: 5–16

NGO community, the Convention on the Rights of Persons with Disabilities (CRPD) was ratified in January 2016, making good on the Government's commitment to protect and promote the inherent dignity, worth and inalienable rights of people living with disabilities.

The Constitution was promulgated simultaneously with the country's formal independence from Britain in 1981. It guarantees a comprehensive set of fundamental rights and freedoms to which every person on both islands is entitled and further extends these rights to persons born out of wedlock, an important provision in that legitimate and illegitimate persons did not have equal legal status under colonial rule.

Key national policies, laws and programmes that guide strategies, standards and plans are listed in the box. The judicial institutions work with the government structures to put the whole framework into practice.

Established by an Act of Parliament in 1994, the Office of the Ombudsman is accredited as a national human rights institution and has some participation in the regional network of national human rights institutions (NHRI). As with many of the ombudsperson offices in the sub-region, it mainly focuses on issues occurring in public bodies as opposed to addressing global human rights violations in the country.

The Childcare and Protection Act, 2003, correctly defines a child as a person who has not attained the age of 18 years, as called for in the CRC. 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 Act establishes the Childcare Protection Agency, which is responsible for enforcing standards for the care of children and promoting child rights.

Both the CRC and CEDAW highlight that discrimination and being treated unfairly because of being a girl must end; girls have a right to education, health and nationality; all forms of

Key national policies and legislation

- Adoption of Children Act, 1944 (and related amendments)
- Childcare and Protection Act, 2003
- Corporal Punishment Act, 1949 (and related amendments)
- Education Act, 2008
- Guardianship of Infants Act, 1887 (and related amendments)
- Juvenile Act, 1951 (and related amendments)
- Juvenile Courts Act, 1948
- Maintenance of and Access to Children Act, 2008
- Marriage Act, 1925 (and related amendments)
- Migrant Smuggling (Prevention) Act, 2010
- Offences Against the Person (Amendment) Act, 1987
- Trafficking in Persons (Prevention) Act, 2010
- Criminal Justice (Reform) Act, 2013
- Employment of Children (Prohibition) Act, 1939
- Sexual Offences Act, 1995

violence against girls and women, such as trafficking and prostitution, 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.¹³

There are several OECS model bills available to improve the overall child protection framework in member States. These bills are designed to facilitate compliance with the CRC and other human rights treaties:

- Juvenile Justice Bill (pending)
- Family Court Bill
- Domestic Violence Bill

The Sexual Offences Act of 1995 makes it illegal for an adult male to have sexual intercourse with a girl between 14 and 16 years (unless husband and wife). This statute is applicable to a female adult and male child under the age of 16 as well. The Juvenile Act, 1951 has gone through a number of amendments and is currently being amended to reflect the suggested content in OECS model Juvenile Justice Bill.

At the writing of this report, Antigua and Barbuda 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 new Sustainable Development Goals (SDGs) (see section 7).

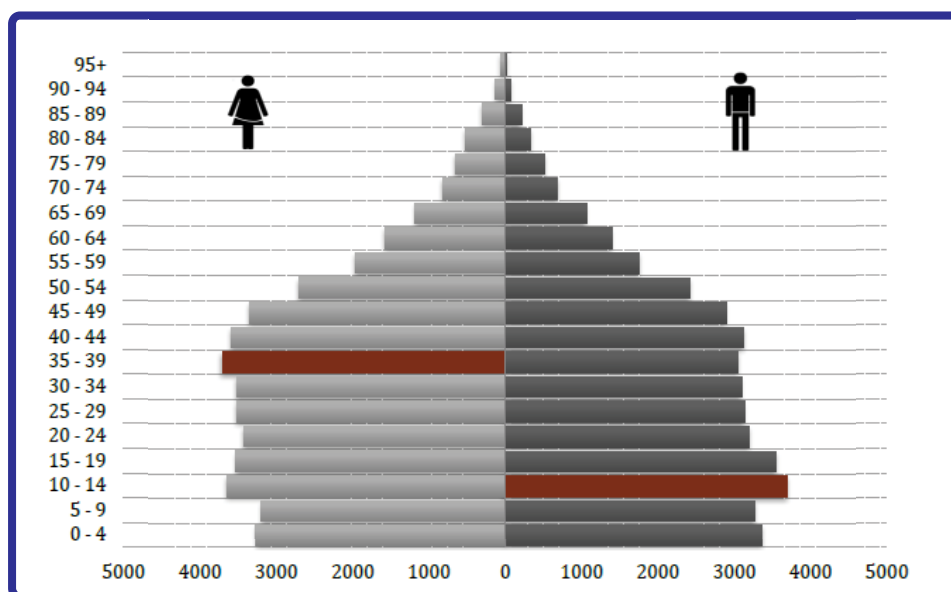
Demographics

Antigua and Barbuda is the fourth smallest island population in the world, estimated at 84,816 according to the 2011 Census, with 98 per cent of the population living on Antigua and 2 per cent on Barbuda.¹⁴ The overall growth rate recorded in the 2011 Census is 15.6 per cent for both

¹³ UNICEF 2011.

¹⁴ Statistics Division 2014.

Figure 3. Population pyramid in five-year age groups



islands since the 2001 Census, which recorded a population of 70,737.¹⁵ In 2011, the female population (43,271) continued to outnumber the male (40,007), a decline of 1 per cent in females and a gain of 1 per cent in males from the 2001 Census. Barbuda is the exception as it continues to be home to more males (837) than females (758).¹⁶

The population density has recorded a significant change from 688.0 per square mile in 2001 to 776.5 per square mile in Antigua.¹⁷ Sixty per cent of Antigua's population live in the capital parish of St. John's, representing a growth of 17.1 per cent since 2001 and a staggering 34 per cent since 1991. This parish includes St. John's City and St. John's Rural and recorded the highest population density of 1,798.1. The population density on Barbuda grew from 21.2 persons per square mile in 2001 to 23.2 in 2011.¹⁸

Notably, the density (and population) of St. John's City has declined slightly from 8,296.9 per square mile (24,061) in 2001 to 7,654.8 (21,643) in 2011, indicating a shift of population from the city to the rural area in this parish. The St. John's Rural population increased significantly by 33.9 per cent over 2001 Census figures. This 'de-urbanization' of the population has been a continuing trend over the past 20 years.¹⁹

The population is young, with nearly 40 per cent under the age of 25, and 15.9 per cent between the ages of 15 and 24. There are a little more than 7,800 children under 5 years of age. Approximately 8 per cent of the population are over 64.²⁰

Household size and structure

Steady growth in the number of households continues, with a total of 29,051 households enumerated in the 2011 Census, representing a change of 18.8 per cent over the 2001 figure (24,462).²¹ The 2011 Census also reported an average household size of 3.0, slightly down from the 1991 size of 3.2. Exceptionally, the parishes of St. Phillip and St. Mary as well as Barbuda recorded a slight increase in household size.

¹⁵ Statistics Division 2012.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ UNICEF 2017.

²¹ Statistics Division 2012.

Nearly one half of all households are headed by women (48.4 per cent) compared to 51.6 headed by men, and the average age of household head is 49.²²

Ethnic composition and religious affiliation

The 2011 Census reported 87.2 per cent of the population as being descended from Africans (due to the historical slave period).²³ There are small communities of Portuguese, Chinese, Lebanese and East Indians. The religious life of Antiguans²⁴ is predominantly Christian. In 1991, 32 per cent of the population was Anglican, 12 per cent Moravian, 10 per cent Catholic and 9 per cent Methodist.²⁵ In 2015, the largest single category was Anglican (17.6 per cent) followed by Seventh Day Adventist (12.4 per cent), among others.²⁶ Unlike the history of the African American church, the Afro-Antiguan church does not have a long history of autonomous development, which began with independence.²⁷

Although English is the official language and the language of instruction, many Antiguans also speak a dialect, often referred to as 'Antiguan creole' and essentially a product of West African languages and English.

Migrant population

Migration is a vital element in the history of the Caribbean and – although the trends, destinations and origins differ from island to island – has influenced the language(s) spoken and culture. There are three primary migration flows: (a) internal migration (e.g., from rural areas to a city); (b) intra-regional migration (e.g., movement among

islands); and (c) outward migration or emigration (e.g., movement to Latin America, Europe or North America). According to research in the region, three of the most important factors influencing these flows are socio-economic inequalities (both within the Caribbean and globally), tourism and human trafficking.²⁸ 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 notable growth in the production of sugar in Antigua and Barbuda, which led to the importation of seasonal workers from neighbouring islands. By the mid-1970s, with the rise in the tourist industry, Antiguans migrated to other islands to work in the construction of hotels and housing, to work as hotel service personnel and to perform myriad other tasks. Women generally stayed behind and managed the family household and land while the men sent home remittances with intentions of returning. Many Antiguans subsequently emigrated to Aruba, Curacao and Panama in search of better social and economic opportunity. This was followed by a flow of mostly men to the Dominican Republic, where they nurtured families who later exercised their rights to return as descendants.

Currently the net outward emigration rate is considered moderate, and it has been consistent over the past two decades as a result of volunteer emigration of skilled labour. The crude net migration rate was -0.13 migrants per 1,000 population for the period of 2010–2015 and -0.22 in 2000–2010, which is a major change from the previous 10-year cycle (12.11 in 1995–2000).²⁹

The stock of emigrants was estimated at 56,700 in 2013, or 48.3 per cent of the population.³⁰ Top destinations include: the United States, Canada and several Caribbean islands including the US Virgin Islands, Dominica, the Dominican Republic, St. Lucia and St. Kitts and Nevis.³¹ Emigration, particularly among the educated elite, has long been a troubling factor in forming adequate human development capital. The impact of outward migration is much greater on small islands, and

22 Kairi Consultants Ltd. 2007.

23 Statistics Division 2014.

24 'Antiguans' is used here to refer to the people from both islands; 'Barbudans' is only used when referring specifically to people from that island.

25 Kairi Consultants Ltd. 2007.

26 CIA 2015.

27 Gaspar 1985.

28 This is supported by a body of research, including ECLAC 2006.

29 UNICEF undated.

30 OAS 2015, p. 59.

31 Ibid.

there is notably now a feminization of migration flows. The rate of vacancies for nurses was 17.5 per cent in 2009, for example.³² Two thirds of the tertiary-educated population and 37.6 per cent of the physicians trained in the country emigrated in 2000.³³

While the 1991 Census estimated the population to be 64,252, by 1997 the Department of Statistics put the population at 69,890 and projected a figure of 72,310 for 2000. These increases resulted from the significant inflows of migrants from Dominica, the Dominican Republic and Guyana. In 2010, the stock of immigrants was 20,900 or 23.9 per cent of the population, mostly women (56.2 per cent) from a) Guyana, b) Dominica, c) Jamaica, d) the United States (4,500 students), e) the Dominican Republic, f) St. Vincent and the Grenadines, g) US Virgin Islands, h) Trinidad and Tobago and i) St. Lucia.³⁴ In 2013, the stock of immigrants was estimated at 28,733, or 31.9 per cent of the population.³⁵

This large-scale immigration – due to structural adjustment, regional hardship and economic difficulties – has led to stress and delicate manoeuvring to manage the demands for skilled labour with the supply of national levels of trained workers. The focus group discussions and interviews suggest that the degree to which migrant population are assimilated varies depending on the communities and the perceptions and economic level of those interviewed. Jamaicans blend phenotypically into the majority population, while the other immigrant groups – East Indians from Guyana and nationals of the Dominican Republic – are more distinctive due to ethnicity or language. Migrants from the Dominican Republic have given rise to a small Spanish-speaking community on Antigua.

A policy framework for free movement of people in the region was agreed under the Caribbean Community (CARICOM) Single Market and Economy (CSME) signed in 1989. Subsequently, 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 an integral and 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. For example, the former permits citizens to hold permanent jobs and retire in any member State, and travel is facilitated with any picture ID; whereas the latter permits a minimum of six months without a work permit, and a return ticket and evidence of financial support is required.

The success of the CSME and integration policies is determined by the level of political, social and financial support and resources leveraged to facilitate effective implementation. Several administrative, labour-related challenges continue to slow progress. High transportation and communication costs throughout the region represents a major deterrent to the movement of the poor seeking better paying jobs commensurate with their education levels and skill sets. A major concern revolves around the movement of women and children and the weaknesses in and inconsistencies of the social protection systems among member States. Policies need to be strengthened and enforced to address child labour, sexual exploitation of children, violence and abuse exacerbated by the absence of one or both migrant parents. Antigua and Barbuda is one of several countries that have yet to sign/ratify the International Convention on the Protection of Rights of All Migrant Workers and Members of their Families. The fact that CARICOM membership reaches beyond the 10 OECS member and associate States complicates attempts at coordination and standardization as well.

32 OAS Special Committee on Migration 2014.

33 World Bank 2011.

34 Ibid.

35 Ibid.

Remittances make up a significant contribution toward poverty alleviation in the form of cash, food, barrels (plastic tubs containing household supplies, clothes and other goods), real estate and small business investments by returning Antiguan. They amounted to US\$20 million, or 1.6 per cent of the gross domestic product (GDP), in 2014.³⁶ In some countries with small economies such as SIDS, remittances have been known to exceed the value of exports. They usually increase during years of crisis. However, the global financial crisis of 2007–2010 saw a decline by 15 per cent in remittances for the region, and they have not returned to pre-crisis levels. This is a concern as remittances represent an essential source of financing, often exceeding foreign direct investment (FDI) and/or development flows. Countries with successful Citizenship by Investment (CBI) programmes have suffered less from the decline in remittances.

Economy

Post-independence, like most of the Commonwealth nations in the Caribbean, Antigua and Barbuda continued with inherited administrative systems that were largely designed to maintain control over a colonial State and were less effective at promoting the broader task of social and economic development. Whilst the 1970s and 1980s saw the launch of sweeping policy reforms in the region that moved away from the Westminster-Whitehall system of governance,³⁷ it was among the few States that approached the process of reform relatively late in mid- to late-2000. It thus avoided the structural adjustment policies driven by World Bank and International Monetary Fund (IMF) that reduced the role of the public sector and took on reforms at a time when the long-time economic staple of sugar production gave way to production,

tourism and state-owned enterprises as leading sectors of local economies.³⁸

Research on the ideal environment to sustain increases in per capita GDP show a direct correlation with five key drivers of economic and social growth: (a) macroeconomic stability; (b) high levels of investment, including both human capital and infrastructure; (c) enhancements in productivity; (c) openness to ideas, technology, capital; and (d) effective institutions. As are other OECS members, Antigua and Barbuda 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.

Small open economies such as those in the sub-region are intricately linked to the performance of the global economies. Economic recovery in the region, similar to the global situation, continues to be sluggish but steady, with many countries recording small but positive growth every year since 2011. However, experts estimate that the aggregate sub-region economy is not likely to return to pre-crisis growth levels before 2016–2017. The sub-region has grown on average 1.2 per cent per year since 2009, compared to 3.7 per cent globally, 1.8 per cent in advanced economies and 3.3 per cent in other SIDS.³⁹ Growth within the Eastern Caribbean Currency Union (ECCU) is lukewarm, with a projection of 2.2 per cent in 2015 compared to 2.9 per cent recorded in 2014.

