



**SITUATION ANALYSIS OF CHILDREN  
IN THE EASTERN CARIBBEAN**



# SITUATION ANALYSIS OF CHILDREN IN THE EASTERN CARIBBEAN

**UNICEF Office for the Eastern Caribbean Area**

Published by:  
UNICEF Office for the Eastern Caribbean Area  
First Floor, UN House  
Marine Gardens, Hastings  
Christ Church  
Barbados

Tel: (246) 467 6000  
Email: [bridgetown@unicef.org](mailto:bridgetown@unicef.org)  
Website: [www.unicef.org/easterncaribbean](http://www.unicef.org/easterncaribbean)

This study was commissioned by the UNICEF Office for the Eastern Caribbean Area. UNICEF gratefully acknowledges the work of Dr. Robin Haarr, Consultant with UNICEF, who led the process of writing this report.

The contents do not necessarily reflect the policies or views of the organizations.

December 2019

Suggested citation:  
UNICEF, *Situation Analysis of Children in the Eastern Caribbean*, Bridgetown, Barbados, 2019.

Cover photo: @UNICEF/2019/Ward

# Contents

<b>CHAPTER 1 Introduction</b>	<b>1</b>
EASTERN CARIBBEAN MCP, 2017-2021	2
SITUATION ANALYSIS PURPOSE AND SCOPE	3
CONCEPTUAL FRAMEWORK FOR ANALYSING CHILDREN'S RIGHTS	4
CONCEPTUAL FRAMEWORK FOR BUSINESS FOR RESULTS AND CHILD RIGHTS	5
METHODOLOGY	6
Desk review	6
Comparative analysis	6
Consultations with UNICEF staff	7
<b>CHAPTER 2 Overview of the Eastern Caribbean</b>	<b>8</b>
POPULATION	9
GOVERNANCE AND POLITICAL ECONOMIES	11
HUMAN DEVELOPMENT	14
POVERTY	15
CLIMATE RISK	17
DISASTERS AND HAZARDS	18
MIGRATION AND CHILDREN ON THE MOVE	21
Trinidad and Tobago's Venezuelan migrants	24
<b>CHAPTER 3 Every child survives and thrives</b>	<b>31</b>
CHILD SURVIVAL	32
Maternal mortality	32
Neonatal mortality	34
Under-five mortality	35
Presence of skilled birth attendants	36
TEENAGE PREGNANCY	38
BREASTFEEDING	40
NUTRITION	40
Child obesity	41
Nutrition programmes for children on the move in Trinidad and Tobago	44
EARLY CHILDHOOD DEVELOPMENT	46
CHILD AND ADOLESCENT HEALTH	46
Physical (in)activity	47
MENTAL HEALTH	49
IMMUNIZATIONS	53

HIV/AIDS	53
HEALTH INSURANCE COVERAGE	54
HEALTH PUBLIC EXPENDITURES	54
ROLE OF THE PRIVATE SECTOR	55
<b>CHAPTER 4 Every child learns</b>	<b>57</b>
COMPULSORY SCHOOLING IN THE ECA	58
ACCESS TO EDUCATION	59
ECE enrolment	59
Primary school enrolment	61
Secondary school enrolment	62
GRADE REPETITION	64
SCHOOL DROPOUT	66
OUT-OF-SCHOOL CHILDREN	67
EQUITABLE ACCESS TO EDUCATION	69
EDUCATION IN EMERGENCIES	70
Education of children affected by disasters	70
Education of children on the move in Trinidad and Tobago	73
POST-SECONDARY AND TERTIARY EDUCATION	75
LEARNING OUTCOMES	75
Learning outcomes in ECE	76
Academic achievement in primary and secondary education	76
WASH IN SCHOOLS	82
EDUCATION PUBLIC EXPENDITURES	82
ROLE OF THE PRIVATE SECTOR	83
<b>CHAPTER 5 Every child is protected from violence and exploitation</b>	<b>84</b>
VIOLENCE AGAINST CHILDREN	86
Corporal punishment	86
Domestic violence	94
Child sexual abuse	96
PEER VIOLENCE	102
Peer bullying	103
Physical fighting	104
CHILD TRAFFICKING	106
CHILD PROTECTION AND JUSTICE FOR CHILDREN	106
National legislation	107
National policies and action plans	110
Structural and institutional arrangements	111

CHILD PROTECTION IN EMERGENCIES	116
PROTECTION OF CHILDREN ON THE MOVE IN TRINIDAD AND TOBAGO	117
ROLE OF THE PRIVATE SECTOR	120
<b>CHAPTER 6 Every child lives in a safe and clean environment</b>	<b>121</b>
WATER, SANITATION AND HYGIENE	122
Water	123
Sanitation and hygiene	125
MORTALITY ATTRIBUTED TO UNSAFE WASH SERVICES	126
MORTALITY ATTRIBUTED TO AIR POLLUTION	127
ROLE OF THE PRIVATE SECTOR	128
<b>CHAPTER 7 Every child has an equitable chance in life</b>	<b>129</b>
CHILD POVERTY	131
SOCIAL PROTECTION	137
School feeding programmes	138
Social protection in emergencies	143
PUBLIC FINANCE FOR CHILDREN	143
ROLE OF THE PRIVATE SECTOR	146
<b>CHAPTER 8 Conclusions and recommendations</b>	<b>147</b>
LEGAL AND POLICY FRAMEWORKS	149
CHILDREN'S RIGHTS TO SURVIVE AND THRIVE	151
CHILDREN'S RIGHT TO LEARN	151
CHILDREN'S RIGHT TO PROTECTION	152
CHILDREN'S RIGHTS TO AN EQUITABLE CHANCE IN LIFE	154
RESILIENCE TO CLIMATE CHANGE AND ENVIRONMENTAL DEGRADATION	155
STRENGTHENING ADMINISTRATIVE DATA	156
STRENGTHENING DATA AVAILABILITY ON SDGs	157
BUSINESS FOR RESULTS: ENGAGING THE PRIVATE SECTOR	158
RESEARCH	159
<b>References</b>	<b>160</b>
<b>ANNEX A Charts and Tables</b>	<b>166</b>

# Charts, Diagrams and Figures

Chart 2.1. Proportion of employment in the tourism industry and economy by country/territory	12
Chart 2.2. ECA poverty and indigence rates by country/territory	16
Chart 2.3. Legal Venezuelan arrivals in Trinidad and Tobago (by air and sea)	25
Chart 2.4. POCs in Trinidad and Tobago by sex	26
Chart 2.5. Child POCs in Trinidad and Tobago by sex	27
Chart 2.6. Separated/unaccompanied child POCs in Trinidad and Tobago by sex	27
Chart 3.1. Maternal mortality ratio (modelled estimates per 100,000 live births) by country/territory	33
Chart 3.2. Neonatal mortality rate per 1,000 live births by country/territory	34
Chart 3.3. Under-five mortality rate per 1,000 live births by country/territory	34
Chart 3.4. Under-five mortality rate per 1,000 live births by sex	37
Chart 3.5. Adolescent fertility rate, births per 1,000 women ages 15-19	39
Chart 3.6. Children under five with stunting and wasting	40
Chart 3.7. Adolescents (ages 13-15) who are overweight and/or obese	42
Chart 3.8. Adolescents (ages 13-15) who are overweight, drink carbonated drinks and are physically inactive	43
Chart 3.9. Migrant children and caregivers reached by child nutrition programmes in Trinidad and Tobago	45
Chart 3.10. Students (age 13-15) who are physically (in)active	48
Chart 3.11. Adolescents (ages 13-15) who considered attempting suicide (by sex)	49
Chart 3.12. Adolescents (ages 13-15) who attempted suicide one or more times during past 12 months	51
Chart 3.13. Adolescents (ages 13-15) who had no close friends	52
Chart 3.14. Adolescents (ages 13-15) who have parents who understand their problems/worries	52
Chart 3.15. Public expenditures (% of GDP) allocated to health care by country/territory	55
Chart 4.1. Net enrolment rate of children age 3-4 years in ECE by country/territory and sex	60
Chart 4.2. Net enrolment rates in primary schools for 2016-2017 by country/territory and sex	61
Chart 4.3. Net enrolment rates in secondary schools in 2016-2017 by country/territory and sex	63
Chart 4.4. Number of repeaters by grade and sex, 2016-2017	64
Chart 4.5. Distribution of all grade repeaters by school level	65
Chart 4.6. Total number of dropouts 2016-2017 (by grade and sex)	66
Chart 4.7. Distribution of school dropouts by school level	67
Diagram 4.1. The five dimensions of exclusion analysis in the ECA	68
Chart 4.8. Migrant children's access to formal education and ECD services in Trinidad and Tobago	75
Chart 4.9. National examination performance in Saint Vincent and the Grenadines	78
Chart 4.10. Students passing five CSEC subjects, including English A and Mathematics	79
Chart 4.11. Students passing five or more CSEC subjects with English A	80
Chart 4.12. Students passing five or more CSEC subjects with mathematics	81
Chart 4.13 Public expenditures (% of GDP) allocated to education	83
Chart 5.1 Support for corporal punishment by country/territory	88
Chart 5.2 Support for banning corporal punishment by country/territory	90