Clearly, the impact of the 2008 crisis has proven severe, with sharp decreases in flows from official development and a decline in tourist arrivals, remittances and FDI. Growth rates plummeted, debt and fiscal imbalances increased to unsustainable levels, and labour market conditions deteriorated. Further, Caribbean island States are particularly vulnerable to natural disasters, such as hurricanes and other extreme weather events, including droughts, which are now being exacerbated by the adverse impacts of global climate change. Economic growth in Antigua and Barbuda was interrupted by Hurricanes Luis

36 UNDP 2014.

37 Bulgin 2012.

38 World Bank, Organisation of Eastern Caribbean States: Institutional and Organisational Capacity Review of the Core Public Sector [check ref; fix in references]

39 ECLAC 2015.

in 1995, Hugo in 1989 and Donna in 1960, for example. Reconstruction efforts spanned a period of three-five years and contributed to a widening fiscal deficit and increased public indebtedness. These disasters effectively reduced the domestic capital stock, led to an increase in the cost of capital through high replacement rates, and forced government to resort to additional borrowing for aid recovery efforts.

Antigua and Barbuda graduated from an upper-middle-income country to one of three OECS classified as high income in fiscal year 2010. According to the Caribbean Development Bank, the economy recorded its best performance in the 25 years since independence when GDP grew by 12 per cent in 2006 compared with 5 per cent in the previous year.⁴⁰ Real GDP contracted for three consecutive years in 2009–2011 (declining 103 per cent in 2009, 8.9 per cent in 2010 and 3.2 per cent in 2011).⁴¹ By 2012, the economy had returned to growth but took a dip again in 2013. Inflation has been cumulative in the region (an average of 2.5 per cent in 2007–2015) and fell throughout the region in 2015, with Antigua and Barbuda experiencing a relatively low rate among the OECS (around 2 per cent per year) due to greater price stability than neighbouring islands.⁴²

The National Economic and Social Transformation (NEST) Plan 2010–2014, supported by the IMF with a stand-by agreement, set forth the blueprint for responding to issues arising from the contraction of economic activities. Although facing daunting challenges to effectively manage debt and grow revenue, a small fiscal space for an improved economy has been provided by continued recovery in the regional tourism market along with moderate success with austerity and reforms (tax administration and a widening of

the tax base, for example), a slight increase in remittances (about EC\$12 million per year), and positive steps to build a credible CBI programme.⁴³

Revenue performance improved in 2015 surpassing projections of EC\$768.5 million or 13 per cent over the amount collected in 2014, largely due to a 9 per cent increase in tax revenue over the 2014 total and a 48 per cent increase in non-tax revenue for the same period. Among key non-tax revenue items is the CBI programme receipts, which nearly doubled from EC\$60.3 million in 2014 to EC\$111.4 million in 2015. The second semester of 2015 represents the strongest since 2007 for the tourism industry. Five new airlines (including JetBlue and Al Italia) partnered with the Government for passenger travel. Cruise tourism saw a bumper year in 2015 – a 25 per cent increase of the 2014 in vessels and passengers – with some vessels returning after a 10-year absence. Construction projects linked to tourism also contributed to the positive impacts of tourism on economic growth.⁴⁴

In terms of expenditures, a slight decrease of 2 per cent is projected from EC\$776.4 million in 2014 to EC\$763.6 in 2015. The decline is expected in the areas of interest payments, goods and services and capital budget, which is expected to amount to 45 per cent less. With the projected increase in revenue and decreased expenditures, the Government is likely to see a significant surplus and an impressive primary balance going from a deficit of EC\$6.1 million in 2014 to a surplus of EC\$91 million in 2015 or 2.8 per cent of GDP. In fact, Antigua and Barbuda enjoyed the highest primary surplus in the ECCU in 2015.⁴⁵

2015 was a strategic year for a reset of the economy after a period of discouraging decline, unsustainable debt levels and accumulated arrears on various debts. The renegotiation and/or restructuring of several loans has been fundamental to the moderate success in turning the long-term perspective around. Debt service payments in 2014 totalled EC\$335.5 million, of which EC\$56.6 represented interest. The Government was able to increase debt service in 2015 to EC\$391.1 million, of which EC\$68.7

40 Ibid.

41 CDB, 2011 [delete title and add date]

42 The Economist Intelligence Unit 2013.

43 Ministry of Finance, the Economy and Public Administration 2009.

44 Government of Antigua and Barbuda 2016.

45 Ibid.

million was interest. By January 2015, the debt stock stood at EC\$3.05 billion or about 89 per cent of GDP, a slight decline (10.3 per cent) over the 2014 ratio. The 2015 debt stock was composed of EC\$1.3 billion external and EC\$1.75 domestic. Rescue of the ABI Bank, the largest bank failure in the history of the ECCU (the point of collapse was a major cause for additional debt), likely avoided a potential financial meltdown.⁴⁶

Future success on the path towards economic stability and growth hinges on the nation's ability to achieve progress in the critical factors of fiscal imbalances and the current debt profile. This translates into follow through on the front-loaded adjustment measures, making good on the restricting of debt to eliminate arrears and taking assertive measures to implement structural reforms that address financial sector vulnerabilities.

⁴⁶ Ibid.

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

On the whole, Antigua and Barbuda's social indicators are relatively good. The Country Poverty Assessment (CPA) conducted by the CDB

in 2005–2006 found that poverty affects 18.4 per cent of the population, of which 3.7 per cent are indigent or extremely poor (headcount index), with 10 per cent of the population considered to be vulnerable.⁴⁷ Of 11 selected countries in the Eastern Caribbean, its poverty levels rank among the two lowest after Barbados.⁴⁸

However, an examination of income distribution in 2000–2015 revealed 63 per cent of the labour force (24,000 of 38,000 people) earn EC\$3,000 or less per month.⁴⁹ The Gini coefficient⁵⁰ is 0.48, one of “the worst in the region”, indicating a high level of inequality.⁵¹ The CPA results revealed that the poorest 20 per cent enjoyed just 4.5 per cent of expenditures compared to 56.3 per cent of expenditures enjoyed by the richest 20 per cent. The high GINI coefficient is likely due to the avoidance of direct taxes as a source of revenue, as indirect taxes do not inherently favour enhancing equity.⁵²

When examining the data by island, the poverty headcount in Barbuda is 10.53 per cent, the lowest among all eight districts. St. Philips experiences the highest level of poverty at 25.85 per cent, while the districts of St. John's City and St. John's Rural saw 22.29 per cent and 18.41 per cent, respectively.⁵³ The CPA suggests that high levels of poverty experienced in St. Philips could be a residue effect of the collapse of the sugar industry and the less-than-successful poverty reduction initiatives in that district.

47 Ibid.

48 Kairi Consultants Ltd. 2007.

49 Ibid.

50 The Gini coefficient measures income distribution on a scale of 0 to 1, with 1 indicating absolute inequality.

51 Government of Antigua and Barbuda 2016.

52 Kairi Consultants Ltd. 2007.

53 Ibid.

The phenomena of the working poor is noted as a relevant factor throughout the CPA as poverty levels are not directly associated with high unemployment as is the case in neighbouring countries.⁵⁴ An overall unemployment rate of 2.7 per cent was reported in the 2008 CPA, with more female head of households employed (3.3 per cent) than male (2.2 per cent). This can be attributed to the pro-poor measures taken by the Government to manage the effects of the economic crisis. World Bank data from 2011 indicate an unemployment rate of 11 per cent, which is still considered lower than most other countries in the sub-region with the exception of St. Kitts and Nevis.

Antigua and Barbuda was elevated to high-income country (HIC) status in 2010 as a result of the achievement of the World Bank goals set to indicate stability and an improved financial situation. A study published in 2012 by the Institute of Development Studies (IDS) revisits ideas about the distribution of poverty, asserting that over 60 per cent of the world's poor are to be found in middle- and high-income countries (MICs and HICs) such as Antigua and Barbuda and other Eastern Caribbean States.⁵⁵ These countries contain many of the standard characteristics of rural poverty at significant national levels.

To understand and properly treat rural poverty with the gravity it requires, a focus on different and more indicative factors that go beyond per capita GDP is needed. 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. The progress noted in the January 2015 Budget Statement is significant. While acknowledging these gains and intentions to continue the positive growth trends, sustaining these achievements in Antigua and Barbuda while preventing vulnerable households from sinking into poverty constitutes a major challenge.

A closer look at the gender dimensions of employment reveals that women in Antigua and Barbuda are more likely to be found in jobs in the hotel and restaurant sectors that are seasonal, low skilled and usually the first to be eliminated with a slight downward shift in the economic situation. These jobs also attract immigrants, and competition often drives wages down to lowest acceptable market levels. As the destination of choice for economic migrants, the St. John's area registers high levels of poverty and unemployment. The 2014 Gender Assessment found that, among those who are deemed 'economically active' (defined as those persons who looked for work and those persons who wanted work), women had a higher unemployment rate than the men and remain unemployed for longer periods.⁵⁶ Data from the CDB and International Labour Organization (ILO) on labour participation report that 71.4 per cent of men are employed in the agriculture, hunting and fishing sector compared to 28.6 per cent of women.⁵⁷

The CPA recognizes the Government as a major employer of persons in the lowest poverty quintile, with women (34 per cent) represented more than men (22 per cent). With the Government undertaking fiscal consolidation and reform processes as outlined in the NEST, these measures are likely to have more impact on women than men (for example, wage freezes and cuts in the public sector as well as pension reforms). Employment legislation is in place to ensure that there is equal pay for equal work, regardless of gender. In terms of women's ownership and management in the private sector, the country is underperforming, with only 25 per cent of small firms having some type of female ownership and women poorly represented as managers.⁵⁸

54 Ibid.

55 Sumner 2012.

56 Persons engaged in home duties, e.g., "housewives, and others engaged in cooking, cleaning, and child rearing", and who are not paid for such activities, were deemed 'economically inactive'. Women "were implicitly placed in this category with the word 'housewives'" (Huggins, p. 24).

57 Kairi Consultants Ltd. 2007.

58 World Bank 2010.

Young people between the ages of 15 and 25 represent 17 per cent of the indigent and poor, with 0–14-year-olds accounting for 32.5 per cent of the total indigent population and 35 per cent of the non-indigent poor.⁵⁹ The 2014 Gender Assessment put the youth unemployment (under 25) rate at 12 per cent. A CDB regional study released in 2015 identifies an acute unemployment problem for youth (18–24), who represent 25 per cent of the population in the Caribbean. The report shows an unemployment rate of 25 per cent among youth compared to 8 per cent among adults, with unemployment among young females (30 per cent) considerably higher than young males (20 per cent).⁶⁰

Poverty and the female-headed household

The 2015 Budget Address revealed that a total of 10 per cent of the population (nearly 8,000 people) were vulnerable or sufficiently close to the poverty line than any event or shock would make them susceptible to falling into poverty.⁶¹ Information collected during the SitAn field mission revealed a perception 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 CPA results that report women as dominating household headship in the lower two consumption quintiles.⁶² With nearly 16.6 per cent of all households (5,500) in Antigua and Barbuda considered to be poor, the burden of poverty falls largely on the shoulders of women, with children bearing the brunt of the consequences. Although the CPA report provided scarce 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.⁶³

As women generally support larger households than men, they are more at risk of becoming 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 unemployed working age adults. The inequalities associated with the negative consequences of the low status of women in society can result in little support from intra-family relationships, largely dominated by males. Characteristics of these households are defined by low levels of education (as many as 52.3 per cent of poor households within the workforce possess no educational certificate),⁶⁴ low school attendance rates among the children living in the household, children fathered by multiple men, inadequate adult guidance and support for children, and limited access to basic health care. Most men engaging with female-headed households prefer a 'visiting relationship', leaving parenting to the woman. Many poor women living in this scenario resort to survival strategies that may include illegal activities and/or transactional sex, a problem underscored by several interviewees.

Typically, these poor households headed by single women provide prime conditions for inter-generational poverty to take hold, promoting a 'learned helplessness' (see Figure 4). Sexual and gender-based violence, drug and alcohol abuse are more likely to occur in these households as opposed to non-poor households with common-law or married couples. Dysfunctional mating patterns and early pregnancies 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 and/or falling into gang activity and the drug trade.

59 Kairi Consultants Ltd. 2007.

60 CDB 2015.

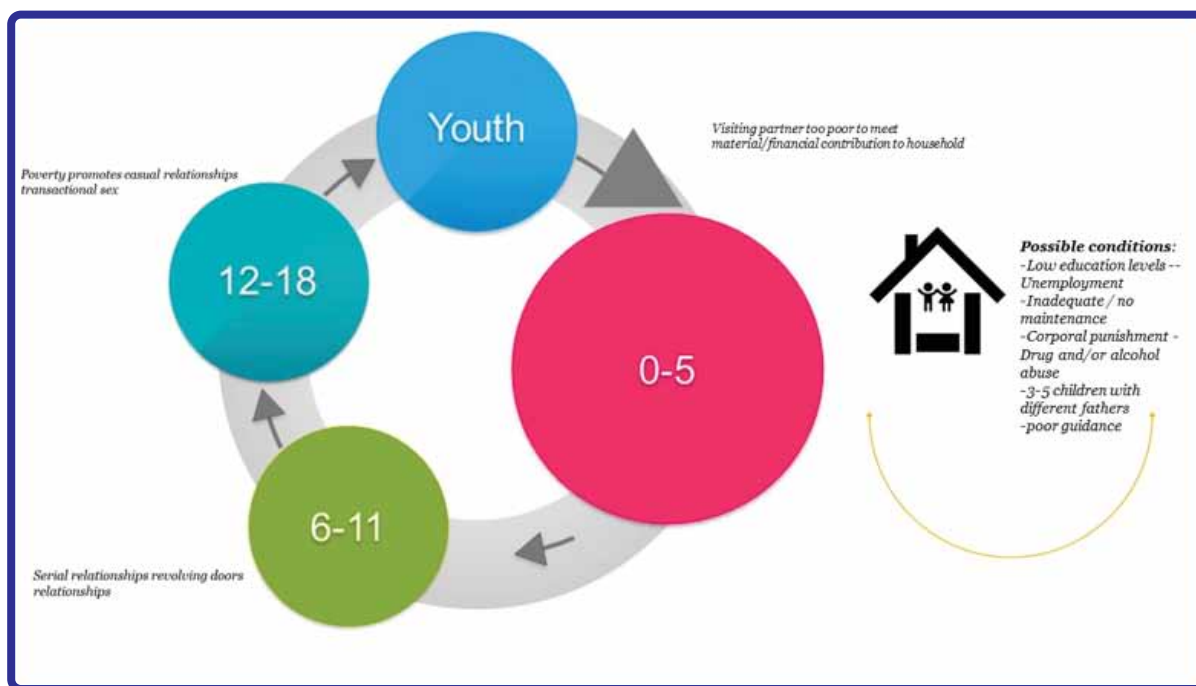
61 Ibid.

62 Kairi Consultants Ltd. 2007.

63 See UNICEF 2009.

64 Kairi Consultants Ltd. 2007.

Figure 4. Learned helplessness



Poverty can also promote casual or dysfunctional relationships as single women pursue partners who can bring monetary contributions to the household, evolving into 'revolving door hook-ups' and transactional sex. As the cycle continues, the female continues to need material and financial help and the chances of pregnancy increase, adding to the already overwhelming responsibilities of the growing household. Children are seriously affected by these conditions in different ways depending on their age group and sex, and there may be far-reaching negative consequences on their growth, development, survival and protection. The 2008 CPA data reveal that one of the highest levels of indigence – considerably above the national average – was recorded for children under 5 years. The data further point out higher levels of overall poverty and vulnerability for children over 5 and for early youth than in other age cohorts.

Careful analysis of these factors shows that not all households headed by single females are poor. However, more of such households are likely to be poor and there may be a notion of 'learned helplessness' that can promote intergenerational poverty.⁶⁵

More recent research emerging from the region points to more nuanced analysis that drills down on the female-headed household and the union status that would likely contribute to her poverty. A female heading a poor household where the male has migrated, for example, does not present the same outcome as the female-headed household in a 'visiting' or 'revolving door' relationship. Also, elderly women heading households are less likely to be poor. It is important to make such distinctions when discussing single female-headed households and poverty, particularly in cultures that sometimes prefer visiting relationships to marriage and do not assume a welfare gain from marriage.⁶⁶ During the fieldwork for the SitAn, many of the female government

⁶⁵ Marques 2011.

⁶⁶ CDB 2016.

administrators identified themselves as a single mother living alone. Others applauded their own mothers, who had raised them single-handedly. However, in these cases poverty was absent and the children experienced a 'connectedness' with the community, extended family and/or religious communities. The budding research on this subject will undoubtedly stimulate the debate and

bring fresh analysis to light that can be applied to better address the complex linkages between poverty, child protection and the cultural practices that result in negative consequences.

Table 2 looks at the perceptions of vulnerabilities facing different groups of children as identified by the interviews and focus group discussions.

Table 2. Children perceived to be vulnerable in Antigua and Barbuda

Groups perceived to be vulnerable	What makes them vulnerable (risk factors)	How the vulnerability is manifested (outcomes)
<p>Children aged 0–5</p> <p>Total <5 population is 7,000,⁶⁷ with an estimated 1,600 living in poor and vulnerable households</p>	<ul style="list-style-type: none"> ✓ Physical and emotional neglect ✓ Abusive families ✓ Harmful consequences difficult to reverse <p>Malnutrition found in 1.2 per cent of children at Bendals and 10.3 per cent at Clare Hall – two poor communities; chronic malnutrition affects 424 or 7 per cent of children < 5;⁶⁸ low birthweight (6 per cent for 2009–2013);⁶⁹ 7 per cent stunting</p>	<ul style="list-style-type: none"> ◆ Harmful behavioural patterns ◆ Slow cognitive development ◆ Malnutrition ◆ Poor socialization process <p>Missed opportunity for early childhood education (ECE) (e.g., estimated 1,600 poor children not enrolled in ECD services in 2009)⁷⁰</p>
<p>Children aged 5–10</p> <ul style="list-style-type: none"> ✓ Removal of children from their biological homes is sometimes needed for protection: six residential centres (2015) 	<ul style="list-style-type: none"> ✓ Indigence, poverty and vulnerability ✓ Emotional and educational underperformance ✓ Dysfunctional and/or violent families and/or communities ✓ Risky behaviours ✓ Ineffective schools ✓ Ineffective legislation <p>Miss out on benefits of 'connectedness' to family and community.</p>	<ul style="list-style-type: none"> ◆ Marginalization, non-participation ◆ Girls and boys at high risk of sexual violence, abuse and abandonment ◆ Face stigmatization that can have long-term effect on self-esteem. <p>Risk of life-long negative effect: no second chance, no higher level education due to absence of diversion programme</p>
<p>Adolescent girls and boys (11–19)</p> <p>17 per cent of total population between 5–19 years or 16,000 (2015), with slightly more girls than boys;⁷¹ an estimated 4,700 living in poor and vulnerable households</p> <ul style="list-style-type: none"> ✓ Removal of children from their biological homes is sometimes needed for protection: six residential 	<ul style="list-style-type: none"> ✓ Indigence, poverty and vulnerability ✓ Emotional and educational underperformance ✓ Dysfunctional and/or violent families and/or communities ✓ Risky behaviours ✓ Ineffective schools ✓ Ineffective legislation <p>Miss out on benefits of 'connectedness' to family and community.</p>	<ul style="list-style-type: none"> ◆ Teen pregnancy, unemployment, marginalization, non-participation ◆ Girls and boys at high risk of sexual violence, abuse and abandonment ◆ Boys at risk of dropping out from school w/out certificate. ◆ Both sexes at risk of engaging in harmful behaviours and practices (drugs, crime, gangs) (as perpetrators and victims) ◆ Early marriage ◆ Face stigmatization that can have long-term effect on self-esteem. ◆ Recidivism

Government action on poverty

The Government has continued to articulate a commitment to the principles of social protection with a 'pro-poor' focus even during prolonged periods of fiscal difficulties. The NEST charted a course to guide reconstruction and transformation. 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.

Antigua and Barbuda was included in a UNICEF-supported assessment of social safety nets across five OECS countries concluded in 2011. The Poverty Medium Term Development Strategy (to be updated in 2015) adopted recommendations of the assessment and inclusive strategies to further prioritize strengthening social safety nets, vulnerability and social protection under the objectives of 'Education for All' and 'Enhancing Social Development Agenda'. Coverage, efficiency and effectiveness of existing programmes were identified as major challenges: the National School Meals food programme was reaching 18 of the 32 primary schools on Antigua and none on Barbuda; the school uniform programme was providing two uniforms free of charge per year for each primary and secondary school student; and programmes to grant cash assistance to the poor have limited capacity. Additionally, safety net programmes operate with different targeting and administrative systems. The country has plans to harmonize delivery mechanisms for a more efficient and compatible approach to social protection initiatives.

This analysis and effort to reduce poverty culminated in the commitment to a programme of

"social inclusion that includes elements of social mobility, the empowerment of our people, poverty eradication and social protection".⁷² Under these initiatives, and against the backdrop of the pursuit of the MDGs, 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. The Medium Term Development Strategy (MTDS) 2016–2020 articulates these policies and actions. Seen as the main driver for poverty eradication, the MTDS considers a multidimensional approach to poverty eradication and includes social protection programmes designed to target groups of children, women (particularly in poor households) and the elderly who are exposed to risks with following areas of intervention:

- Adequate access to health care for all, which calls for the implementation of the approved Health Sector Plan that addresses health-care financing, expansion of the school meals programme and strengthening legislation to reduce discrimination against persons living with HIV/AIDS.
- Adequate access to education and lifelong learning plans, which will tackle overcrowding in secondary schools, resolve issues of access and standards in ECD, enhance the focus on children with disabilities through a 'mainstreaming' strategy, expand opportunities for education at tertiary level and reinforce commitments to TVET.
- Optimal social insurance, which will involve steps to move towards a sustainable social security programme, reforming the medical benefits system and restructuring the non-contributory pension scheme.
- Decent wages and work conditions to ensure a work environment that espouses human dignity and provides wages that support an acceptable quality of life.

67 UNICEF 2015.

68 Kairi Consultants Ltd. 2007.

69 Ibid.

70 Marques 2010.

71 UNICEF 2015.

72 Brown 2015.

- Better social assistance and housing, which is the component that lays the blueprint for how the Government will realize the SDGs, with a 50 per cent reduction in poverty by 2030, including an improved targeting mechanism and monitoring and evaluation framework.
- Enhanced citizen security proposes cross-cutting actions designed to create an enabling environment in every aspect of society. The determinants of quality of life and economic and social well-being include promoting social conditions that fight crime and violence (rebooting counselling and mentoring capacity, particularly for youth); creating effective and community-friendly policing (neighbourhood

watch and community programmes that partner with police); better administration of justice (evaluation of the custodial system, improving juvenile justice architecture); and securing territorial integrity (reduction of drug trafficking, human trafficking, smuggling and other illegal activities, including in territorial waters).

Many of the issues targeted for action in the MTDS are similar to those in other OECS and indeed other countries around the world as they struggle to maintain their high-income country status. In addition to what is highlighted above, the MTDS also includes interventions in the dimension of natural environment and historical and cultural assets.

Table 3. Increases in recurrent expenditure, selected ministries, 2015–2016

Ministry	2016 allocation in recurrent expenditure budget	Increase over 2015 budget allocation
Ministry of Social Transformation and Human Resource Development	EC\$18.3 million	1.7%
Ministry of Education, Science and Technology (second largest single increase in dollar amount to any Ministry)	EC\$84.5 million	7.8%
Ministry of Health and the Environment	EC\$81.5 million	4.6%
Ministry of Trade, Commerce & Industry, Sports, Culture & National Festivals and Community Service	EC\$23.1 million	2.2%
Ministry of Agriculture, Lands, Fisheries & Barbuda Affairs	EC\$17.1 million	1.6%
Attorney General's Office and Ministry of Justice and Legal Affairs, Public Safety and Labour	EC\$70.5 million	6.5%

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

SHIELD, the newly designed social safety net programme targeting single-parent households, is seen as the main driver for poverty eradication and will be launched in late 2016. A multidimensional programme, it is based on the well-known and innovative Chile Solidario/Puente Programme that has been adapted to Caribbean realities and piloted in Jamaica, St. Lucia and Trinidad and Tobago.⁷³

The increases and additional allocations from the capital budget are intended to fight poverty and improve the quality of life by concentrating on completing a learning and resource centre (Antigua State College), a housing development to provide affordable houses for the poor and alleviate overcrowded and inadequate conditions, strategic purchase of medical equipment, upgrade to the school plant and a basic education project.

The multidimensional nature of poverty

Poverty clearly constitutes a multidimensional phenomenon that invades all aspects of the lives of individuals, families and communities and particularly affects children, who experience poverty differently from adults. 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 have 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 faced when 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. The shift is grounded in a more inclusive analysis that recognizes that poverty is linked to multiple dimensions of human development such as education and health, with significant gender-related disparities. This change reflects a global departure from traditional unidimensional to multidimensional poverty measurement (MPM). The agreement to use this 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. The CDB, in partnership with the OECS and others, is currently piloting this new model by developing an 'enhanced' CPA that will be conducted eventually in all countries.

The multidimensional characteristics of poverty in Antigua and Barbuda are aggravated by a decline in personal security and the escalation of crime and violence. In 2004, it had an 8.5 per cent murder rate. However, in 2015 the country recorded five homicides, the lowest rate in nine years. The country's strategic location in the chain of Leeward Islands and close to major maritime transport lanes makes it tempting to narcotics traffickers and those involved in other illegal activities in the region. Although the Government cooperates with international bodies in the fight against illegal narcotics, the country was considered a minor trans-shipment point for these into the United States and Europe in 2011 and was also troubled by allegations of operating an illegal offshore financial centre (gambling and other). In 2015, the Government reported the seizure and destruction of the largest volume of narcotics ever apprehended in one year. It has signed a maritime law enforcement treaty with the United States, later amended with an overflight/order-to-land amendment, an updated extradition treaty and a mutual legal assistance treaty.⁷⁴

⁷³ For details see Nichols 2013 and Robles Farias 2012

⁷⁴ Antigua and Barbuda Budget Statement, 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 TVET. All people regardless of sex, age, race, ethnicity, migrant status and ability/disability have a right to life-long learning opportunities that equip them with the skills and knowledge needed to seize opportunities and fully participate in society. Education empowers the vulnerable, shapes a capable workforce and has a major influence on a country's standard of living.

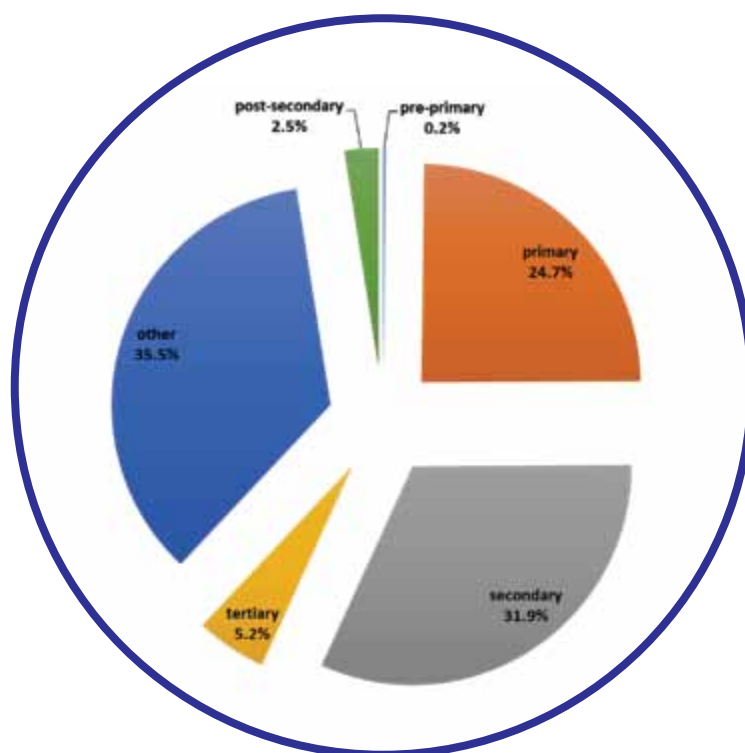
The cornerstones for the Government's approach to education are the CARICOM description of the Ideal Caribbean Person (adopted by Heads of State in 1997) and UNESCO's Pillars of Education (1996). These principles were the basis of the Board of Education Act of 1994 and the Education Act of 2008 that continue to serve as the framework and basic legislation for operationalizing the education system. Further, the approach is consistent with key regional frameworks designed to guide educational development and standards in the sub-region, including:

- Towards Regional Policy on Gender Equality and Social Justice, approved in The Bahamas in 1995

- Education for All in the Caribbean: A Plan of Action for 2000–2015
- The Regional Framework for Action on Children, 2012–2015
- The Montego Bay Declaration on TVET, March 2012

Antigua and Barbuda embarked on reforms in education several decades ago based on the logic that an improved education system with higher standards is intricately linked to external strategies in order to produce Antiguanians who can function optimally in regional and international communities. It was among the first Caribbean nations to introduce free and compulsory education (in 1973), a milestone that paved the way to achieving a 99 per cent literacy rate. By the mid 1980s, education was free and compulsory from ages 5 to 14. Next came a period of investment in the renovation of existing primary and secondary buildings, including 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, as set forth in the MDGs.

Figure 5. Estimated budget for education, 2012–2013



Education received 3.45 per cent and 2.55 per cent of the GDP in 2002 and 2009, respectively.⁷⁵ The sector's share of GDP was 2.5 per cent in the 2014–2015 school year.⁷⁶ The education budget totalled 10.1 per cent of national recurrent expenditure budget in 2012–2013 and 7.5 per cent in 2016, the second largest amount among

all ministries.⁷⁷ Education was also granted some funds from the Capital Budget to complete a learning and resource centre (Antigua State College) and to fund a basic education project.