Chart 5.3. Parental use of corporal punishment by country/territory	92
Chart 5.4. Views on suitable use of corporal punishment for different age groups by country/territory	93
Chart 5.5. Perceptions of domestic violence in one's country by country/territory	94
Chart 5.6. Reasons for not reporting incidents of domestic violence, ECA average	95
Chart 5.7. Perceptions of child sexual abuse in one's country by country/territory	97
Chart 5.8. Attitude that girls invite sexual abuse by the way they dress (victim-blaming) by country/territory	97
Chart 5.9. Reaction when one has knowledge of child sexual abuse by country/territory	98
Chart 5.10. Reasons for not reporting child sexual abuse, ECA average	99
Chart 5.11. Prevalence of IPV among ever-partnered women (ages 15-64) in Trinidad and Tobago	101
Chart 5.12. Children (ages 13-15) who had experienced bullying in the past 30 days by sex and country/territory	104
Chart 5.13. Children (ages 13-15) in a physical fight in the past 12 months by sex and country/territory	105
Chart 5.14. Cases of child abuse reported to the Child Protection Authority in Grenada	115
Chart 5.15. Children on the move provided with psychological support, including access to CFSS, in Trinidad and Tobago	119
Chart 5.16. Children on the move reached with programmes to prevent and address violence, abuse and exploitation in Trinidad and Tobago	119
Figure 6.1. SDG service ladders for water and sanitation	123
Chart 6.1. Proportion of population using safely managed drinking water by country/territory	125
Chart 6.2. Proportion of population using safely managed sanitation services by country/territory	126
Chart 6.3. Mortality rate attributed to household and ambient air pollution per 100,000 population	127
Chart 7.1. Child poverty rates in Eastern Caribbean countries/territories	132
Chart 7.2. ECA poverty rates for children, adolescents and adults	133
Chart 7.3. Child poverty rates by sex of head of household by country/territory	134
Chart 7.4. Saint Lucia poverty rates by age group and year	135
Chart 7.5. Saint Lucia indigence rates by age group and year	135
Chart 7.6. Barbados poverty rates by age group and year	136
Chart 7.7. Barbados indigence rates by age group and year	136
Chart 7.8. Public expenditures (% of GDP) allocated to the social sector, 2016-2017	144
Chart 7.9. Public expenditures (% of GDP) allocated to social services	145
Chart 8.1. Data availability on child-related SDG indicators for the ECA (2018)	157
Annex Chart 1. Proportion of children (12-23 months) with DPT immunization	171
Annex Chart 2. Proportion of children (12-23 months) with measles immunization	171
Annex Chart 3. Number of enrolled children in ECE institutions by age and sex	172
Annex Chart 4. Enrolment of children in public and private ECE institutions by country/territory	173
Annex Chart 5. Total enrolment of children in primary schools by age and sex	174
Annex Chart 6. Enrolment in public and private primary schools by country/territory	174
Annex Chart 7. Total enrolment in secondary schools by age and sex	175
Annex Chart 8. Total numbers of enrolled children and adolescents by grade and sex	178
Annex Chart 9. Perceptions of the benefits of corporal punishment by country/territory	179
Annex Chart 10. Children (ages 13-15) experienced bullying in Anguilla	180

Annex Chart 11. Children (ages 13-15) experienced bullying in Trinidad and Tobago	180
Annex Chart 12. Children (ages 13-15) in a physical fight in the past 12 months in Anguilla	180
Annex Chart 13. Children (ages 13-15) in a physical fight in the past 12 months in Saint Lucia	180
Annex Chart 14. Children (ages 13-15) in a physical fight in the past 12 months in Saint Vincent and the Grenadines	180
Annex Chart 15. Children (ages 13-15) in a physical fight in the past 12 months in Trinidad and Tobago	180

# Tables

Table 2.1. Population by country	10
Table 2.2. 2018 GDP growth	13
Table 2.3. ECA Human Development Index classifications and rankings by country/territory	15
Table 2.4. Climate Risk Index for 2017 and the 20-year period of 1998-2017	17
Table 2.5. Number of asylum seekers in Trinidad and Tobago by sex (as of 31 July 2019)	28
Table 4.1. Adjusted net enrolment rate, one year before the official primary entry age, both sexes	
Table 4.2. Children with special needs in schools in Saint Vincent and the Grenadines	69
Table 4.3. Children with special needs in schools in Saint Lucia	70
Table 4.4. Student performance in national examinations at the primary level	77
Table 5.1. Knowledge of actions that constitute corporal punishment by country/territory	91
Table 5.2. National child protection legislation by country/territory (OECS Members States only)	108
Table 5.3. Status of legal abolition of corporal punishment	109
Table 5.4. Age of responsibility by country	110
Table 5.5. National child protection policies and practices by country/territory	111
Table 5.6. Cases of physical, sexual and emotional violence and neglect by country/territory	114
Table 5.7. Children in care by country/territory	115
Table 5.8. Children in conflict with the law, arrested and/or charged	116
Table 6.1. Proportion of population using a hand-washing facility with soap and water	125
Table 6.2. Mortality rate attributed to exposure to unsafe WASH per 100,000 population	126
Table 7.2. Children in SFP by country/territory	139
Table 7.3. Key national social assistance programmes using cash by country/territory	141
Annex Table 1. Population by country	167
Annex Table 2. GDPs and World Bank income group categorizations by country	168
Annex Table 3. Gender Development Index by country	168
Annex Table 4. Gender Inequality Index by country	169
Annex Table 5. CPA survey years by country	169
Annex Table 6. Saint Lucia poverty rates by age group and year	169
Annex Table 7. Saint Lucia indigence rates by age group and year	170
Annex Table 8. Births attended by skilled health staff	170
Annex Table 9. General characteristics of the SFP in St. Lucia and SMP in Barbados	170
Annex Table 10. Saint Lucia population with health insurance by household poverty and wealth status	171
Annex Table 11. Enrolment in ECE institutions, public and private	172
Annex Table 12. Enrolment in primary schools (Kindergarten – Grade 6), public and private	173
Annex Table 13. Enrolment in secondary schools (Forms 1-5), public and private	175
Annex Table 14. Proportion of repeaters in primary and secondary schools by sex and country/territory	176

Annex Table 15. Repetition rates for primary and secondary schools by sex and country/territory	176
Annex Table 16. Proportion of primary and secondary school dropouts by country/territory and sex	177
Annex Table 17. School dropout rates for primary and secondary schools by sex and country/territory	177
Annex Table 18. Student performance on national examinations at the primary level	178
Annex Table 19. Climate Risk Index for 2017	181
Annex Table 20. Climate Risk Index for 1998-2017 by country (based on average figures for 20-year period)	181
Annex Table 21. Assessment of data availability in the ECA for child-related SDG indicators (May 2018)	182



# Foreword

The UNICEF Office for the Eastern Caribbean Area is pleased to present this Situation Analysis of Children in the Eastern Caribbean.

Evidence-informed programming is critical not only to our Multi-Country Programme of Cooperation with the governments of the Eastern Caribbean area countries and territories but to the day-to-day decisions that are needed to determine policy, programme delivery and budget allocation of limited resources to the most critical issues and vulnerable groups. Notwithstanding some gaps in data availability, we see this analysis as an integral contribution to the enhancement of knowledge on children and their families in the Eastern Caribbean sub-region.

This Situation Analysis of Children in the Eastern Caribbean is designed to help governments shape national policies and action plans in line with the Sustainable Development Goals agreed in 2015 by the international community. It describes the current situation of children, identifies barriers and bottlenecks in advancing children's rights in health, education, child protection and social inclusion, and sets forth key recommendations.

It is a critical tool for the Strategic Moment of Reflection of the 2017-2021 UNICEF ECA Multi-Country Programme conducted midway through the programme in 2019. The identification of vulnerable segments of the child population helps to sharpen our focus as we seek to better support governments to respond to the needs of all children, but especially those most at risk of multiple deprivations.

It is hoped that this situation analysis will be valuable to all sectors including governments; international, regional and national organizations; other development partners and UN agencies; non-state actors and the media as well as special interest groups and organizations whose mission is to work towards the advancement of the rights of children.

We sincerely thank all those who contributed to its development.