The 2011–2012 education landscape included 62 primary schools with 10,453 students enrolled aged 5–12 and 794 teachers (2010–2011). There were 21 secondary schools with a total enrolment of 7,439 students and a teaching staff of 637.⁷⁸ Two special education schools served 113 students.

While the existence of an improved network of public schools that are free and accessible for children aged 5–16 is a considerable achievement, the quality of basic education is hampered by the

⁷⁵ UNESCO Institute for Statistics undated.

⁷⁶ Ministry of Education Planning Unit 2015

⁷⁷ Government of Antigua and Barbuda 2016.

⁷⁸ U.S. Library of Congress, Country studies-Caribbean-Islands, Antigua and Barbuda.

low percentage of trained teachers⁷⁹ and the continuing disparity in academic success between girls and boys. Free education does not translate to no cost (books, transport, etc. have to be paid for), and poor families have more difficulty than non-poor households in meeting the frequent demands for each child and often have more than one child enrolled.

Migrant families are a significant feature of the poverty landscape and represent about 17 per cent of the total number of students in primary and secondary schools. More students from migrant families are enrolled in private schools than public schools, which some believe to be an indication of their difficulty matriculating in the public system. With many Spanish-speaking economic migrants, language difficulties may also lead to learning difficulties.

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 and services are a basic first step towards enhancing the long-term potential for a healthy and well-educated workforce with the knowledge and skills needed to engage in productive and fulfilling work and fully participate in society. Children completing basic pre-primary begin to form the basis for successfully working with

others, learning patience and negotiation and developing other skills that are the footing for life-long learning opportunities and social interaction in the school years and beyond. Every child denied ECE opportunities potentially contributes to growing poverty and unemployment and is less disposed to fully participate in the economic and social growth of the nation.

The associations between poverty and physical, cognitive and socio-emotional development in children at an early age have been shown by a convincing body of international research.⁸⁰ This research further notes that young children living in poverty and in other vulnerable situations are: (a) apt to perform poorly in primary and secondary school, (b) prone to repetition and (c) inclined to leave school prematurely. Inclusive pre-primary education provides children in poor communities with equality of opportunity for realizing their right to education and the potential to perform to the best of their ability. Reaching adolescent and 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 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.⁸¹ In addition to children living in poor communities, children of migrant families and children living with disabilities are equally vulnerable.

Antigua and Barbuda was influenced by regional drivers to establish ECD services and consequently saw a rise in the number of such programmes from 32 in 1980 to 50 in 1990.⁸² However, similar to the situation in other countries, the informal approach of providers resulted in rising concerns regarding standards of care and quality, issues of licensing, certification and monitoring, a preponderance of small operators with weak capital and business foundations, and low levels of training among caregivers. The experiences of Barbados, Jamaica, St. Kitts and Nevis, and Trinidad and Tobago were shared through sub-regional networks supported by UNICEF, Save the

79 Trained teachers refers to those having completed the basic education and training qualifications to meet government standards as per the Education Act, 2008, 136, "No person shall be employed as a teacher, principal or deputy principal in a public or assisted private school unless that person holds a valid qualification as established in regulations made by the Minister".

80 See Engel and Black 2008, for example

81 Ibid.

82 Davies 1997.

Children and the Bernard van Leer Foundation, among others to help to shift the focus from care towards attention to other key dimensions of programme delivery such as parent education and awareness activities.

In the late 1990s, the Caribbean Plan of Action (CPOA) for Early Childhood Education Care and Development led to the expansion of programming. Political will in the region was further enhanced by international developments, most notably the outcomes of the EFA 2000 processes and the United Nations Special Summit on Children, which featured a dimension on ECD. Day-care and preschool services have since increased tremendously with the support of regional organs such as CARICOM and the OECS to establish legislation, policies, standards and models. A Regional Early Childhood Action Plan 2002–2015 was endorsed by the 5th Special Meeting of the Council for Human and Social Development (COHSOD) in October 2002.

Introduced to the region in the late 1990s, the HighScope curriculum moved teaching methods

away from a ‘teacher-directed’ towards a ‘child-directed’ approach or active participatory learning, including a daily routine of: (a) small and large group activities; (b) plan-do-review; and (c) outside time. With support from UNICEF and other donors, the model was later officially piloted in 13 preschool settings in four countries (Antigua and Barbuda, Dominica, Grenada, and St. Kitts and Nevis) with a view to improving the learning environments and quality of developmental and educational programmes.⁸³

Nearly 90 per cent of the ECE centres registered in Antigua and Barbuda are privately owned and operated, with a total of 92 centres and 422 leaders and teachers (47 per cent untrained).⁸⁴ The total enrolment for 2013–2014 was 3,459 (1,691 girls and 1,768 boys). There are two centres that cater to children living with disabilities. In 2013, the total government investment in pre-primary education stood at US\$3,677,934, including for nine staff persons and the cost of land and renovations of the government-owned ECE centres.⁸⁵

Table 4. Number of registered institutions for early childhood

Year	Day care/crèches			Preschool			Combined day care/crèches and preschools		
	public	private	total	public	private	total	public	private	total
2012-2013	4	9	13	3	25	28	0	49	13
2013-2014	4	8	12	4	26	30	0	50	41

Source: Ministry of Education Planning Unit 2015.

⁸³ See Manitou Inc. 2015.

⁸⁴ Ministry of Education Planning Unit 2015.

⁸⁵ Ibid.

“We did an ECD evaluation in 2007–2008...30 per cent of children are not going to preschools... There are only a few government schools, and they are in noted poor areas.”

School Administrator

Despite demonstrated government commitment and visible achievements, important deficiencies in access, quality and support persist, blocking optimal expansion and quality of ECE. Although Antigua and Barbuda formulated a set of laws and regulations to govern standard ECE operations, they remain in draft form. According to the Early Childhood Policy Brief,⁸⁶ there was a robust consultation and participatory drafting process that resulted in the formal presentation and submission of the policy (including service standards and the first year implementation plan) to the Cabinet in 2008. However, it has not been formally approved and officially published for action, which is a barrier to implementation, scaling up, achieving funding and effectively monitoring and evaluating activities. All of these are key towards achieving universal access to ECE services.

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 ECE. The improvement of parenting skills is essential, and a programme such as the Roving Caregivers, operating in a number of Caribbean countries, is intended to provide early childhood stimulation to high-risk children from birth to 3 years of age by using a model of home visitation to focus on the parent-child interaction. 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. However, no evidence of such a programme was observed in Antigua and Barbuda.

The existing system to monitor the health aspects of children’s development is effective in the areas of child mortality, immunization rates and checking the routine internationally established set of milestone indicators. However, as is the case in most countries in the region, the link between developmental and growth monitoring through the health system and ECD could be stronger.

“ There is a need for specific actions or an institutional approach targeting early stimulation beyond the ECD programme where it is part of the ‘centre-based’ ECD curriculum.”

Education Specialist

86 Charles 2010.

Consequently, developmental screening is inadequate to detect and treat physical, emotional, social, behavioural, sensory and communication delays in children before they enter the formal education system.

Both early stimulation and developmental screening form part of a national ECD strategy, and including both components in the national framework of standards and the implementation plan represents the hallmark of a comprehensive foundation for achieving universal ECD. Although these programmatic approaches 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 renew their engagement to construct active adult-child relationships and enhance their role as manager of and support for their children's education, growth, protection and development starting from the 0–5 years stage in the life cycle. 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 effort of health professionals to monitor and address 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. The link to achieving universal ECD coverage is clear, as programmes targeting early stimulation provide a valuable service directly into the household with the potential to influence parents to enrol their children in ECD centres.

Improving the quality of ECE will require increased investment in the number and level of training of caregivers, leaders, teachers and health workers in different sectors, particularly to maintain or

improve the teacher-student ratio as enrolment rises. Whilst health centres work hand-in-hand with the ECD Unit to try and identify children not attending preschool, it is important to reach all children, particularly in rural areas where parents adhere to long-held cultural and traditional practice of keeping younger children at home. Finally, additional resources and a broader range of skill sets will be required to extend coverage to 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 strengthen the environment that will enable transitioning and inclusion strategies to take root and reinforce cross-sectoral systems, policies, plans, coordination mechanisms and budgets. This will only take place once ECD is prioritized across the service delivery ministries, including health, social services, family and gender affairs, education and human resource development. The existence and operation of a functional mechanism to coordinate ECD planning, programming and monitoring across sectors and ministries is another important component. Such a mechanism was mentioned as currently existing mostly in relation to the school feeding programme. The dynamics of such a mechanism will encourage a social dialogue within ECE systems and institutions, i.e., between employers, whether national or institutional, such as boards of ECE centres or individual managers, and trade unions representing educators. It may cover broader policy issues – funding, governance, organization, etc. – but especially focus on the specific workplace relations between employers, public or private, and the workforce represented by their unions. Additionally, a national multi-stakeholder coordination mechanism (including Government departments, NGOs and international partners) is essential for improved coordination, and Antigua and Barbuda is one of four countries in the Caribbean with such a mechanism in place. Stakeholders should include representatives from the ministries responsible for service delivery and policy formulation as well as actors from civil society and the other local partners.

Primary education

The primary tier of the education system caters largely to students aged 5 to 11. There are three levels: infant, lower primary and upper primary. Infant comprises kindergarten (K) and grades 1 and 2; lower primary consists of grades 3 and 4; and upper primary covers grades 5 and 6.

Universal primary education (UPE) was established as a national priority as early as the 1960s in Antigua and Barbuda, with equal opportunities for girls and boys. However, lack of quality education and the inequitable distribution of learning opportunities – along with the generally unsatisfactory state of school structures – slowed progress. Sweeping changes in the education sector as a result of the OECS Education Policy Reform led to the abolishment of school fees and education being made compulsory from ages 5 to 14 in mid-1980s, followed by significant investments in recruitment of human resources and rehabilitation of schools across the region. By 2009, 12,465 pupils were enrolled in 63 public and private primary schools in Antigua and Barbuda, including those for children with special needs. The net enrolment rate (NER) was 71.3 per cent in 2006–2007.⁸⁷

The focus for 2011–2015 was to move towards an educational system to develop the capacity for critical thinking and innovation and produce young people who could take full advantage of the knowledge economy of the 21st century. To this end, the curriculum was under revision to strengthen learning in the areas of civics and values and reinforce family and life skills.

Against this backdrop, the Government has made promising strides towards providing quality primary school education to all children. In 2013–2014, total enrolment in the 63 primary schools (about 50 per cent are private) was 10,059 children, with 745 teachers (over 90 per cent female) and only 60 per cent trained. The number of new entrants to kindergarten in private schools who had attended preschool was much higher (98 per cent) compared to those entering government schools (54 per cent) for 2010–2011. In 2013–2014, over one third of all new entrants to kindergarten (private and public schools) had no preschool experience.

The repetition rate for 2011–2012 was 4 per cent – among the highest in the OECS – and the drop-out rate was 0.8 per cent (OECS). The primary gross enrolment rate (GER) was 106.2 per cent, while the NER of 92.1 per cent was a significant improvement over 2006–2007, when it was 71.3 per cent. Due to the absence of a detailed breakdown of the population with age and gender disaggregation, however, GER and NER cannot be calculated with precision. Both these indicators are used to measure progress towards UPE, a key MDG.

When examining the bottlenecks and barriers hampering UPE, a good starting point is to look at out-of-school children, those who have either (a) attended school and dropped out, (b) are expected to enter school in the future or (c) will never enter school.⁸⁸ For the Caribbean, most out-of-school children will start school late. Getting children into primary school at the right age, ensuring that they progress smoothly and facilitating completion are key elements to advance towards UPE.

Data show that in the 2013–2013 academic year, 5 per cent of new entrants to kindergarten in Antigua and Barbuda were over the age of 5 and 38 per cent were less than 5 years (i.e., 4 years old at the time of data collection).⁸⁹ As explained by a school administrator, the 6- and 7-year-olds in kindergarten are most likely to be repeating so they are not entering for the first time. Further, repetition at primary level is highest

87 UNIS (UNESCO Information System) 2007. [?] NB: GER and NER are unavailable for the school years 2009–2014 due to the lack of detailed breakdown of the population distribution by age and gender.

88 Number of children of official primary school age who are not enrolled in primary, expressed as a percentage of the population of official primary school age. Children enrolled in pre-primary education are excluded and considered out of school (World Bank DATE).

89 Ministry of Education 2016. [not in refs]

in kindergarten, pointing to a level of unreadiness of children for school and/or unmet teacher expectations.

There are several strands of evidence from anthropological, psychological, neuro-scientific and educational studies that point towards 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. However, the effect of late or early entrance in school 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.

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 expanding access, strengthening the role of truancy officers and/or attendance counsellors and working closely with the health facilities that closely monitor the growth and development stages of children under 5. With 76.4 per cent of new entrants to kindergarten coming with ECE experience in 2014–2015,⁹⁰ there is room to improve access to such services and increase the opportunity for all children to arrive at kindergarten better prepared for the primary school experience.

Progression from kindergarten through grade 6 is equally important to achieve and sustain UPE. Inequalities begin very early, with the children at

greatest disadvantage falling behind at the very start of their schooling experience. Prospects of children entering, progressing and completing primary education is directly linked to their household and community situations. The more positive the school experience, the more easily children can develop 'healthy connectedness' in other areas (see Figure 6). The degree of healthy connectedness children experience with parents, families, communities, church and the learning environment can determine a successful start and completion of primary education. 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.

Since achievement and poverty are interlinked, it is important to understand the underlying causes of underachievement. Data from the 2008 CPA established a snapshot of enrolment distribution across five wealth quintiles: 4.5 per cent of children aged 5–19 are from indigent households and 21.1 per cent of this age group are from poor households. The same report indicates that poor attendance is more likely among girls than boys, with only a small percentage citing financial problems as the reason for absence. The number of pupils that walk to school declines as per capita consumption increases. Concomitantly, the number of students bussing to school increases with per capita consumption. Eighty per cent of primary students get to school in 20 minutes with the remaining 20 per cent arriving within 10 minutes, indicating that primary schools are in close proximity to communities. Student performance often falls among the households from the lower quintiles because they have little adult supervision and support for homework.⁹¹

Children living with high levels of poverty, disabilities and/or dysfunctional home environments are at greatest risk of experiencing psychological, social and developmental barriers during their primary years. Pupils coming from these environments are most likely to have poor attendance rates due to transportation difficulties, for example. They

90 Ministry of Education Planning Unit 2015.

91 CDB 2016.

Figure 6. Environments of ‘health aconnectedness’



perform poorly due to improper nutrition, attention deficit disorders and inability to concentrate due to dysfunctional family environments and domestic violence. They are more likely to come from single-parent households where adult supervision, guidance and support are limited or absent. Most teachers are not trained or experienced in addressing these issues with children being left behind.

The child friendly school (CFS) concept, launched in 2010 in Antigua and Barbuda, has expanded to 35 of the primary and secondary public schools with nearly 60 per cent coverage. CFSs are designed to help children realize their right to a basic education of good quality. They are also intended to: help children learn what is needed to face future challenges; 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 in Antigua and Barbuda are promoting 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. CFSs promote three basic principles: a child-centred approach, democratic participation and inclusiveness.

The success of this model is impressive, as noted in a UNICEF-supported study of CFS schools in the region, including in Antigua and Barbuda. The study noted decreased use of corporal punishment, often seen as a bottleneck to successful completion of primary school. The lessons learned from this study can be useful in orientations on human rights that should be part of training for teachers and other school personnel. A 2010 review of the CFS programme in Antigua and Barbuda concluded that “violence and aggression continue to be the major causes of trauma within schools, as a small, yet significant number of students become involved in gang rivalry, drug trafficking, drug use, drug abuse and fights, sometimes with deadly weapons”.⁹²

92 UNICEF 2010, p. 10.

“What does poverty look like? A student who comes without lunch, who looks like he is wearing a uniform without laundering, who seems to not interact properly with everyone else. That’s how poverty looks in the school system.”

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

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.

The results of the Grade Six Assessment (GSA) determine which secondary school a student will attend, with the highest scoring students given the school of their choice regardless of where they live. Those not in this category are enrolled in the school corresponding to their residence. The GSA results also determine the ‘stream’ students will follow in terms of level of difficulty and subject selection.

Secondary education

Universal secondary education was introduced in Antigua and Barbuda in 2013 with a view that all students would attend government secondary schools. However, with limited space (excess capacity estimated at 24 per cent in 2013) and growing diversity among the student population, realizing this goal has proven difficult. In 2014/2015, the Ministry of Education recorded a total of 7,797 pupils enrolled in secondary school. The pupil-to-teacher ratio in 2012/2013 was 11:1. The repetition rate for 2011–2012 was 7.6 per cent and the drop-out rate was 2.4 per cent.⁹³

“Fair or unfair, sometimes the Permanent Secretary has the last word on permitting a new teenage mother to return after birth.”

Form 1 teacher

93 Ministry of Education Planning Unit 2015.

The 2008 CPA attributes dropouts and absences from schools to a number of causes, including: inability of parents to provide meals, transportation, text books, school fees, uniforms or examination fees for their children; teenage pregnancy; indiscipline by students at school; staying home to care for younger siblings; finding employment as a means of improving their quality of life; and low interest in the education curriculum. Drop-out rates for girls have declined as the country records considerable declines in teenage pregnancy (see Chapter 6). Provisions under the Education Act permit the return to school for teenage girls after giving birth. However, when looking at how this provision is operationalized, it is clear that exercising the 'return' option rests with the discretion of the school principal and other factors. Also, teenage pregnancy continues to carry a certain amount of stigma, evidenced by the fact that most girls who choose to return after giving birth enrol at a new school to avoid discrimination.

In an effort to offset the indirect costs (all but tuition fees) of secondary education, the Government implements social safety net programmes, particularly targeting low-income families. Whilst government coverage of transportation, books, school uniforms and examination fees absorbs a considerable amount of the social safety net budget, there are still many children left behind. Additional indirect costs of education present

considerable difficulty for middle-class and poor families who often have more than one child enrolled.

In terms of knowledge acquisition – an important dimension of quality education – less than 30 per cent of students achieved five subjects passes in the Caribbean Secondary Education Certificate (CSEC), including English and math, between 2009 and 2014. This means that, during that period, 70 per cent of secondary students in Antigua and Barbuda did not attain the requisite minimum matriculations required to enter tertiary education levels. In 2014–2015, the number of students passing the CSEC including English and math surpassed 30 per cent.⁹⁴

Regarding the number of trained secondary teachers, 44 per cent are trained in the government-run schools compared to 48 per cent in the private schools.⁹⁵ These figures may be higher as this is identified as an area of under-reporting and, as indicated in the Education Statistical Digest (MoE),⁹⁶ data collection from the private schools presents some challenges. Over 80 per cent of the teaching staff are female in both categories.

Dropouts are highest following forms 3 and 4. Students struggling to meet the standards at these levels are referred to the Antigua and Barbuda Institute for Continuing Education (ABICE) if they are 16 years or older.

⁹⁴ Ibid.

⁹⁵ Ibid.

⁹⁶ Ministry of Education, Planning Unit <http://moest-antigua.org/wp-content/uploads/2016/04/AntiguaBarbudaEducationStatisticalDigest2012-14.pdf>

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)

As outlined in the Convention on the Rights of the Child (CRC), all children under 18 years old should be protected from conditions that violate their rights, expose them to abuse and exploitation, devalue them and draw them prematurely into adult roles. Particularly vulnerable are children deprived of parental care, victims of sexual, physical, emotional abuse and neglect, children in conflict with the law or living with one or more disabilities, and victims of trafficking, exploited for commercial purposes. The Sustainable Development Goals (SDGs) include a specific target to “end abuse, exploitation, trafficking and all forms of violence

and torture against children”.⁹⁷ Aligned with this target, the international community has renewed its commitment to reform child protection agencies and systems. It is also clear that many of the other targets will not be achieved without addressing the concerns of vulnerable children. Actors and institutions at the individual, interpersonal, community, organizational and policy levels bear the duty of delivering the services, creating the demand and enabling the environment that nurtures the growth and development outcomes essential for the realization of children’s rights.

A robust, dynamic, and comprehensive legal framework is indispensable to enable rights-holders to exercise their rights and duty-bearers to discharge their responsibilities in achieving

⁹⁷ United Nations 2015, Target 16.2.

the ultimate goal of a developmental approach to the care and protection of children. In addition to the CRC and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), Antigua and Barbuda has adopted other key international legal instruments aimed at addressing interlinked problems of harmful child labour, trafficking and the sexual exploitation of children for commercial gain. In several instances its efforts have been more progressive than other OECS countries, notably in the ratification of the Convention on the Rights of Persons with Disabilities (CPRD) in January 2016.

Further, the national legislation and policies articulate bold targets aligned with the SDGs and strategic regional visions that aim to improve the lives of girls and boys in the areas of education, health, food security and social protection. Investing in children is central to the development targets set out in the MTDS 2016–2020. The Plan prioritizes poverty alleviation and the strengthening of the social protection framework and policies, with particular attention to children and the most vulnerable. It conveys the Government's view of social protection as a basic right for all and one that is translated into policies, programmes and activities that meet the best interests of children, with a focus on those children most at risk, vulnerable and excluded.

Antigua and Barbuda is steadily building an impressive framework of support for its children.

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

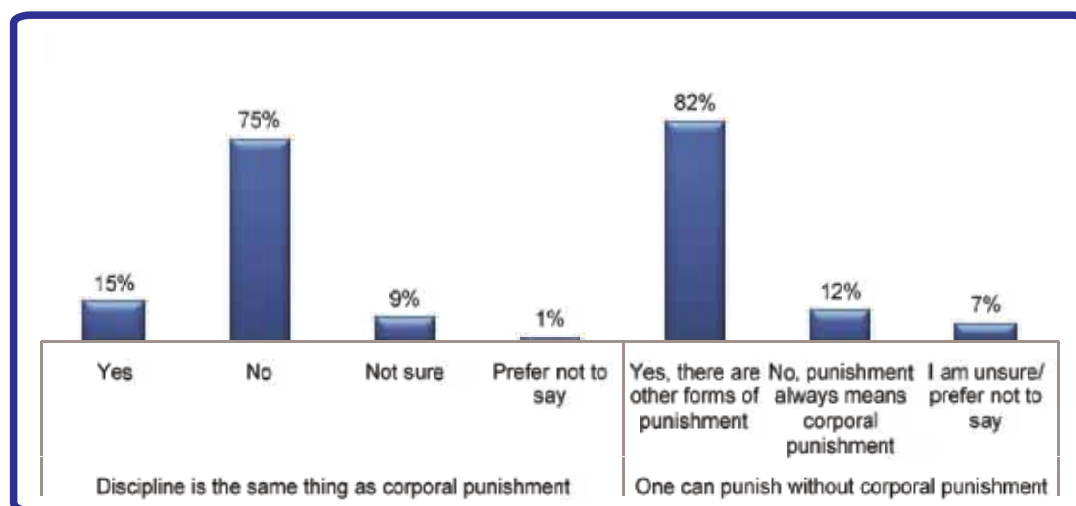
Teacher

Over 70 per cent of primary school entrants arrived with ECE experience in 2015. Almost all children are enrolled in primary education. Health care is widely accessible. Women and children in need can find referral services from the Childcare Protection Agency, established with the Childcare and Protection Act, within the Ministry of Social Transformation and Human Resource Development. A range of social transfers, grants and services are available for direct relief in the areas of housing, education and welfare. Optimal implementation of these services and programmes are dependent on a robust legal and institutional framework.

Sexual, physical and emotional abuse and neglect

The Government's commitment to fulfilling Antiguan children's right to be protected from sexual, physical and emotional abuse and neglect is prioritized throughout all national planning documents. In terms of the legal framework, the Childcare and Protection Act of 2003, the Sexual Offences Act of 1995 and the Juvenile Act of 1951 form the core foundation for protection from sexual, physical and emotional abuse and neglect and prohibit all forms of violence, including physical, mental and sexual violence, injury or abuse, neglect or negligent treatment and exploitation. These Acts establish the age of consent at 16 years and make sexual intercourse with persons under the age of 14 punishable by imprisonment, as is the act of incest. In 2010 the Government signed into effect the Trafficking of Persons (Prevention) Act along with the Migrant Smuggling (Prevention) Act. It passed the Electronic Crimes Act in 2013, which prohibits the use of children in pornography and further stipulates that the procurement and distribution of child pornography is illegal. While this framework addresses child protection violations occurring at home and in schools, foster homes and residential care institutions, there is no specific legislation that addresses these violations when they occur in juvenile justice institutions or the workplace.

Figure 7. Discipline and corporal punishment



The way children are treated is greatly affected by growing income inequality, globalization, migration, urbanization, health threats and other multi-faceted determinants of poverty, as well as low levels of social cohesion. Good parenting and home, school and community environments that promote healthy connectedness for children and positive non-violent discipline are factors that are likely to prevent violence and abuse. The 2007 Joint Report by the United Nations Office on Drugs and Crime and the Latin America and the Caribbean Region of the World Bank

indicates a rise in sexual assault, sexual violence and domestic violence in the region.⁹⁸ Research conducted by the University of Huddersfield and commissioned by UNICEF also helped to highlight the gravity of child sexual abuse in the Caribbean.⁹⁹

Global data shows that “6 in 10 children between the ages of 2 and 14 (almost a billion) are subjected to physical punishment by their caregivers on a regular basis”.¹⁰⁰ In addition to the statistics noted in Table 5, the Child Care

Table 5. Reported cases of child abuse, 2010–2013

	2010	2011	2012	2013	total
Sexual	36	17	27	32	112
Neglect and abandonment	124	123	90	-	337
Physical neglect	54	67	53	37	211
Emotional and verbal	-	10	3	10	23
Incest	3	1	2	2	8
Total	217	218	175	81	691
<i>Source: Government of Antigua and Barbuda, MSTHR, Citizen's Welfare Division</i>					

98 UNODC and World Bank 2007.

99 Jones and Trotman Jemmott 2009

100 UNICEF, 'Hidden in Plain Sight', 2014.

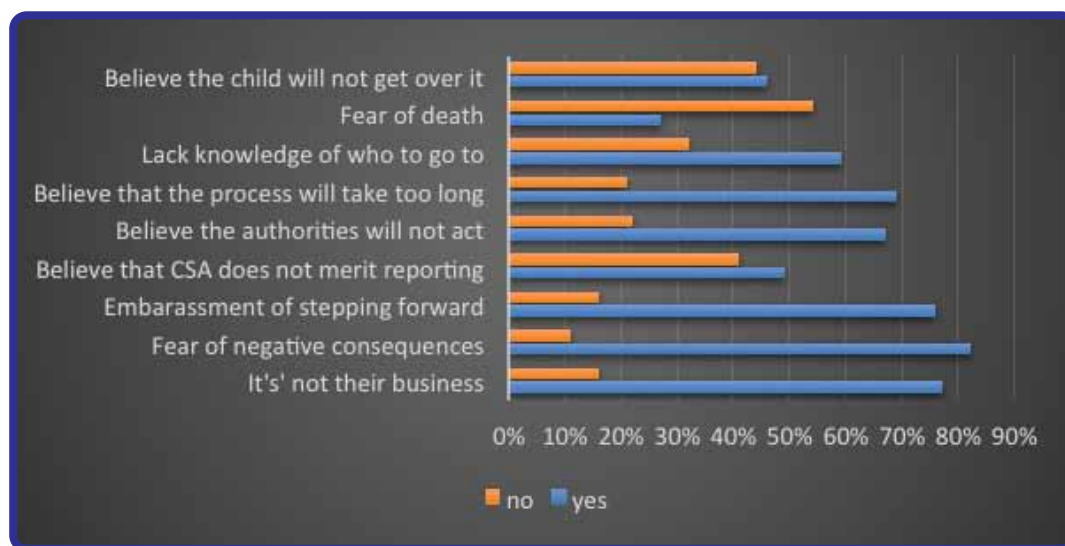
Protection Agency intervened in over a 1,000 cases of custody, maintenance, adoption, suicide (12 cases), runaways and homelessness in Antigua and Barbuda. The changing of the categorization of data from year to year and the lack of disaggregation by age and sex make it difficult to interrogate the data for detailed analysis. However, the Agency has made much progress in terms of centralizing the data collection and monitoring. Equally important to note is that the table represents reported cases only.

In May 2014, UNICEF conducted a survey on attitudes to corporal punishment, child sexual abuse and domestic violence' in Antigua and Barbuda that involved face-to-face interviews with 600 adult women and men.¹⁰¹ The results represent 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: (a) a slight cultural shift in terms of acknowledging that discipline of children is possible without the use of corporal punishment; and (b) some willingness to see a ban on the use of corporal punishment in schools (53 per cent) and in the home (29 per cent) (see also Figure 7).

With regard to child sexual abuse, 45 per cent of the respondents believed this to be a major problem in the country. Respondents showed a clear understanding of what constitutes such abuse, with nearly 100 per cent of the respondents answering yes to the following: engaging in sexual activities with a child; indecent exposure to a child; physical contact of a sexual nature with a child, like touching or stroking the child's private parts; showing pornography to children; asking to see a child's private parts; and voyeurism (peeping/looking a child's private parts for adult's sexual gratification).

When it comes to reporting incidents of child sexual abuse, the UNICEF survey confirms that much work is yet to be done to: (a) convince children, parents, and service providers to take the appropriate action when learning that a child has been abused (report the incident to relevant authority); (b) ensure that the child is protected and counselled to avoid cumulative effects of the incident; and (c) apprehend and prosecute the perpetrator to the full extent of the law. Respondents expressed a number of reasons why incidents would not be reported (see Figure 8).