# Acronyms

<b>ANC</b>	Antenatal Care
<b>AY</b>	Academic Year
<b>B4R</b>	Business for Results
<b>CARICOM</b>	Caribbean Community
<b>CDB</b>	Caribbean Development Bank
<b>CDEMA</b>	Caribbean Disaster Emergency Management Agency
<b>CEDAW</b>	Convention on the Elimination of All Forms of Discrimination Against Women
<b>CPA</b>	Country Poverty Assessment
<b>CRI</b>	Climate Risk Index
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities
<b>CSEC</b>	Caribbean Secondary Examination Certificate
<b>CSME</b>	CARICOM Single Market and Economy
<b>CSSF</b>	Comprehensive Safe School Framework
<b>CRVS</b>	Civil Registration and Vital Statistics
<b>C4D</b>	Communication for Development
<b>DHS</b>	Demographic and Health Survey
<b>DPT</b>	Diphtheria, Poliomyelitis and Tetanus
<b>DRR</b>	Disaster Risk Reduction
<b>ECA</b>	Eastern Caribbean Area
<b>ECD</b>	Early Childhood Development
<b>E-CPA</b>	Enhanced Country Poverty Assessment
<b>ECE</b>	Early Childhood Education
<b>EiE</b>	Education in Emergencies
<b>FPATT</b>	Family Planning Association of Trinidad and Tobago
<b>GAP</b>	Gender Action Plan
<b>GDI</b>	Gender Development Index
<b>GDP</b>	Gross Domestic Product
<b>GII</b>	Gender Inequality Index
<b>HDI</b>	Human Development Index
<b>HIV</b>	Human Immunodeficiency Virus
<b>IMF</b>	International Monetary Fund
<b>INEE</b>	Inter-Agency Network for Education in Emergencies
<b>IOM</b>	International Organization for Migration
<b>ISCED</b>	International Standard Classification of Education
<b>IYCF</b>	Infant and Young Child Feeding

<b>KAPS</b>	Knowledge, Attitudes and Practice Survey
<b>LACRO</b>	Latin America and Caribbean Regional Office
<b>LWC</b>	Living Water Community
<b>MICS</b>	Multiple Indicator Cluster Survey
<b>MCP</b>	Multi-Country Programme
<b>MSDF</b>	Multi-Country Sustainable Development Framework
<b>OECS</b>	Organization of Eastern Caribbean States
<b>OOSCI</b>	Out-of-School Children Initiative
<b>OPHI</b>	Oxford Poverty and Human Development Initiative
<b>PAHO</b>	Pan American Health Organization
<b>PHC</b>	Primary Health Care
<b>POC</b>	Person of Concern
<b>PPP</b>	Purchasing Power Parity
<b>SAMOA</b>	Small Island Developing States Accelerated Modalities of Action
<b>SDG</b>	Sustainable Development Goals
<b>SFP</b>	School Feeding Programme
<b>SLC</b>	Survey of Living Conditions
<b>SLC-HBS</b>	Survey of Living Conditions and Household Budgets
<b>SIDS</b>	Small Island Developing States
<b>SMR</b>	Strategic Moment of Reflection
<b>STI</b>	Sexually Transmitted Infections
<b>UN</b>	United Nations
<b>UNCT</b>	United Nations Country Team
<b>UNDP</b>	United Nations Development Programme
<b>UNDRR</b>	United Nations Office for Disaster Risk Reduction
<b>UNETT</b>	United Nations Emergency Technical Team
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNGASS</b>	United Nations General Assembly Special Session
<b>UNHCR</b>	United Nations High Commission on Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>VAC</b>	Violence Against Children
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization





@UNICEF/2019/Ward

## CHAPTER 1

# Introduction

From 2015-2017, the United Nations Children’s Fund (UNICEF) Office for the Eastern Caribbean Area (ECA), in collaboration with governments of Eastern Caribbean countries and territories, conducted situation analyses on children. These situation analyses provided key evidence to support the development of the Eastern Caribbean Multi-Country Programme (MCP) 2017-2021, including its overall goal to “contribute to an inclusive, equitable and prosperous Eastern Caribbean that ensures the provision of quality services and support for children in the four areas of lifelong learning, safety and justice, social inclusion and child rights monitoring and programme effectiveness.”

## EASTERN CARIBBEAN MCP, 2017-2021

UNICEF’s Eastern Caribbean MCP 2017-2021 was developed in the context of the 2030 Agenda for Sustainable Development, the Small Island Developing States Accelerated Modalities of Action (referred to as the SAMOA Pathway)<sup>1</sup>, and national and regional frameworks. The MCP 2017-2021 contributes to the outcomes of the Caribbean United Nations (UN) Multi-Country Sustainable Development Framework (MSDF)<sup>2</sup>, including: inclusive, equitable and prosperous Caribbean; safe, cohesive and just Caribbean; and sustainable and resilient Caribbean. The overall goal of the MCP is to contribute to an inclusive, equitable and prosperous Eastern Caribbean that ensures the provision of quality services and support for children in the areas of education, child protection, social protection and resilience.

The MCP 2017-2021 focuses on supporting institutional capacity of governments for implementation of policies and legislation to ensure the realization of children’s rights. The MCP includes four related components, including: 1) lifelong learning; 2) safety and justice for children; 3) social inclusion and child rights monitoring; and 4) programme effectiveness.

Based upon available evidence and best practices, the MCP 2017-2021 was designed to implement a mix of strategies, including: capacity development for policy formulation and implementation; delivery of quality services; evidence generation, advocacy and policy dialogue; innovation and partnership; and communication for social and behaviour change.

At the heart of the MCP 2017-2021 is a strong equity focus on the most disadvantaged boys and girls, and a commitment to promote gender equality and empowerment of girls and women in line with the Gender Action Plan (GAP) 2014-2017, and national and sub-regional gender priorities.<sup>3</sup> More recently, the MCP 2017-2021 has been aligned with the Gender Action Plan II (GAP II) 2018-2021. In addition, highlighted throughout the MCP is disaster risk reduction (DRR), including addressing the

1 Information related to the SAMOA Pathway is available at: <https://sustainabledevelopment.un.org/sids/samoareview>

2 The MSDF replaces the six UNDAFs – one for each of the UN country teams in Barbados and the OECS, Belize, Guyana, Jamaica, Suriname, and Trinidad and Tobago; see *UNICEF Eastern Caribbean Area MCP 2017-2021*.

3 Ibid, p. 1.

impacts of climate change on children.<sup>4</sup> ECA countries are highly vulnerable to external shocks and the effects of climate change, including intense hurricanes, tropical storms, flooding and landslides.<sup>5</sup> Based upon recommendations of the Committee on the Rights of the Child, the MCP 2017-2021 also prioritized strengthening data systems and monitoring of child rights.

## SITUATION ANALYSIS PURPOSE AND SCOPE

The purpose of this summary update situation analysis is to distil the latest evidence on the rights of children in the ECA, with a focus on updates since 2016, to inform the MCP Strategic Moment of Reflection (SMR). The main objective is to update the situation analyses conducted during 2015-2017, taking into consideration changes in the context and situation specific to children that have occurred in the last three to four years (2016-2019).

Since 2015-2017, when the country/territory situation analyses were conducted, the situation of children has changed. For instance, devastation caused by Hurricanes Irma and Maria in September 2017 affected more than 143,000 people across Anguilla, Antigua and Barbuda, British Virgin Islands, Dominica and the Turks and Caicos Islands, of which an estimated 39,000 were children, including 10,740 children age 0-5 years.<sup>6</sup>

Climate change experts predict that major hurricanes will be the ‘new normal’ in the Caribbean. According to the Caribbean Disaster Emergency Management Agency (CDEMA), in a regular hurricane season there are 12 named storms and three major hurricanes. In 2017, however, there were 16 named storms and six major hurricanes.<sup>7</sup> Given this reality, longer post-emergency recovery and continuous disaster preparedness have become ‘the new normal’ in the ECA.

In 2018, the ECA experienced an unfolding emergency and humanitarian crisis, significantly different in nature and complexity. Venezuelan families and children are migrating to Trinidad and Tobago in significant numbers. In 2018, the United Nations High Commission on Refugees (UNHCR) estimated that 40,000 to 60,000 Venezuelan migrants were in Trinidad and Tobago, of which 10 per cent were estimated to be children.<sup>8</sup> As of October 2019, it was projected that by the end of 2020, the Venezuelan population in Trinidad and Tobago would be 33,400, of which 10 per cent are projected to be children.<sup>9</sup> The major bottleneck to the migrant response in Trinidad and Tobago has been a lack of legal frameworks that support migrants and refugees; consequently, refugees have no legal status or protections in line with international law.<sup>10</sup>

4 Ibid, pp. 1-2.

5 Ibid, p. 2.

6 UNICEF’s response to Hurricanes Irma and Maria – Recovery, Rebuilding and Resilience, UNICEF Office for the ECA, 2018.

7 Ibid, p.5.

8 *Migrant flows in Latin America and the Caribbean*, UNICEF Situation Report No. 5, May – December 2018, p. 20.

9 In 2019, following efforts of the Government of Trinidad and Tobago to formally register Venezuelan migrants, the formula used to estimate the Venezuelan population was revised. Inter-agency Regional Migration Response Platform, October 2019.

10 Ibid, p. 20.

Given these recent emergency and humanitarian crises, the UNICEF Office for the ECA (herein referred to as UNICEF ECA) has provided emergency response to 6 of the 12 Eastern Caribbean island states.

In 2015, the Eastern Caribbean island states adopted the 2030 Sustainable Development Agenda and related Sustainable Development Goals (SDGs). During the 2017-2018 prioritization process led by the Caribbean Community (CARICOM), Caribbean countries/territories defined priority SDG indicators for the Caribbean.<sup>11</sup>

This situation analysis focuses on the past three to four years and contains the most recent data and information on children in the ECA as it relates to their rights to survive and thrive, to education and learning, to be protected from violence and exploitation, to live in a safe and clean environment, and to have an equitable chance in life.<sup>12</sup> In keeping with the UNICEF mandate to safeguard the rights of all children, it adopts rights-based and equity-based approaches, and gender and humanitarian action lenses.

## CONCEPTUAL FRAMEWORK FOR ANALYSING CHILDREN'S RIGHTS

The conceptual framework for this situation analysis is guided by UNICEF's *Core Guidance: New Generation Situation Analysis*.<sup>13</sup> The focus is on developing a narrative of children's rights and well-being in the ECA, including the realization (or non-realization) of child rights in each of the Eastern Caribbean Small Island Developing States (SIDS).<sup>14</sup> More specifically, this situation analysis investigates the unequal realization of children's rights and the drivers of inequities.<sup>15</sup> The conceptual framework will situate the analysis in the country context with a clear recognition of regional and global issues that are impacting children's lives at the country-level.<sup>16</sup>

The focus is also on identifying data gaps that exist at the country-level and which should be addressed to generate a better picture of the situation of children in the ECA.<sup>17</sup> Gaps include an absence of data on vulnerable groups or 'invisible' or 'unaccounted' children<sup>18</sup>, such as migrant children and children under the age of five (especially those without access to structured services). Illustrating critical data gaps can create opportunities to engage in dialogue and advocate with governments and other

---

11 Saint Lucia and Trinidad and Tobago conducted (or are in the process of conducting) mainstreaming, acceleration and policy support missions and voluntary national reviews, which have created opportunities to assess the current state of SDG implementation, prioritize actions, and increase data availability for establishing SDG baselines and monitoring progress.

12 *UNICEF Strategic Plan, 2018-2021*.

13 *New Generation Situation Analysis*, UNICEF, 2019.

14 The 12 SIDS that make-up the ECA are: Anguilla, Antigua and Barbuda, Barbados, British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago, and the Turks and Caicos Islands.

15 *New Generation Situation Analysis*, UNICEF, 2019, p. 14.

16 *Ibid*, pp. 14-15.

17 *Ibid*, p. 16.

18 *Ibid*, p. 18.

partners, including central statistics offices, to fill these gaps with improved administrative data collection, prevalence studies, multi-topic or issue-specific surveys, research and enhanced analysis of existing data. This can feed into national planning, budgeting, legislative and policy processes.<sup>19</sup>

## CONCEPTUAL FRAMEWORK FOR BUSINESS FOR RESULTS AND CHILD RIGHTS

At a global level, UNICEF has identified the private sector as a key stakeholder to accelerate results for children. Companies are leaders in innovation and are the production base of national and family economies, as well as employers of parents/caregivers and sellers of products and services. To propose a strategic analysis of the situation of children without considering the role of companies and private entities in the ECA would limit potential entry points for interventions that are relevant to safeguarding child rights.

Throughout this report, each chapter includes a section that attempts to analyze or reflect upon child rights and the private sector. Such an analysis is in line with UNICEF's Business for Results (B4R) strategy. The conceptual framework for B4R is based on previous UNICEF engagement with the private sector and good practices for mainstreaming B4R into programme planning. The B4R agenda, as outlined in Figure 1.1, includes four structured approaches to engage with a company or private entity, including:

- Core business and assets – working with the private sector to provide core business and assets to help deliver UNICEF's mission through innovation, expertise, co-creation and procurement.
- Advocacy – engaging leading voices in the private sector to amplify UNICEF messages and programming to the public and to key stakeholders, as well as children.
- Business practices – engaging the private sector to change adverse business practices and promote good corporate policies which put children's rights at the centre.
- Financing – engaging the private sector to finance UNICEF initiatives where relevant.

Figure 1.1. UNICEF B4R engagement wheel



Source: UNICEF Engagement Wheel, B4R Manual

<sup>19</sup> Ibid, pp. 16-18.

## METHODOLOGY

This situation analysis is designed to update the 12 country/territory-specific situation analyses (2015-2017). The purpose is to distil the latest evidence on the rights of children in the ECA, with a focus on updates since 2016.

### Desk review

The primary methodology is a comprehensive desk review of data and information from 2016-2019, from recognized and credible regional, national and subnational data sources that are widely accepted and used, and data and findings from studies, research and evaluations.<sup>20</sup>

National data sources include housing and population surveys, national household income and living standard surveys, labour-force surveys and other population-based surveys, such as the country poverty assessments (CPA) and women's health surveys. Special surveys, such as knowledge, attitudes and practices surveys have also been used as a source of information about social norms related to child abuse and neglect. In addition, administrative data from regional and national education statistical registries have been a source of information. Economic data sources include national budget and expenditure data, and country data from the World Bank.<sup>21</sup> The World Bank has also been a good source of information for health-related indicators. In some countries/territories, UNICEF has supported further analysis of these primary data sources to focus on the status of disadvantaged children.<sup>22</sup>

In countries/territories where there is a lack of official data, alternative data and information sources served as a substitute for official data. They were also used to triangulate information and complement official statistics to deepen the analysis. These alternative data sources came from organizations working with vulnerable and/or marginalized persons and national human rights institutions. Alternative sources of information also included findings from specialist studies and evaluations, and journal and newspaper articles.<sup>23</sup>

### Comparative analysis

A comparative analysis was undertaken of data related to each of the dimensions covered in this situation analysis and of child-related SDG indicators for the 12 ECA countries/territories. These indicators include: no poverty (goal 1); zero hunger (goal 2); good health (goal 3); quality education (goal 4); gender equality (goal 5); clean water and sanitation (goal 6); renewable energy (goal 7); good jobs and economic growth (goal 8); reduced inequalities (goal 10); sustainable cities and communities

---

<sup>20</sup> Ibid, p. 17.

<sup>21</sup> Ibid, pp. 17-18.

<sup>22</sup> Ibid, p. 18.

<sup>23</sup> Ibid, pp. 17-18.

(goal 11); responsible consumption (goal 12); climate action (goal 13); peace and justice (goal 16); and partnerships for the goals (goal 17).

The comparative analysis also focused on inequities, based on characteristics of children and households. Most important were comparisons based on children's sex, age, and vulnerability status (e.g., migrant status, children without parental care, children living in economically vulnerable households, disabled children and/or child victims of violence, abuse or neglect). Such analysis is important to understanding the multiple forms of discrimination and exclusion experienced by children.

Comparative analysis also allows for an examination of the strengths and weaknesses of national institutions that influence the realization of children's rights, including the rights set out in the Convention of the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of Persons with Disabilities (CRPD), and other core international and regional human rights instruments. The measurement of progress against these formal obligations is a central benchmark by which to assess the situation of children.<sup>24</sup>

### Consultations with UNICEF staff

UNICEF ECA staff were consulted about content and existing data, data sources and documents relevant to the desk review and situation analysis. Findings from this report were presented at the SMR workshop with government partners, civil society organizations and youth parliamentarians from Barbados and UN agencies on 15-16 September 2019 in Barbados. Findings were also presented during a mission to UNICEF ECA in Barbados on 25 November 2019.<sup>25</sup> Feedback and input received following the UNICEF ECA presentation were integrated into the final version of this report.

---

<sup>24</sup> *Situation Analysis of Children in Grenada*. UNICEF Office for the ECA, September 2017, p. 18.

<sup>25</sup> The lead writer of this situation analysis was unable to attend the SMR workshop on 15-16 September 2019, but presented findings from this report at UNICEF ECA in Barbados on 25 November 2019 and held consultations with UNICEF staff.