Figure 8. Reasons for not reporting incidents of Child Sexual Abuse (CSA)



101 CADRES 2014.

Interviews with stakeholders during the preparation of this report indicate that, even with the increase in reporting resulting from recent advocacy efforts, there is reason to believe many cases go unreported because: (a) Antigua and Barbuda is a small society where there is no confidentiality and people worry about the stigma; (b) cultural values prevail that depreciate the role and place of children; (c) there is a belief that the end of childhood for a girl coincides with beginning of menstruation; (d) many of the perpetrators are powerful people; and (e) abuse occurs often in poor, single female-headed households where the mother has 'visiting' boyfriends; among others. Six out of 10 primary and secondary school children interviewed in focus groups for the SitAn said 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, while the newly approved legislation will facilitate prosecution of adults engaging in 'child pornography activities', success in processing

and sentencing perpetrators of sexual, physical and emotional abuse and neglect remains very limited. Again, the discussions with stakeholders give the perception that there are serious delays in the court processing system and a lack of capacity to respond to breach of orders. Discussants also noted that "a payoff to the parents" often occurs before the case gets to court.

In an effort to strengthen parents' sense of responsibility and ability to protect their children, the Ministry of Social Transformation and Human Resource Development has initiated parenting sessions as part of its counselling service, targeting families where abuse has been reported. Using methodologies that including interaction between parents such as role play, the sessions attempt to build a better understanding of what is needed to take parenting beyond the custodial role and render families more functional. Topics covered include stages of development, communication among family members, conflict resolution, alternative disciplinary approaches, the parental role in helping the child succeed in school, the signs and effects of child abuse, how to protect your child from abuse and roles and responsibilities of parents and children.

Manifestations of child abuse and neglect cover a broad spectrum, including when a parent/caregiver fails to provide for the development of the child in all areas. Experiences of child sexual abuse, in particular, can result in serious health consequences later in life. Research shows that psychological (depression and anxiety, developmental delays, suicidal thoughts and self-harm, among others), behavioural (alcohol and drug abuse, poor self-esteem, under performance in school, etc.), reproductive (sexually transmitted disease, unwanted pregnancy, reproductive health problems) and sexual (sexual dysfunction) issues can persist for years and even decades.¹⁰² Some children have symptoms that do not reach clinical levels of concern until later in life, while

"If I report the abuse of my daughter, she will have to live with it forever because even when she is old, people will still point and whisper when they pass her."

Mother

102 See, for example, Fergusson et al. 1996.

others meet the full criteria for clinical intervention immediately. Assisting the child victim and monitoring her/his progress requires up-to-date integrated information systems, cross-agency case management and conferencing, committed and specialized personnel as well as delicate and confidential approaches.

With limited counselling and psychological support capacity, the Child Care and Protection Agency is strapped in its effort to provide more support to child victims and their families. Working with child victims requires trained and experienced personnel, who are in limited supply. 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 can 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 the sexual, physical and emotional abuse of children in Antigua and Barbuda are included in the MTDS

2016–2020 in the areas of legislative framework and enforcement, advocacy, mapping, reporting and monitoring. Under this plan, the social protection system will be strengthened to enhance targeting systems, improve coverage, rationalize services, train human resources and improve monitoring and evaluation of the social safety net programmes required to provide effective and efficient child protection services.

Trafficking in persons

Human trafficking has been common in the region for decades largely due to the ease of travel in the Caribbean waters and the islands being located close to international water highways, and popular tourist destinations are particularly vulnerable. Regional studies report that local men, women and children are recruited, transported, marketed and purchased by buyers, traffickers and often members of trans-national organized crime syndicates that operate freely in the Caribbean. Many women and children are trafficked for sexual exploitation.

Trafficking in persons

2010: Trafficking in Persons (Prevention) Act passed; flawed in that it hands cases to the lower court for trial rather than the high court, which is mandated to impose the maximum sentence

2012: Shelter identified to provide space of trafficked and GBV victims opened

2013: Three trafficking cases investigated and one adult labour trafficking victim assisted; government-supported training of officials led by the International Organization for Migration

2014: High Court declares criminal penalties in Trafficking Act unconstitutional; no offenders reported, prosecuted, convicted or punished; one case identified and referred as a suspected trafficking victim

2015: Anti-trafficking task force responded to 10 trafficking victims; Gender Affairs Hotline trained operators to identify and assist victims

Destination
and transit
country

Tier 2
Watch List

Most vulnerable:
a) Jamaicans, b)
Dominicans & c)
SE Asians

Antigua and Barbuda was ranked in the Tier 2 category on the list of countries for trafficking in persons in 2015 and 2016 and has made significant efforts towards eradicating this harmful practice.¹⁰³ However, the US Office to Monitor and Combat Trafficking in Persons found that it still did not fully meet the minimum standards for the elimination of trafficking, despite legislation introduced in 2010 (see box). It continues to position the country among those serving as a destination and transit country for men, women and children subjected to sex trafficking and forced labour.¹⁰⁴

Credible reports have cited cases of forced prostitution in bars, taverns and brothels as well as forced labour in domestic service and the retail sector. Additionally, there have been reports of complicit behaviour on the part of law enforcement professionals and high-ranking civil administrators.¹⁰⁵ Meeting the international minimum standards has proven difficult for the Government with the move of the High Court of Justice, which declared the criminal penalties for the 2010 legislative act “unconstitutional” in November 2014.¹⁰⁶ The declaration has impeded efforts to hold traffickers criminally accountable as stipulated in the 2010 Act.

Nonetheless, the Government has taken serious actions to stamp out trafficking on the island by doubling down on and sustaining prevention efforts. A Gender Affairs Hotline trained operators to identify and assist victims throughout 2015. The Government developed a national anti-trafficking action plan and strengthened the Trafficking Committee as well as the taskforce with the responsibility for investigation and follow-up on

cases. Some have suggested that the public education messages be translated into Spanish, given the number of economic migrants from Dominican Republic. There were no incidents of sex tourism (adult or child) reported in 2015. The 2016 US State Department report recommends that Antigua and Barbuda:

“Vigorously prosecute trafficking offences and convict and punish traffickers, including complicit officials; formalize procedures for law enforcement, child welfare officials and other front-line responders to identify victims, including children subjected to trafficking for sexual exploitation, and refer them to appropriate services; train law enforcement and prosecutors in proactively identifying, obtaining, preserving, and corroborating evidence to reduce dependence on victim testimony; implement the national action plan to guide government efforts in combating trafficking; and improve data collection on prosecutions, convictions, and victim identification and care.”¹⁰⁷

103 US Department of State 2016.

104 Ibid.

105 Ibid.

106 US Department of State 2015.

107 US Department of State 2016.

Residential care

No child should ever be institutionalized, bought or sold, stolen from a family or otherwise victimized: every child deserves to grow up in a loving family

When children are removed from their biological homes for care and protection these options may be pursued in the best interests of the child:

- **Residential care:** in accordance with Article 20 of the CRC, a child temporarily or permanently deprived of his/her family environment, or whose own best interests cannot permit her/him to remain in that environment, has a right to special protection and assistance provided by the state.
- **Adoption:** Adoption, both national and intercountry, is viewed as an option for children without primary caregivers, provided that it is conducted in accordance with the pertinent laws and regulations and within an effective child welfare and protection system (see Articles 20 and 21).
- **Foster Care/kinship Care:** It is also recognized that the placement of a child in a "suitable institution for care and protection" should only occur when it is in the best interests of the child and when the child cannot be placed within a family environment such as foster care/kinship care (see Articles 9 and 20)

"The single most influential factor in a child's positive psychosocial development may be having at least one strong relationship with a caring adult" Patrice L. Engle



The various departments in the Ministry of Social Transformation and Human Resource Development with responsibility for social and community services that assist families on protection issues – the Citizen's Welfare Division (through the Probation Unit and the GRACE¹⁰⁸ programme), the Board of Guardians and the Community Development Department – are undergoing reorganization. These units are understaffed with only a handful of social welfare officers who double as social workers and probation officers. Case-loads vary but can include a dozen or so cases of children in need of care, protection or public assistances and juvenile probationers at any given time.¹⁰⁹

There are relatively few formal social assistance programmes, and those that do exist are somewhat dispersed across ministries and agencies with very modest and often informal coordination mechanisms. This weakly structured system of social protection is a barrier to finding effective, appropriate and swift solutions to children in need of protection. In 2015 Antigua and Barbuda launched a major initiative to reform the social protection framework. Some specific objectives include: (a) design and implement a unified targeting system and a single beneficiary registry of social protection programmes; (b) improve the efficiency of social public spending; and (c) strengthen the capacity to plan, coordinate and monitor social protection policies. This effort is particularly important to children who must be removed from the family and require a temporary solution until they can be permanently placed with a member of their family or in foster care. In 2015, there are six residential care centres with

108 Government Residential Assistance Care for the Elderly and the Eligible.

109 Marques 2011.

approximately 38 children including the following four institutions:

The Sunshine Home for Girls: Operated by the Salvation Army, the home houses nine girls aged 10–17, with the earliest arrival dating to 2011. All were admitted for ‘care and protection’ reasons. Funded by private donations, the home aims to improve the life chances of girls who are vulnerable, abused or excluded and also serves as an important step to prevent at-risk children from adopting lifestyles that would be detrimental to themselves and to the wider society. The centre is operated with a home environment where the girls share in the chores and upkeep. Many of these girls face the challenge of overcoming extremely debilitating experiences in their early childhood,

Voices from the residential care homes:

“I’m not mad at my mama cause she couldn’t keep me... I want my life to be different ... no drugs and definitely no men.”

“This is my home and these are my sisters.”

“I want to become a respectable person, grow up and have children and a husband.”

including sexual, physical and emotional abuse and neglect. They all attend school regularly, and routine activities include skills development, recreation and counselling. In the after-school hours, they learn to raise broiler chickens and plant cash crops on the property. The home and girls are supervised by two staff.

Good Shepherd Home for Girls: Affiliated with the Good Shepherd religious group, the home houses seven girls aged 6–20, all but one admitted because of the need for care and protection. Five of the girls have been in residence for two to three years, one has been there since 1998 and another arrived in 2015. The home provides general care and protective services and operates daily sessions designed to prepare the girls for independent and successful adult years. It recently incorporated a mentorship programme – the #GoGirl - Control Your Destiny 2015 initiative – that seeks to empower girls aged 10–17 who face serious adversities, and may feel that they have little opportunity to develop positive and encouraging relationships, to reach their fullest potential.

Seeds Transitional Girls Residence – Mustard Seed Ministries: This centre has four girls aged between 15 and 17 admitted in response to care and protection needs. They are all attending school.

Care Project: A government facility, the Care Project is a home for disabled children and currently has four boys in residence aged 10–12. Housed at the paediatric ward of the old Holberton Hospital, this group of children with severe mental and physical disabilities receive basic care. Many of the residents have been abandoned by their families. They do not attend school but follow individual and group sessions that specialize in sensory teaching and physiotherapy. Facilities and services such as these have a tremendous impact on the lives of children living with disabilities.

Children in conflict with the law and juvenile justice

The law relating to child offenders in Antigua and Barbuda is the Juvenile Act and conforms to the Beijing Rules.¹¹⁰ Juvenile justice reform was launched in June 2012 with a situation analysis completed by the end of that year and a policy framework drafted in 2013–2014. However, as is the case in other OECS countries, the process of reform designed to bring forward a more child rights-focused administration of justice for children has been slow.

As part of regional juvenile justice reform, the OECS was mandated to produce and share a model child justice bill that could be contextualized to national realities. This action was intended to harmonize the judicial process for children accused of committing offences. Ten years later, only two countries have drafted and passed the bill. Antigua and Barbuda has drafted and submitted the bill with approval pending.

The bill speaks to establishing and implementing a juvenile justice process that respects and conforms to international instruments and standards, incorporates diversion of cases away from the formal court processes, provides for a compulsory initial inquiry procedure, ensures that trials of juveniles take place in an appropriate court and underscores the notion of restorative justice. The slow pace of progress in the region is a reflection of (a) the painstaking process of legal reform in general, (b) difficulty in adjusting cultural paradigms and social ideas that favour punishment over rehabilitation and (c) the limitations in terms of financing and human resource capacity required to implement the reform.

As mentioned, Antigua and Barbuda has advanced through the drafting process and had several

consultations with cabinet members regarding the Juvenile Justice Bill. A family court was opened in April 2012 that hears all child maintenance matters, domestic violence cases and other family matters at the level of the magistracy and addresses all criminal cases involving juveniles. Following tradition, this is an open court. However, it does conform to international standards on juvenile matters, changing the rules to accommodate confidentiality requirements for juveniles.

For most OECS countries, preventative and diversion programmes, where children who have committed an offence are kept out of prison, are becoming the preferred option as they emphasize rehabilitation approaches, within a restorative justice framework, rather than criminalization and punitive measures. The newly appointed Magistrate of the Family Court is working with the Probation Unit in the Citizens' Welfare Division to develop referrals options to ensure diversion of juvenile cases away from formal criminal court procedures towards community support, particularly at the pre-charge stage. In 2015, there were 13 active probation officers of whom six are assigned exclusively to juvenile cases.

Those interviewed for the SitAn exercise noted that cases involving the school system's punishment for behavioural problems (particularly for repeat offenders) often leads to police involvement. This can in turn lead to the entry point for many juveniles coming in contact with the law. Several administrators interviewed opined that putting diversion strategies in place could change the downward trajectory for many children. The CARICOM SPAIN initiative to reduce youth-on-youth violence, operated by the Department of Youth, is an approach where a probation officer organizes a dialogue with parents, students and schools officials when child is suspended from school. This pilot could become a good practice because the Probation Unit targets at-risk children and works with their families to take preventative steps.

In 2015, 15 boys were arrested and remanded to the facilities for juvenile delinquents while

¹¹⁰ 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".

awaiting trial. Over half indicated that their first contact with the law was associated with their school. Antigua and Barbuda only has one prison, with the capacity for holding 150 inmates but currently overcrowded with 350 inmates. Twelve juveniles are housed there. All juveniles who are imprisoned are kept in the solitary confinement section to keep them separate from general population. Children who have been accused of committing criminal offences, without independent resources to retain services of a lawyer, find difficulties in accessing legal aid services. While the OECS Model Child Justice Bill addresses the requirement of the State to provide legal representation to children (over the age of 12 and under the age of 14), many of the OECS countries have yet to sufficiently develop legal aid services to ensure compliance.¹¹¹

The dearth of data on juvenile offenders in Antigua and Barbuda limits an analysis of scope and categories of offences. However, data submitted for a regional analysis in 2015 provides a snapshot of the situation in Antigua and Barbuda as follows:¹¹²

- Under 25 children charged per year during 2012, 2013 and 2014, the lowest number per capita among the ten countries included in the analysis (only 8 of the 10 countries submitted data)
- Six girls charged with offences compared to 31 boys
- Disorderly conduct and harm, indecent assault/rape and breaking/malicious damage were the top three offences

- Among the highest regarding length of custodial sentences, with 18 months average (only four of the ten countries were able to submit data on this issue).