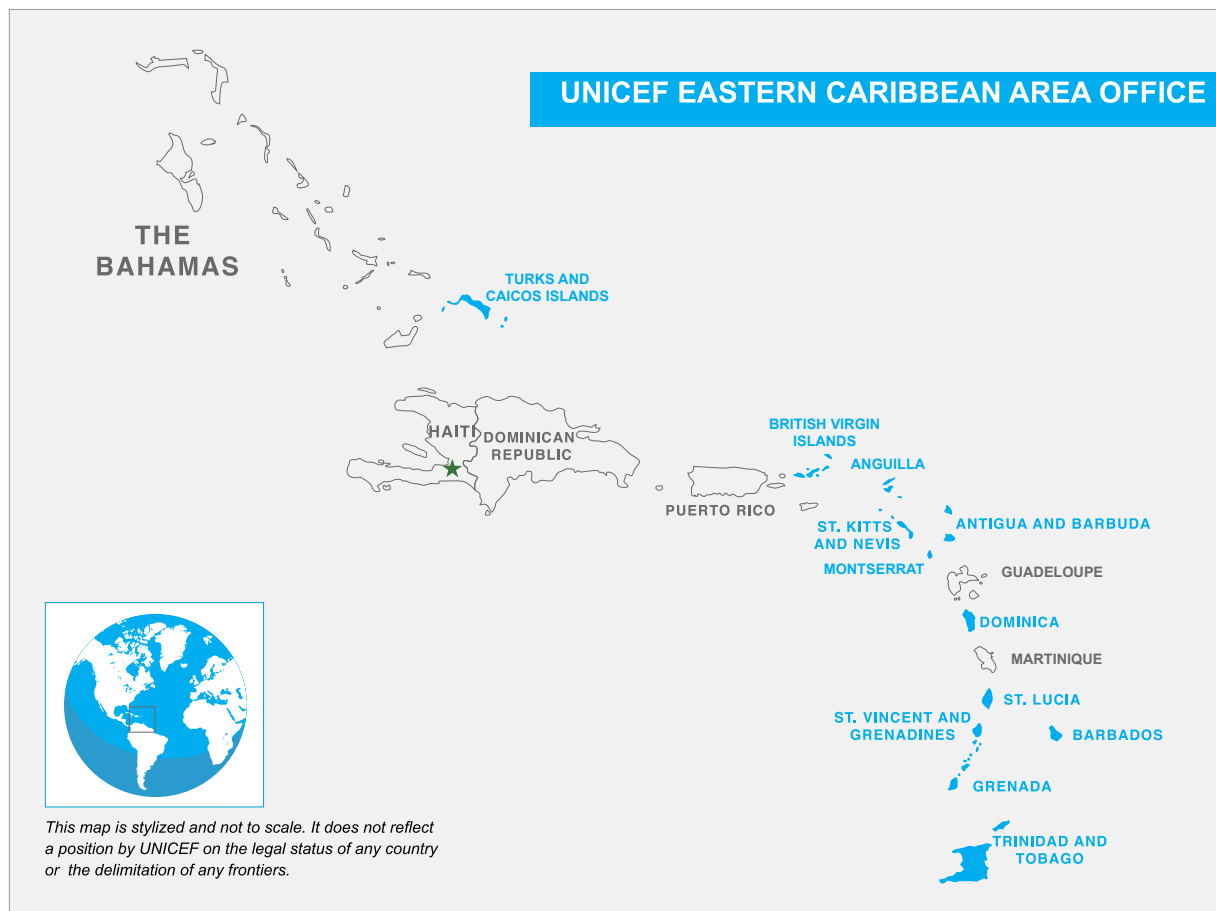
@UNICEF/2019/Marcellin

**CHAPTER 2**

# Overview of the Eastern Caribbean



This situation analysis covers 12 SIDS in the ECA, including eight independent states (Antigua and Barbuda, Barbados, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago) and four territories (Anguilla, British Virgin Islands, Montserrat, and the Turks and Caicos Islands).



## POPULATION

ECA countries/territories have a combined population of approximately 2.3 million, ranging from as few as 4,775 in Montserrat and 13,555 in Anguilla to as many as 1,327,367 in Trinidad and Tobago (see *Annex Table 1* for a detailed breakdown of populations by age groups). Antigua and Barbuda's population was estimated at 84,760, with 98 per cent living in Antigua and 2 per cent on Barbuda. In 2017, Hurricane Irma ravaged the island of Barbuda and left the island 'uninhabitable', resulting in the entire population of 1,413 people being evacuated to Antigua.<sup>26</sup> Most of these have since returned to Barbuda.<sup>27</sup>

<sup>26</sup> UNICEF's response to Hurricanes Irma and Maria – Recovery, Rebuilding and Resilience, UNICEF Office for the ECA, 2018, p. 7.

<sup>27</sup> UNDP, *From Early Recovery to Long-Term Resilience in the Caribbean – Hurricanes Irma and Maria: One Year On*, 2018.

*Table 2.1* reveals the proportion of males and females in each country/territory. Underrepresentation of females in some countries/territories may reflect an increase in the migration of women out of these countries (referred to as the feminization of migration, which has been linked to increased empowerment of women in the Caribbean).

Table 2.1 Population by country							
Country/territory	Population	Total population		Children (ages 0-17)	Adolescents (ages 10-19)	Youth (ages 15-24)	Adult (ages 18+)
		Male	Female				
	n	%	%	%	%	%	%
Anguilla	13,555	49.4	50.6	27.9	15	14	72
Antigua and Barbuda	84,760	47.6	52.4	29.2	17	16	71
Barbados	226,193	47.8	52.2	23.8	14	13	76
British Virgin Islands	28,054	49.3	50.7	26.3	14	12	74
Dominica	69,246	51.1	48.9	28.6	18	17	71
Grenada	105,508	50.2	49.8	28.8	18	19	71
Montserrat	4,775	51.6	48.4	24.6	14	12	75
Saint Kitts and Nevis	47,195	48.8	51.2	27.6	17	17	72
Saint Lucia	172,874	49.7	50.3	29.8	19	18	70
Saint Vincent and the Grenadines	108,188	51.3	48.7	30.4	18	17	70
Trinidad and Tobago	1,327,367	50.2	49.8	24.9	14	16	75
Turks and Caicos Islands	30,556	49.5	50.5	24.6	12	14	75
<b>Total</b>	<b>2,218,271</b>	<b>49.8</b>	<b>50.2</b>	<b>27.2</b>	<b>15</b>	<b>16</b>	<b>74</b>

**Source:** Data based upon country-specific 2010-2012 Population and Housing Survey Census data.

In the ECA, children (ages 0-17) represent 27 per cent of the total population. Adolescents (ages 10-19) represent 15 per cent and youth (ages 15-24) represent 16 per cent.<sup>28</sup> *Table 2.1* reveals variations in the proportion of children, adolescents and youth across each country/territory. The largest number of children are in Trinidad and Tobago, although children represent only 25 per cent of this country's population. Saint Lucia and Saint Vincent and the Grenadines are the countries with the highest proportion of children (30 per cent). Saint Lucia also has the highest proportion of adolescents (19 per cent) and Grenada has the highest proportion of youth (19 per cent).

It should be noted that population data presented in *Table 2.1* are based upon 2010-2012 Population and Housing Survey Census data and do not reflect recent migration flows in the ECA, including the recent influx of Venezuelan migrants into Trinidad and Tobago.

<sup>28</sup> Age groupings are consistent with those defined in *UNICEF Programme Guidance for the Second Decade: Programming with and for Adolescents*, UN Programme Division 2018, p. 9.

## GOVERNANCE AND POLITICAL ECONOMIES

Eastern Caribbean countries and territories are characterized by notable political stability, with open and competitive democratic systems. Social indicators are relatively good among ECA countries/territories, which points to the commitment of governments to improving the quality of life of their residents.

Each government participates in regional integration mechanisms, such as the Organization for Eastern Caribbean States (OECS) and/or CARICOM, which focus on social development and have programmes in several areas that are compatible with UNICEF priorities. Still, Eastern Caribbean countries/territories face unique challenges in providing services to children and their families, and all have considerable work left to do to ensure the full realization of the rights of children.

Eastern Caribbean countries and territories face development challenges as small open economies that are predominately service based in the areas of communications, banking and insurance, distribution trade (wholesale and retail trade), transport and government services. Some countries are tourism-dependent economies which have grown in recent years; while other countries have not fared as well.<sup>29</sup> Antigua and Barbuda, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia and Saint Vincent and the Grenadines have economies that rely heavily on tourism and agriculture, but have limited economies of scale and tend to specialize in only a few products and services. As a result, they are heavily dependent on imports for food, fuel and goods.<sup>30</sup>

The employment landscape also has an impact on children. For parents/caregivers, having access to secure and well-paying jobs can help to reduce child poverty and to alleviate deprivation of child rights, particularly in single-income households and female-headed households. In comparison, informal employment of parents/caregivers increases children's risk of living in poverty and being in need of social protections. Unfortunately, informal employment rates are not systematically measured across the ECA (except in Barbados and Trinidad and Tobago where the rates are 30 to 40 per cent and 26 to 33 per cent respectively) thus the impact of informal employment on children cannot be fully understood.<sup>31</sup>

There are two notable trends in the economy. First, there is a disproportionately high number of micro- and small and medium enterprises in the economy. These enterprises make up 70 to 85 per cent of companies, contribute 60 to 70 per cent of the GDP, and account for about 50 per cent of employment in the sub-region.<sup>32</sup> These enterprises are more prone to operate in the informal employment sector and their employees (and their families) are affected by economic shocks much more significantly than large form companies.

29 Retrieved 7 September 2019 from: <https://www.worldbank.org/en/country/caribbean/overview>

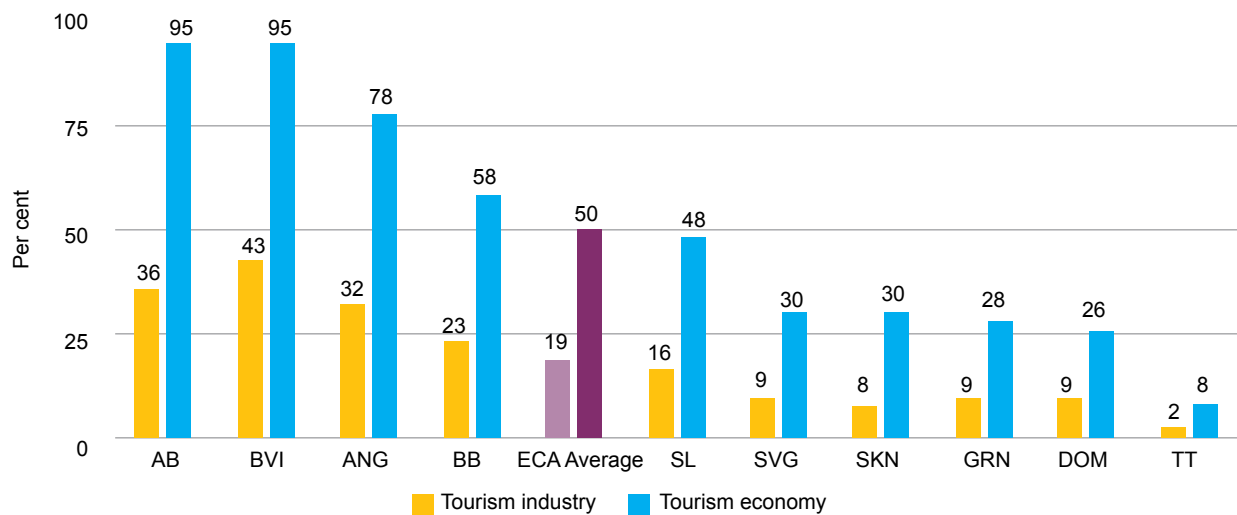
30 Ibid.

31 Amos, Peter, *Estimating the Size of the Informal Economy in Caribbean States*, 2017 from: <https://publications.iadb.org/en/estimating-size-informal-economy-caribbean-states>

32 ECLAC, *The Caribbean Outlook*, 2018, p.41.

Secondly, tourism dominates the economies of all ECA countries except Trinidad and Tobago, where oil and gas industries, and retail and construction add diversity. Employment in the tourism economy, which comprises the tourism industry and businesses which are directly dependent upon tourism, ranges from 8 per cent in Trinidad to 95 per cent in Antigua and Barbuda and British Virgin Islands (see *Chart 2.1*). The dominance of the tourism industry shapes industrial relations in Eastern Caribbean countries and territories. At the same time, the tourism industry presents an opportunity for B4R initiatives.

**Chart 2.1. Proportion of employment in the tourism industry and economy by country/territory**



**Source:** World Travel and Tourism Council, 2004-2014.

Although Eastern Caribbean countries/territories have the potential of benefiting from their close proximity to Mexico, the United States and other large regional markets, they depend on only a few markets for their exports and other traded services, and have high exposure to terms-of-trade shocks.<sup>33</sup> SIDS are often limited in their ability to establish institutions and macro-economic and fiscal policies that can manage exposure to these shocks.<sup>34</sup>

In ECA markets, rich ocean resources drive the 'blue economy', particularly in countries/territories where there is support for sustainable, integrated management of coastal and marine assets which are fundamental to the region's economic growth.<sup>35</sup> These countries/ territories, however, are vulnerable to climate change and extreme weather conditions, and highly prone to natural disasters.

<sup>33</sup> Ibid.

<sup>34</sup> *Situation Analysis of Children and Women in the Eastern Caribbean*, UNICEF, 2007.

<sup>35</sup> Retrieved 7 September 2019 from: <https://www.worldbank.org/en/country/caribbean/overview>; Retrieved 7 September 2019 from: <https://www.worldbank.org/en/results/2018/05/08/transitioning-toward-a-blue-economy-in-grenada-and-other-eastern-caribbean-states>

In recent years, some countries/territories have seen damages from natural disasters (e.g., destruction of infrastructure and livelihoods) which have surpassed their annual GDPs. Losses due to Hurricanes Irma and Maria were estimated at billions of US dollars. British Virgin Islands lost US\$3.6 billion (nearly three times its GDP) and Dominica lost US\$1.3 billion (more than twice its GDP). The total recovery needs for Dominica, Barbuda and British Virgin Islands was estimated at over US\$5 billion; these countries are still working to rebuild.<sup>36</sup> Investing to prepare for natural disasters and climate-related impacts will be critical for the region's resilience and reduction of human and economic costs.<sup>37</sup> In 2017, the sub-region's GDP growth average was at a record low of 0.6 per cent, largely due to the impact of the hurricanes on several economies.

By 2018, the sub-region's GDP growth increased to about 3.7 per cent (see Table 2.2).<sup>38</sup> Anguilla, Antigua and Barbuda, Montserrat and Grenada experienced the largest growth in GDP at approximately 4 per cent (see Annex Tables 2).<sup>39</sup> This upturn has been reinforced by reconstruction activities, primarily in post-emergency countries and robust performance in the tourism and construction sectors, as well as positive global developments from main trading countries (Canada, United Kingdom and the United States).<sup>40</sup>

<b>Country</b>	<b>% GDP Growth</b>
Anguilla	10.9
Antigua and Barbuda	7.4
Barbados	-0.4
British Virgin Islands	2.3
Dominica	4.0
Grenada	4.1
Montserrat	5.2
Saint Kitts and Nevis	2.4
Saint Lucia	1.3
Saint Vincent and the Grenadines	2.2
Trinidad and Tobago	1.9
Turks and Caicos Islands	2.5
<b>ECA Average</b>	<b>3.7</b>

**Source:** Caribbean Development Bank, *Country Economic Review Mid-Year Update 2019*.

<sup>36</sup> UNICEF's response to Hurricanes Irma and Maria: Recovery, rebuilding and resilience, UNICEF Office for the ECA, 2018, p.5.

<sup>37</sup> Retrieved 7 September 2019 from: <https://www.worldbank.org/en/country/caribbean/overview>

<sup>38</sup> <https://www.caribank.org/publications-and-resources/resource-library/economic-reviews/country-economic-review-mid-year-update-2019>

<sup>39</sup> Retrieved 7 September 2019 from: <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD>

<sup>40</sup> UNICEF Country Office Annual Report 2018: Eastern Caribbean Multi-Country Program, UNICEF Office for the ECA, p. 1.

Public debt is high across the ECA, putting a limit on state spending. Eastern Caribbean countries/territories have made limited progress in reducing poverty despite their high World Bank economic categorizations as upper middle- and high-income countries.

Excluding British Overseas Territories, all countries in the sub-region had a debt-to-GDP ratio above 60 per cent in 2017. Barbados' ratio was extremely high at 157 per cent. As a result, there are concerns about the ability of many ECA countries to achieve a 60 per cent debt-to-GDP ratio by 2030 (a SDG 8 target), especially given their vulnerability to natural disasters and external shocks.

## HUMAN DEVELOPMENT

The *Human Development Indices and Indicators: 2018 Statistical Update*<sup>41</sup> presents Human Development Index (HDI) values<sup>42</sup> for 189 countries and territories with the most recent data for 2017. *Table 2.3* presents 2018 updated HDI values<sup>43</sup> for Eastern Caribbean countries; HDI rankings and values for British Overseas Territories are not available.<sup>44</sup> The scores for the three HDI dimension indices are aggregated into a composite index using a geometric mean, and a ranking is provided.<sup>45</sup> Eastern Caribbean countries are classified as 'very high' and 'high' on the HDI, ranging from 58 (Barbados) to 103 (Dominica) out of 189 countries; this has been the case for the last decade.

To measure human development more comprehensively, the *Human Development Indices and Indicators: 2018 Statistical Update* presents the gender development index (GDI), which compares female and male achievements on HDI values (see *Annex Table 3*), and the gender inequality index (GII), which highlights women's empowerment as it relates to reproductive health, education, political representation and the labour market (see *Annex Table 4*).<sup>46,47</sup>

Disadvantages faced by women and girls are a major source of inequality regionally and one of the greatest barriers to human development progress. In the ECA, GDI and GII ranking were not calculated due to a lack of data in one or more of the gender development and inequality indices. However, existing data demonstrate gaps in women's income, as well as variations in educational attainment and labour-force participation. *Annex Table 4* reveals variations in maternal mortality ratios (e.g., Barbados and Grenada have the lowest mortality ratios), adolescent birth rates (e.g., Grenada and

41 Retrieved 7 September 2019 from: <http://hdr.undp.org/en/2018-update>

42 The HDI is a composite index focused on three basic dimensions of human development: the ability to lead a long and healthy life (measured by life expectancy at birth); the ability to acquire knowledge (measured by mean year of schooling and expected years of school); and the ability to achieve a decent standard of living (measured by gross national income per capita). The scores for the three HDI dimension indices are aggregated into a composite index using a geometric mean and a ranking is provided; see *Human Development Indices and Indicators: 2018 Statistical Update*. UNDP, 2018, p. 1.

43 The HDI was created to emphasize that people and their capabilities should be the criteria for assessing the development of a country, not economic growth alone.

44 The Human Development Report Office uses data from international data agencies with the mandate, resources and expertise to collect national data on specific indicators. For a list of international data providers, see *Human Development Indices and Indicators: 2018 Statistical Update*. UNDP, p. 18.

45 Ibid.

46 Retrieved 7 September 2019 from: <http://hdr.undp.org/en/content/human-development-index-hdi>

47 Ibid; UNICEF Country Office Annual Report 2018: Eastern Caribbean Multi-Country Program, UNICEF Office for the ECA.

Trinidad and Tobago have the lowest adolescent birth rates), and the share of seats in parliament held by women (e.g., Saint Kitts and Nevis and Saint Vincent and the Grenadines have the lowest share of seats in parliament held by women).