Under diversion, a Court will refer a child to the Probation Unit, which aids in the rehabilitation process of juvenile offenders by providing supervision, guidance and counselling. The juvenile is usually enrolled in a relevant life skills course provided by community-based organizations. There are two centres that embrace the approach of diversion programmes for underage offenders and offer life skills, basic skills training, educational assistance and counselling.

The Boys Training School provides residential placement services for boys who are in need of care and protection or are in conflict with the law. Boys receiving custodial sentences are required to stay at this facility until age 18 when they are either transferred to prison or released on probation.

The current juvenile justice system is largely based on legislation dating back to the colonial era that emphasizes criminalization and requires punitive measures be taken. This system upholds whipping, flogging and life imprisonment for juveniles, for example. The dearth of research in the area of juvenile justice and the absence of reliable disaggregated data make it difficult to have a comprehensive understanding of the situation of youth offenders and therefore design appropriate preventative programmes and services. Many of these constraints were mentioned in Concluding Observations for Antigua and Barbuda for the initial CRC report.¹¹³

Adolescent pregnancy

The problem of adolescent pregnancy has been a focus for the Government, and there are signs of decreasing numbers. A retrospective study in February 2012 reported a decrease in teen births at Holberton Hospital from 29 per cent of all births in 1969–1973 to 16 per cent in 1999–2003.¹¹⁴

111 Source: Antigua and Barbuda Royal Police.

112 OECS, October 2015. Background Paper on the Status of Juvenile Justice in the OECS and Other Specified Caribbean Countries, commissioned by the OECS Secretariat.

113 <https://www.crin.org/en/library/un-regional-documentation/concluding-observations-antigua-and-barbudas-initial-periodic>, accessed March 1017.

114 Martin et al. 2012.

As in some other nations in the sub-region, legislation allows for pregnant teens to continue to attend school for as long as possible. As mentioned above, the Education Act also provides for the option of girls returning to school after giving birth. However, few opt to go back due to the stigma attached to teenage pregnancy. If girls do return to secondary education, they usually go to a different school. Girls who do not return but desire to complete their education are able to enrol in courses that allow them to attain their certificate of completion and sit for exams. However, the fees that can be associated with these courses are often a major bottleneck as teenage mothers struggle to gain employment and independence.

Many interviewees perceive the introduction of the 'morning after pill' as the principle reason for the decline in adolescent pregnancies, and they insist that abortion, while illegal, is accessible. While women in Antigua and Barbuda 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

"I know young girls are still getting pregnant a lot because I see them coming to hospital with complications from abortion."

Local health worker

and services for 16- and 17-year-olds is restricted, although legally they are allowed to have sex. Health services provide very basic family planning options that include distribution of condoms. Most schools do not teach sex education, except for providing minimal information as part of health and family life education (HFLE), despite the evidence that the number of sexually active adolescents in the country is high.

6 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)

Health care system overview and accessibility

The National Strategic Plan for Health, 2016–2020 outlines the pathway for Antigua and Barbuda to ensure its citizens the right to health.¹¹⁵ The Government's goal is to ensure the availability of quality health services that respond to the needs of the population and it puts forth a framework for enhancing health care financing. Revenue comes from the recurrent budget and Medical Benefits Scheme, with some contributions from private health insurance and selective small user fees. Government expenditures in 2008 and 2009 totalled 8.8 per cent and 10.2 per cent of the annual budget, respectively.¹¹⁶ This decreased

sharply in 2016 with health allocation of 4.6 per cent from the recurrent expenditure (not including receipts from the Capital Fund). Similarly, expenditure on health represented 7 per cent of GDP in 2010 but declined to 4.9 per cent in 2013, which is largely a reflection of the Government's response to the climbing debt and the struggle to bring it to a manageable level.¹¹⁷ The health-care system is reasonably funded, with external funds received uniquely for the HIV/AIDS response (although this aid is dwindling as the epidemic is stabilizing and systems have been put in place).

The primary health care system in Antigua and Barbuda is considered to be functioning well. Access to the system is reportedly universal, with all basic services free of charge (as are medicines, when available). There is a network of 26 community health clinics (including 18 satellite clinics), one public hospital in St. John's (Mount St. John's Medical Centre, MSJMC) and an eight-bed facility serving the population on Barbuda. The centres and clinics deliver primary health-care services including maternal and child

¹¹⁵ Ministry of Health and the Environment 2015.

¹¹⁶ Government of Antigua and Barbuda 2016.

¹¹⁷ Ibid.

health, mental health, environmental sanitation and chronic disease management. MSJMC, opened in 2009, provides secondary and tertiary care with a capacity of 185 beds. It is the major trauma facility and provides medical-surgical services, intensive care, diagnostic services and some specialty services. It also provides referrals for tertiary services available only off-island, with most citizens going to Barbados, Guadalupe or Martinique for care. As a member of the OECS, Antigua and Barbuda participates in the Pharmaceutical Procurement System, which results in savings through high volume purchases of basic drugs. HIV drugs are free of charge.¹¹⁸

The six medical districts are managed by district medical officers. Health-care facilities are located within 32 kilometres of every community. In 2010, the country noted a ratio of 23 physicians per 20,000 inhabitants and 44 nurses and 16 dentists per 10,000 inhabitants. Human resource shortages were seen in regard to nurses, laboratory technicians, radiologists and environmental health specialists.¹¹⁹

Because most people live close to a primary health centre, there are few issues with access, although rural centres may be underutilized and urban centres over-utilized due to current trends of population movement. 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 reported in the Social Protection Assessment (2011), the Medical Benefit Scheme (MBS) is the main medical insurance programme responding to health-care needs related to lifestyle diseases. The MBS, which is a statutory body, is financed by a payroll tax with shared employee-employer

contributions and all employees are required to contribute. The Scheme covers the following diseases: asthma, cancer, cardiovascular diseases, certified lunacy, diabetes, glaucoma, hypertension, leprosy and sickle cell anaemia. It provides for examinations, lab tests and medicines free of charge to treat these diseases for all contributors meeting the basic set of conditions including (a) persons who are under the age of 16; (b) persons who are over 60 years; and (c) persons certified by a medical practitioner to be suffering from any of the specified diseases.¹²⁰

Antigua and Barbuda has accomplished a number of achievements in health between 2006 and 2010: nearly 100 per cent immunization coverage and a decrease in the incidence of vaccine-preventable diseases; a decline in communicable diseases through efforts to improve sanitation and food handling; good management of dengue and leptospirosis; and provision of antiretroviral drugs, which has helped reduce the number of HIV/AIDS-related deaths and improve the quality of life for persons living with HIV. This effort has contributed to the general reduction in both infant and maternal mortality and led to increased life expectancy for Antiguanians. In 2015, this was estimated at 76.5 years, with women expected to live longer than men (78.8 and 74.4, respectively).¹²¹

The health system has prioritized primary health-care services and recognized the importance of addressing cross-cutting challenges by putting in place strategies that favour intersectoral collaboration 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.

At the same time, the 2007 Health Business Plan acknowledged several weaknesses in the health information system: absence of a health information policy framework/guidelines; absence of legislative support to guide collection, processing, reporting and dissemination of data while safeguarding confidentiality; and absence

118 PAHO 2012.

119 Ibid.

120 Marques 2011.

121 CIA 2015.

of operational guidelines for staff training to optimize an updated information and knowledge management system, among others.

Despite a functioning and accessible health system, Antigua and Barbuda faces significant challenges related to the health and well-being of its women and children, outlined below. The CPA highlighted issues of inequity, particularly the delivery of health care to the indigent, the poor and vulnerable and migrant communities. The unacceptable levels of gender-based violence and the consequences of gang violence both place stress on the health-care system. Although the capacity to provide secondary and tertiary care via the public hospital has increased, demand for such care is equally elevated due to the rise in chronic non-communicable diseases (NCDs), causing emerging concern that the health system is becoming overburdened. At the same time, the country is fast becoming ineligible for donor funding due to its high-income status.

Infant and child mortality

The infant mortality rate (IMR) has steadily declined since 1990, when it was reported at 24 per 1,000, births, to six per 1,000 births in 2015,¹²² with premature delivery as the main cause. Compared to the estimate for IMR in the Americas (34 per 1,000 births in 1990 and 13 in 2015), Antigua and Barbuda is performing well within the expectation for high-income countries sharing similar characteristics. The World Bank suggests that high-income countries should maintain IMR at six per 1,000 births. The antenatal care coverage rate is reported at nearly 100 per cent in the MDG Progress report of 2009, with over 90 per cent of births delivered in a hospital by trained personnel.¹²³

The proportion of the population under age 5 was estimated to be 10.4 per cent in 2010 and 8 per cent in 2013. As in the case of IMR, Antigua and Barbuda has managed to achieve a steady decline in the under-5 mortality rate (U5MR), with 26 per 1,000 births reported in 1990, 16 in 2000 and eight in 2015. The leading causes for morbidity in children under 5 years include acute respiratory infections and gastroenteritis. The population in this age group accounted for over 11,000 cases of acute respiratory infections and 2,700 cases of gastroenteritis during the 2006–2010 reporting period. The U5MR average for the Latin America and Caribbean region was 18 per 1,000 births for 2015, and the World Bank estimated that for high-income countries it should be as low as seven for 2015.¹²⁴ The MDG goal for 2015 in the region was 15 per 1,000 births for IMR and 18 per 1,000 births for U5MR.¹²⁵

The Government acknowledges the effort required to sustain these achievements and, with support from international organizations, the urgency to complete and implement a strategic plan to best guide actions that will fill the notable gaps, particularly in the areas of human resource planning and legislation, to improve the overall governance of the health sector.

HIV/AIDS

As a region, 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 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.¹²⁶

Antigua and Barbuda has made great progress in achieving MDG Goal 6, Combat HIV/AIDS, malaria and other diseases, with no malaria

122 UN IGME 2015.

123 Ibid.

124 Ibid.

125 Ibid.

126 UNAIDS 2013.

cases and an HIV prevalence rate in the general population of 0.75 per cent, well below the 1.0 per cent prevalence target.¹²⁷ After the first case of HIV was diagnosed in 1985, a total of 1,052 confirmed cases were recorded as of December 2014, with slightly more males affected than females. A cumulative number of 257 AIDS-related deaths

was recorded during the same period. Antigua and Barbuda did not record any new cases of HIV in children under 18 in 2015 and has had no cases in children under 15 since 2012. The last case of mother-to-child transmission of HIV was in 2012 (see Table 6).¹²⁸

Table 6. Babies born from positive mothers: 2011-June 2015

	2011		2012		2013		2014		2015*	
	No. tested	No. Positive	No. tested	No. Positive	No. tested	No. Positive	No. tested	No. Positive	No. tested	No. Positive
Total	9	0	7	1	4	0	7	0	12	0

Source: AIDS Secretariat-Ministry of Health and the Environment: January 2011-June 2015

The epidemic appears not to have reached significant levels in any of the at-risk populations. However, this positive snapshot may be due to the dearth of prevalence data, and a glance at the available data risk factors and anecdotal information could unveil the potential for a more concentrated epidemic. Risk behaviours associated with unprotected sex, sex work and men having sex with men are suspected to increase the potential for higher prevalence in particular populations. In order to confirm these assumptions, data would need to be collected using the integrated biological-behavioural surveillance (IBBS) tools. The last IBBS was undertaken among sex workers in late 2012 to probe behaviours associated with sex work

and transactional sex, revealing a 1.1 per cent prevalence rate among the 312 persons studied, very similar to the general prevalence rate among women.¹²⁹

Until recently, when an increase in cases among the over-60 age group was noted, the epidemic was known to be concentrated in the 20–44 year group, where 67 per cent of the infections occurred. For the period 2010–2014, more male than female cases were reported among nearly all the age groups with the exception of the 0–4, 5–9, 30–34 and over 60 age groups, where females were predominant. No cases have been reported in the 10–14 age group (see Figure 9).¹³⁰

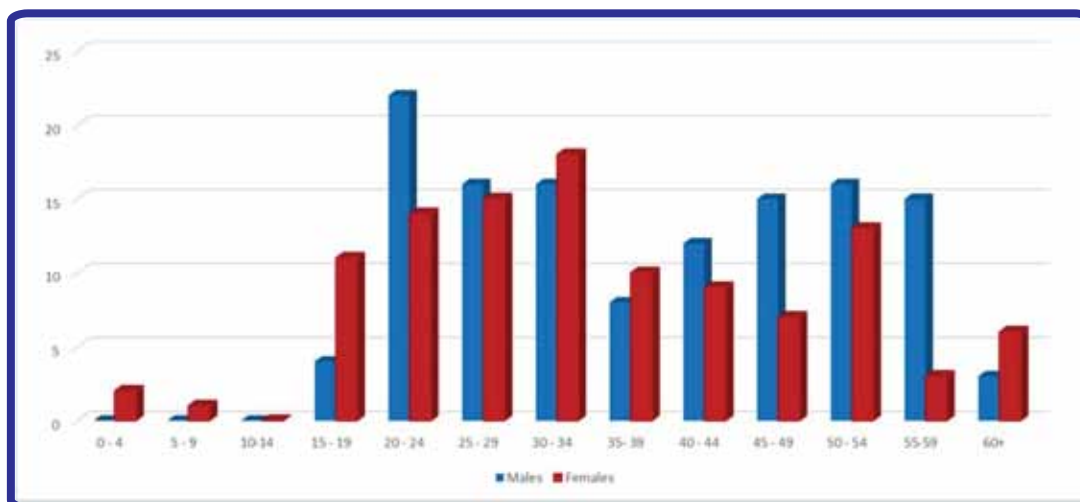
¹²⁷ Ministry of Health 2015.

¹²⁸ Ibid.

¹²⁹ Ministry of Health, AIDS Secretariat, 2015

¹³⁰ Ministry of Health 2015.

Figure 9. HIV cases by age groups, Antigua & Barbuda, 2010-2014



There is persuasive evidence that links early sexual activity to risky sexual behaviour, often fuelled by alcohol and drug use among young people where the popular culture promotes some of these behaviours as ‘cool’ and acceptable. Table 7 looks at results emerging from three studies conducted in 2003–2009 to enable a better understanding of some of these practices among young people.¹³¹

Antigua and Barbuda has yet to sign the International Covenant on Civil and Political Rights, which would oblige the upholding of the civil and political rights of all the population, including lesbian, gay, bisexual and transgender (LGBT) persons. Some LGBT persons reported in 2010 that homophobia hampered the willingness of HIV-positive persons to obtain treatment¹³²; however, there were no reports of violence or discrimination directed toward persons with HIV/AIDS. A local NGO garnered support from the Ministry of Health in effort to register human rights complaints and provide assistance related

to cases of discrimination against those with HIV/AIDS. The Ministry of Labour also launched an advocacy effort to encourage employers to be more sensitive to employees with HIV/AIDS.