**Table 2.3. ECA Human Development Index classifications and rankings by country/territory**

Country	Human Development Index			Life expectancy at birth (SDG 3)	Expected years of schooling (SDG 4.3)	Mean years of schooling (SDG 4.6)	National income per capita (2011 PPP\$) (SDG 8.5)
	Rank	Classification	Value				
Antigua and Barbuda	70	High	0.785	76.5	13.2	9.2	20,764
Barbados	58	Very high	0.800	76.1	15.3	10.6	15,843
Dominica	103	High	0.715	78.0	12.7	7.8	8,344
Grenada	75	High	0.772	73.8	16.9	8.7	12,864
Saint Kitts and Nevis	72	High	0.778	74.4	14.4	8.4	23,978
Saint Lucia	90	High	0.747	75.7	13.6	8.9	11,695
Saint Vincent and the Grenadines	99	High	0.723	73.3	13.3	8.6	10,499
Trinidad and Tobago	69	High	0.784	70.8	12.9	10.9	28,622
LAC Average	---	---	0.758	75.7	14.4	8.5	13,671

**Note:** HDI rankings for British Overseas Territories in the Caribbean are not available. **Source:** UNDP, *Human Development Indices and Indicators: 2018 Statistical Update*.

## POVERTY

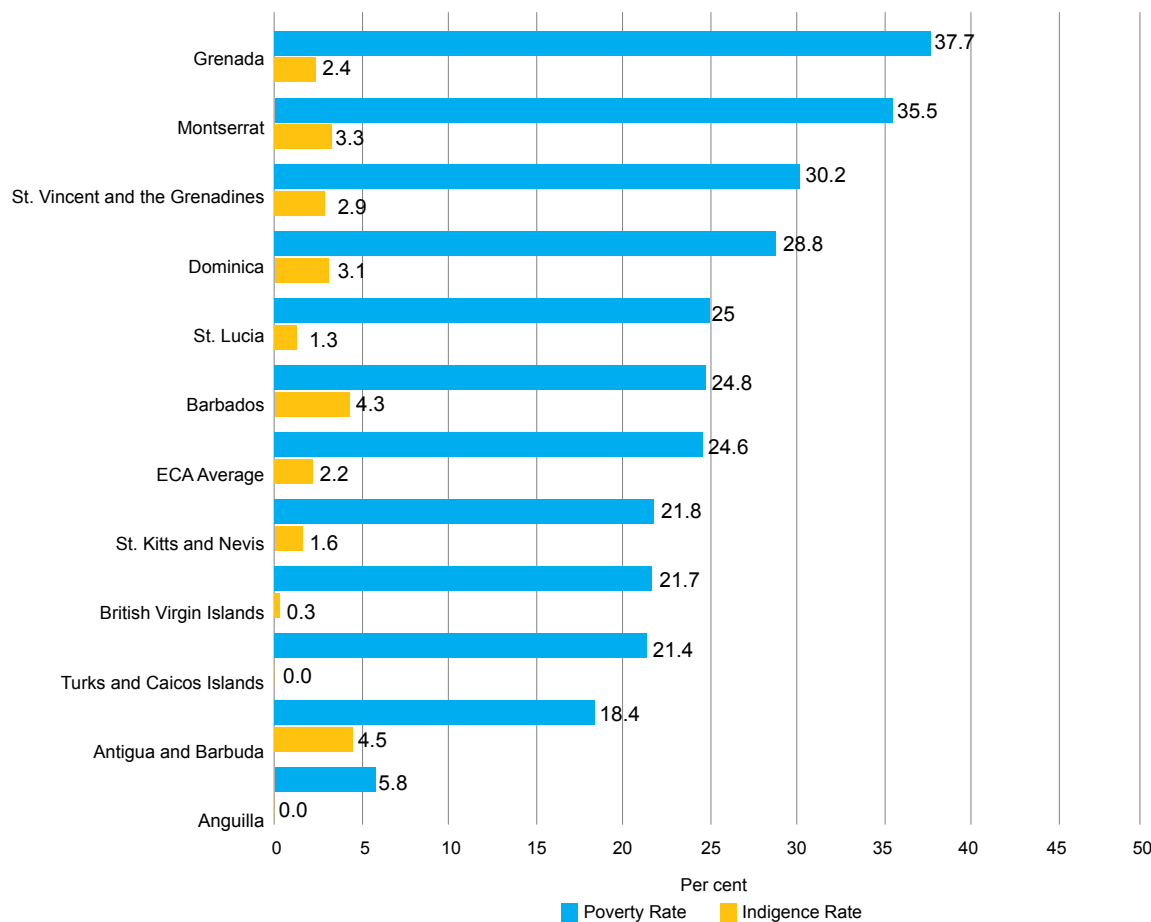
Poverty is a problem in the ECA, despite the fact that countries/territories have reached a level of development that should allow a significant proportion of people living in poverty to escape it.<sup>48</sup> On average, one in four (24.6 per cent) individuals are living in poverty in the ECA. *Chart 2.2* shows that the poverty rate in Grenada, at 37.7 per cent, was the highest in the region, followed by Montserrat (35.5 per cent), Saint Vincent and the Grenadines (30.2 per cent), Dominica (28.8 per cent), Saint Lucia (25.0 per cent) and Barbados (24.8 per cent).<sup>49</sup> Each of these countries/territories had poverty rates above the ECA average of 24.6 per cent. The rate of poverty in Anguilla was exceptionally low at 5.8 per cent.

Female-headed households and children aged 0-14 are disproportionately represented among those living in poverty, accounting for about 40 per cent of the total population below the poverty line in Saint Kitts and Nevis and Grenada (see Chapter 7).<sup>50</sup>

48 *Situation Analysis of Children and Women in the Eastern Caribbean*, UNICEF, 2007, p. 16.

49 The main data source for initializing this effort has been CPAs. From 2006-2012, most countries and territories in the ECA conducted their latest CPA with the support of the Caribbean Development Bank and the European Union. OECS Commission and UNICEF, *Child Poverty in the Eastern Caribbean Area, Final Report*, OECS Commission and UNICEF, 2017.

50 United Nations Economic and Social Council, *Eastern Caribbean MCP 2017-2021*, 14-16 September 2016, p. 2.

**Chart 2.2. ECA poverty and indigence rates<sup>51</sup> by country/territory**

**Note:** Poverty and indigence rates are not available for Trinidad and Tobago.

**Source:** OECS Commission and UNICEF, *Child Poverty in the ECA, Final Report, 2017*, p. 15. 2016 Saint Lucia poverty and indigence rates from *Adolescent Well-being and Equity in Saint Lucia, Ministry of Equity and UNICEF, 2019*. Barbados Survey of Living Conditions, 2016.

Throughout the ECA, indigence levels<sup>52</sup> were generally low, averaging less than 3 per cent. The rates were higher in Antigua and Barbuda (4.5 per cent) and Barbados (4.3 per cent).<sup>53</sup>

Indigence rates have fallen in many ECA countries over the past two decades. In Grenada, for example, the indigence rate dropped from 12.9 per cent in 1998 to 2.4 per cent in 2008. Likewise, in Barbados the indigence rate decreased from 9.1 per cent in 2010 to 4.3 per cent in 2016.<sup>54</sup> At the same time, however, the poverty rate in Barbados increased from 19.3 per cent in 2010 to 24.8 per cent in 2016.<sup>55</sup>

51 Two poverty lines were included in the data sets: (i) the indigence or absolute poverty line, and (ii) the general poverty line. The indigence poverty line is defined as the minimum cost of the food basket necessary to provide a person with a healthy diet. The general poverty line adds an allowance for essential non-food expenditures (housing, transport, clothing, etc.). See OECS Commission and UNICEF, *Child Poverty in the Eastern Caribbean Area, Final Report*. Castries, Saint Lucia, p.10.

52 Indigence is a level of poverty in which real hardship and deprivation are suffered and comforts of life are wholly lacking.

53 OECS Commission and UNICEF, *Child Poverty in the Eastern Caribbean Area, Final Report*. Castries, Saint Lucia, p.15.

54 *Situation Analysis on Children in Grenada*, UNICEF Office for the ECA, 2017; Barbados Survey of Living Conditions, 2016.

55 Barbados Survey of Living Conditions, 2016.



Unemployment rates are high in most Eastern Caribbean countries/territories, especially among women and youth.<sup>56</sup> The Caribbean Development Bank (CDB) reports, on average, 15 per cent of the ECA population is unemployed and the youth unemployment rate is twice as high as the total unemployment rate, accounting for nearly one in three young people (31 per cent). Important elements for closing the unemployment and poverty gaps include seafood production, tourism and recreation and nature-based solutions. These industries, however, are undermined by unsustainable anthropogenic practices, including poorly planned coastal development and overexploitation of marine resources.<sup>57</sup>

## CLIMATE RISK

The *Global Climate Risk Index 2019*<sup>58</sup> presents global climate risk indices (CRI) and values for 2017 for 135 countries based on the occurrence and effect of extreme weather events that occurred in 2017, and most recent data related to four dimensions: number of deaths, number of deaths per 100 000 inhabitants, losses in US\$ in purchasing power parity (PPP), and losses per unit of GDP (see Annex Tables 14 and 15). Scores for the four CRI dimension indices are aggregated into a composite index using a geometric mean, and a rank is provided.