In addition, the National Strategic Plan for Health, 2016–2020 proposes legislation that will eliminate discrimination against persons living with HIV/AIDS. At the same time, however, consensual same-sex sexual activity between a male and under age female is illegal under indecency statutes. These carry a maximum penalty of five years in prison, while consensual same-sex between adult men carries a maximum penalty of 15 years. While the law is not strictly enforced, some see it as a barrier to changing negative risk behaviours that lead to HIV infection because of an unwillingness to express sexual orientation for fear of legal action. No anti-discrimination laws exist that specifically include LGBT persons. While LGBT persons appear to ‘live underground’, the perception among the secondary school students interviewed for the SitAn reveals a slight change in that over 50 per cent of those questioned said they had lesbian or gay friends at school, but that “it is easier for a lesbian than a gay guy to come out”. Although sex education is taught in schools as part of the health and family life education (HFLE) curriculum, LGBT human rights issues have yet to be incorporated because of the prevailing

¹³¹ Ibid.

¹³² See U.S. Department of State 2010 Country Reports on Human Rights Practices Report, April 8, 2011 <https://www.state.gov/j/drl/rls/hrrpt/2010/wha/154490.htm>. Accessed March 2016.

conservative Christian culture. Moreover, with over 20 per cent of the population practicing Roman Catholics, teaching of sexual and reproductive health (SRH) covers the minimum of information. 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 adolescents new parents who share childrearing responsibilities.

Chronic diseases and obesity

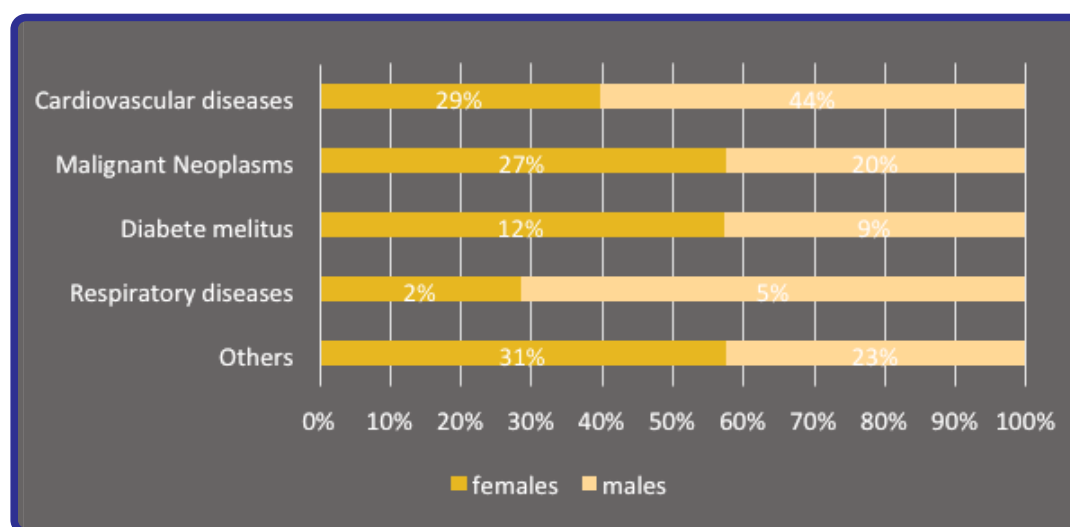
The major shift taking place in the field of health has been described as a rapid dietary and

epidemiological transition where chronic non-communicable diseases (NCDs) have replaced malnutrition and infectious diseases as major health issues. The shift towards prevention and treatment of chronic NCDs requires a very different approach to meet the new demands and quality standards.

The functioning 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 respond to increases in chronic NCDs. In 2012, 79 per cent of deaths in 30–69-year-olds were caused by NCDs (see Figure 10), compared to 21 per cent caused by communicable, maternal, perinatal and nutritional conditions, and injuries. NCDs claimed the lives of more women than men, 84 per cent and 76 per cent, respectively.¹³³

The system is no longer adequate for optimal performance in an environment where control of NCDs requires: (a) a different set of equipment (lab set-ups and x-ray tools) for investigation and diagnosis using delicate imaging instruments, at

Figure 10. Percentage of premature deaths from 4 major NCDs 2012



¹³³ Source: Ministry of Health.

both the central and sub-national levels; (b) a change in outreach strategies, including rigorous efforts to equip health personnel with skills to monitor and communicate for behavioural change; and (c) 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 NCDs will not produce immediate results but requires long and sustained input to register significant change. The bid to alter behaviours and attitudes regarding the production and consumption of nutritious foods are challenged by the need for resolved political will, sustained resources and considerable time.

A Wellness Committee and a National NCDs Commission examining the cause and effects of NCDs were established to help guide the Government's response. An NCD policy has been drafted and ratified by Parliament but awaits Cabinet approval. A major challenge is to strengthen the health information system, as currently the information needed to determine priority action is not easily accessible and lacks accuracy. This emerging situation is defined by a number of behavioural and biological risk factors contributing to the rise in chronic NCDs (see Table 8).¹³⁴

Table 8. Risk factors contributing to the rise in NCDs

Behavioural risk factors		Biological risk factors	
Heavy episodic drinking	15+ : 6.4% Males 11.3% Females 1.5%	Hypertension	18+: 22.7% Males: 25.5% Females: 20.0%
Insufficient physical activity	Adolescents (11–17): 78.3% Boys: 72.4% Girls: 83.3%	Diabetes	18+: 11.9% Males: 10.9% Females: 12.9%
Current tobacco use	Adolescents (13–15): 20.1% Boys: 24.3% Girls: 15.9%	Overweight (BMI>25kg/m)	18+: 59.6% Males: 52.7% Females: 66.4%
		Obesity (BMI>30kg/m)	18+: 28.0% Males: 19.4% Females: 36.4%

134 PAHO undated.

Global targets for reduction¹³⁵:

- at least 10 per cent in harmful use of alcohol
- 30 per cent intake of salt/sodium
- 30 per cent in tobacco use
- 25 per cent reduction in prevalence of raised blood pressure

While the factors driving health-care costs are complex, the rising prevalence of NCDs is one of the main drivers. The 2016 Global Nutrition report places Antigua and Barbuda at 152nd place among 190 countries for adult overweight prevalence, which it cites as 61.9 per cent, and 168th place for adult obesity prevalence at 30.9 per cent. Diabetes prevalence is 13.7 per cent.¹³⁶

Antiguans are accustomed to a performing health-care system, and there is the expectation for services to be low cost yet equal to those in large, industrialized countries. This is currently challenging the Government as the country embarks on discussions about health-care financing, particularly at a moment when fiscal space is decreasing and health-care costs are rapidly rising. However, making the economic case to invest now will save millions of dollars in the future. For example, servicing NCDs related to diabetes, hypertension, cancer and respiratory disease and the premature mortality, morbidity and disability was estimated to have increased the cost of potential years of loss life in the region by 65 per cent in 2004 compared to 27 per cent for injuries and violence and 25 per cent for HIV/AIDS.¹³⁷

135 PAHO, Plan of Action for the Prevention and Control of Noncommunicable Diseases in the Americas 2013-2019, page 13, <https://search.yahoo.com/search?fr=mcafee&type=C211US662D20151106&p=PLAN+OF+ACTION+FOR+THE+PREVENTION+AND+CONTROL+OF+NONCOMMUNICABLE+DISEASES+IN+THE+AMERICAS+2013-2019>, accessed March 2016.

136 IFPRI 2016.

137 CARICOM and PAHO 2011.

138 CICAD 2016.

“We have a serious problem with alcohol, especially, at carnival. From age 11 sometimes, youth pass out cold from alcohol. Police made an amendment for alcohol sales but it wasn’t strong enough and there are loopholes for enforcement.”

Interview with health official

Drug & alcohol use and mental health services

Tobacco, alcohol and marijuana abuse among youth (13–17-year-olds) can be detrimental to their health and well-being and has strong associations with mental illness, academic difficulties and conflict with the law. More efforts are needed to combat substance abuse among youth and create awareness around the harmful consequences and negative impacts. In a recent comparative study of secondary students in 13 Caribbean nations, the following profile of Antigua and Barbuda emerges:¹³⁸

- The incidence of cigarette use was estimated at 3 per cent.
- Lifetime prevalence of alcohol use was 71.1 per cent; past month prevalence was 36.2 per cent, an increase over the 2010 survey (31.3 per cent).

- When examining linkages between alcohol use and behavioural problems, the difference between those who never had a behavioural problem and those who often had a problem was 49.7 percentage points, the highest in the region; the survey notes that as the number of behavioural problems increases, so does the prevalence of alcohol use.

- Past year incidence of marijuana use more than doubled in 2013 compared to 2010 from 7.5 per cent to 16.2 per cent, the highest in the region; the report notes that the age of first use of marijuana in most countries is around 13 years, and it is the most widely used illegal substance in the region.

- The perception of harmfulness was one of the lowest in the region for smoking marijuana (51 per cent) and getting drunk (under 50 per cent).

The results of the study and the perceptions collected from in-country interviews show

concern for rising drug use among youth in the country. Several of the interviewees called for an intensification in public awareness campaigns, especially around carnival time when drug use is perceived to increase.

The mental health legislation in Antigua and Barbuda dates back to the 1957 Mental Treatment Ordinance and needs to be updated. Further, there is no national plan or policy to facilitate guidelines on diagnosis, treatment and recovery. A NGO is active in providing care for children through the Child and Family Guidance Clinic. In-patient and acute psychiatric care is provided through eight primary health clinics and the Clarendon Psychiatric Hospital, which has 110 beds. A review of 86 discharges from the hospital indicates that 50 per cent had been treated for schizophrenia, 24.4 per cent for mood disorders, 28.6 per cent for behavioural disorders, 4.3 per cent for neurotic disorders and 2.3 per cent for other mental illnesses. There is a need for a rehabilitation centre for addicts in the general population as well as extension of mental health services for people in prison.¹³⁹

139 PAHO 2012.

7 The SDGs and a New Framework for Children



While the 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 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 2015.¹⁴⁰ 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.¹⁴¹ There are 17 Goals (see Table 9) and 169 targets. They are action-oriented, global in nature and universally applicable.¹⁴² Indicators to measurable progress on outcomes have also been adopted.

Children, youth and future generations are

Table 9. The 17 Sustainable Development Goals

- 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**

¹⁴⁰ UNICEF, 'A Post-2015 World', 2014.

¹⁴¹ For more on civil society engagement in the post-2015 debate, see www.beyond2015.org/ (accessed 18 June 2015).

¹⁴² Based on <https://sustainabledevelopment.un.org/sdgsproposal> (accessed 18 June 2015).

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

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

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 Antigua and Barbuda, given its resource and capacity constraints. However, part of the responsibility arising from signing in support of the SDGs is a commitment to regularly report on progress.

8 Conclusion and Recommendations

This SitAn has identified a number of areas in which action is needed to ensure that the rights of all girls and boys in Antigua and Barbuda 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 2005/2006, and so the full impact of the global 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 Antigua and Barbuda can be highly centralized, often requiring clearance at Cabinet level 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 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. The country is underperforming in terms of women's ownership and management in the private sector, with only 25 per cent of small firms having some type of female ownership and women poorly represented as managers. Moreover, gender issues also affect men and boys – for example, there is continued disparity in their academic achievement and more boys drop 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 Antigua and Barbuda. 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 Antigua and Barbuda 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 Early Childhood Policy Brief, the draft Child Justice Bill, the NCD policy and the 1957 Mental Treatment Ordinance. Adoption and/or revising of these should be accelerated for operationalization. It is also recommended that the Government:

- i. Prohibit the use of corporal punishment of children in all settings, including the home, and abolish sentences of whipping and life imprisonment for juveniles
- ii. Operationalize the Health Sector Plan
- iii. Reform the legal framework related to children, welfare and family support
- iv. Implement the Medium Term Development Strategy 2016–2020 to address the unfinished development agenda
- v. Ratify the International Covenant on Civil and Political Rights
- vi. 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) 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:

- Operationalize the National Strategic Plan for Health, 2016–2020
- Design and implement advocacy initiatives regarding healthy living and eating practices to combat the high rates of overweight and obesity and the rise in NCDs
- Intensify communications on the harmfulness of drug use targeting youth
- Provide a sustainable funding source to continue the fight against HIV/AIDS
- Expand access to SRH information and services for adolescents, removing the necessity for parental approval and protecting their confidentiality
- Strengthen the health information system
- Expand programmes that grant cash assistance to the poor

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 National School Meals food programme reaches 18 of the 32 primary schools on Antigua and none on Barbuda. 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:

- Maintain and expand government pro-poor education assistance programmes
- Introduce a programme such as the Roving Caregivers to provide early childhood stimulation to high-risk children from birth to age 3 years
- Improve standards and expand access to ECE, particularly in rural areas where parents tend to keep younger children at home

- Set up a functional mechanism to coordinate ECD planning, programming and monitoring across sectors and ministries
- Ensure children enter primary school at the official age of 5 by, inter alia, working closely with health facilities that monitor children's growth and development
- Maintain funding of projects addressing troubled children and dropouts
- Review initiatives designed to reduce violence in schools and scale up those that prove effective.

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 Antigua and Barbuda, but it is generally felt that many cases still remain unreported. Further investments and sustained effort is needed in the following areas:

- i. Continue initiatives to reform the social protection framework
- ii. 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)
- iii. Support ongoing public education and advocacy campaigns to increase the level of awareness about child sexual abuse, creating an inhospitable environment for its continuance
- iv. Maintain funding of projects addressing troubled children and dropouts, including for increased residential care for children in need of care and protection
- v. Promote programmes for improving parenting skills, expand their reach and

include men in their parenting role

vi. Include child protection modules in HFLE programmes in schools to help to inform children of their rights, develop a network for child victims and eliminate stigmatization

vii. Increase the number and quality of counsellors for child victims through, for example, offering incentives to university students

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

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

x. Strengthen and enforce policies to address child labour, sexual exploitation of children, violence and abuse exacerbated by the absence of one or both migrant parents

xi. Implement the recommendations in the US State Department report on human trafficking to eliminate the practice

xii. Continue to develop referrals options to ensure diversion of juvenile cases away from formal criminal court procedures towards community support, particularly at the pre-charge stage.

The SDGs and the future

The SDGs represent a new framework for global development. The aim is to create a global movement to continue the work begun with the MDGs as well as advance towards new commitments. Nations should therefore start framing their development plans and policies for the next years based on this globally agreed development agenda. For Antigua and Barbuda, that means some strategic changes in terms of producing and using data. Information systems that collate, manage and generate information should be easily accessible and shared across different agencies and with partners to produce evidence-based decisions and a national research

agenda that fills the notable gaps in the existing body of knowledge.

With the rebound from the global financial crisis, budgets are stretched thin according to real growth and competing priorities. These times of austerity require the development of innovative funding and private-public partnerships at the local, national, regional and global level. The shift in human and financial resources toward

resettlement and reconstruction will be a costly one coming at a moment when the economy is just showing signs of recovery. However, investing in children is not only a moral imperative but can also have high returns in terms of human lives as well as economic productivity. Priority should be given to promoting child-centred initiatives and sustaining recent gains in the areas of education, health and protection.

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