Table 2.4 presents CRI rankings for 2017 and the 20-year period of 1998-2017 for Eastern Caribbean countries. CRI rankings and values for British Overseas Territories in the Caribbean are not available. The higher the rank (ranging from 1–135 for 2017, and 1-181 for the 20-year period of 1998-2017), the higher climate vulnerability (see Annex Tables 19 and 20 for CRI values and data on each of the four indicators for Eastern Caribbean countries). Ranks and values are based on past data and do not include factors such as rising sea levels and glacier melts.

In 2017, Dominica ranked the 3rd most vulnerable country globally for climate risks on the CRI, and the 10th most vulnerable country globally for the 20-year period of 1998-2017. Antigua and Barbuda ranked the 13<sup>th</sup> most vulnerable country globally on the CRI for 2017.

Country	Climate Risk Index rank for 2017	Climate Risk Index rank for 1998-2017
Antigua and Barbuda	13	43
Barbados	124	153
Dominica	3	10
Grenada	124	24
Saint Kitts and Nevis	61	52
Saint Lucia	124	55
Saint Vincent and the Grenadines	124	54
Trinidad and Tobago	101	162

**Note:** HDI rankings for British Overseas Territories are not available.

56 Retrieved 7 September 2019 from: <https://www.worldbank.org/en/country/caribbean/overview>

57 Retrieved 7 September 2019 from: <https://www.worldbank.org/en/results/2018/05/08/transitioning-toward-a-blue-economy-in-grenada-and-other-eastern-caribbean-states>

58 Eckstein, D., Hutfils, M.L., & Wings, M., *Global Climate Risk Index 2019: Who Suffers Most from Extreme Weather Events? Weather-related Loss Events in 2017 and 1998 to 2017*, Germanwatch e.V, Berlin, Germany, 2018.

While the relationship between global climate change and regional modes of climate variability is highly complex, significant shifts in the variability and extreme of temperature and precipitation are projected for the Caribbean over the coming decade. Changes in the region's climate have already been observed, including a mean warming in air and ocean surface temperatures, decreased annual rainfall, rising sea level, and increasing intensity and frequency of extreme weather events.<sup>59</sup>

Sea level rise will cause coastal erosion, retreating mangroves and saline intrusion into shallow groundwater reserves in low-lying Barbuda and the Grenadines, while volcanic islands with narrower coastal zones, such as Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia and Saint Vincent are more likely to experience landslides in mountainous or hilly areas. Many of these changes are already taking place.<sup>60</sup>

## DISASTERS AND HAZARDS<sup>61</sup>

The ECA is highly vulnerable to natural disasters, including hurricanes, floods, landslides, drought, earthquakes, tsunamis and volcanic eruptions. The ECA is also among the most vulnerable areas in the world to the impacts of climate variability and change.<sup>62</sup>

The impacts of natural disasters in ECA SIDS context have a multiplier effect.<sup>63</sup> In particular, geographic size, small populations, dependent economies, and fragile and intricate connections between ecosystems and livelihoods of SIDS have immense implications for both vulnerability and sustainability.<sup>64</sup> The small size and geographical features of the islands restrict the area available for housing and public infrastructure and development. It has been estimated that 60 per cent of the Caribbean region's population and 70 per cent of economic activity is located within two miles of a coastline. OECS figures are estimated to be even higher, with over 80 per cent of the population located in coastal areas.<sup>65</sup> When a catastrophic disaster strikes a SIDS, unlike in other developing country contexts, the entire population and economy is usually affected.<sup>66</sup>

59 Pegram, J. & Knaute, D., *Caribbean Children Facing the Climate Crisis: UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children: Eastern Caribbean*, UNICEF Office for the ECA, 2019.

60 Ibid.

61 Disasters are "a serious disruption to the functioning of a community or a society involving widespread human, material, economic and/or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resource" (UNISDR). Hazards are a dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and service, social and economic disruption and/or environmental damage. *Guidance on Risk-Informed Programming*, UNICEF, 2018.

62 Pegram, J. & D. Knaute (2019), *Caribbean Children Facing the Climate Crisis: UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children: Eastern Caribbean*, UNICEF Office for the ECA, 2019.

63 Ibid.; CDEMA, *Comprehensive Disaster Management Strategy 2014-2024*, 2014; OECS, *Regional Strategic Environment and Social Assessment – OECS CROP*, 2018.

64 Ibid.

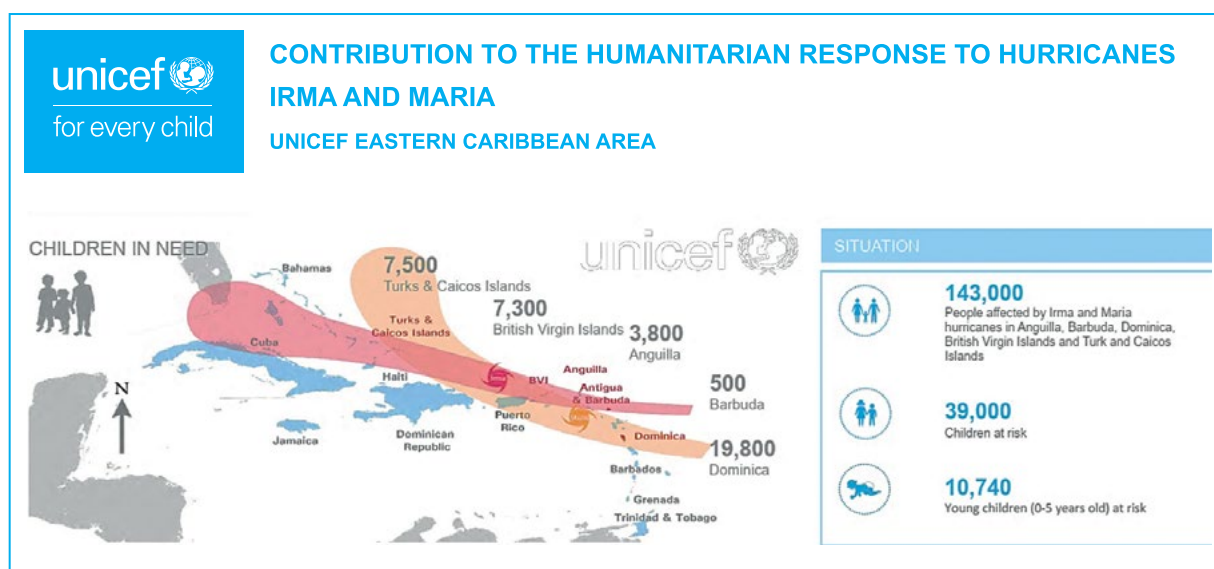
65 Ibid.

66 *From Early Recovery to Long-Term Resilience in the Caribbean. Hurricanes Irma and Maria: One Year On*, UNDP, 2018.

In September 2017, Hurricanes Irma and Maria inflicted catastrophic social, economic and environmental damage and loss, including numerous fatalities across five island states – Antigua and Barbuda, Anguilla, British Virgin Islands, Dominica and Turks and Caicos Islands. Approximately 143,000 people were affected, including 39,000 children, of whom more than one-quarter were under the age of five.<sup>67</sup>

In Dominica, Hurricane Maria was estimated to cost US\$1.37 billion<sup>68</sup> and to have wiped out more than a decade's worth of development.<sup>69</sup>

In Antigua and Barbuda, the cost of recovery amounted to US\$222 million, primarily for Barbuda which saw 95 per cent of houses destroyed and the entire population evacuated.<sup>70</sup> In addition, British Virgin Islands estimated that US\$721 million was needed to implement its Recovery and Development Plan. The costs of Hurricanes Irma and Maria are estimated to have exceeded national GDPs for Dominica and British Virgin Islands.<sup>71</sup>



**Source:** UNICEF's response to Hurricanes Irma and Maria – Recovery, Rebuilding and Resilience, UNICEF Office for the ECA, 2018, p.14.

67 UNICEF's response to Hurricanes Irma and Maria – Recovery, Rebuilding and Resilience, UNICEF Office for the ECA, 2018, p.10; Pegram, J. & Knaute, D., *Caribbean Children Facing the Climate Crisis: UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children: Eastern Caribbean*, UNICEF Office for the ECA, 2019; UNICEF ECA Situation Monitoring Report, 28 May 2018.

68 Based on the post-disaster needs assessment (PDNA) for Dominica, the identified recovery needs for reconstruction and resilience interventions – incorporating the principle of 'building back better' where possible – amount to \$1.37 billion. See *From Early Recovery to Long-Term Resilience in the Caribbean. Hurricanes Irma and Maria: One Year On*, UNDP, 2018.

69 Pegram, J. & Knaute, D., *Caribbean Children Facing the Climate Crisis: UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children: Eastern Caribbean*, UNICEF Office for the ECA, 2019; *Building a more resilient Caribbean to natural disasters and climate change*, International Monetary Fund, 2019, available at: <http://blogs.worldbank.org/developmenttalk/building-more-resilient-caribbean-natural-disasters-and-climate-change>

70 *From Early Recovery to Long-Term Resilience in the Caribbean. Hurricanes Irma and Maria: One Year On*, UNDP, 2018; Pegram, J. & Knaute, D., *Caribbean Children Facing the Climate Crisis: UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children: Eastern Caribbean*, UNICEF Office for the ECA, 2019.

71 *From Early Recovery to Long-Term Resilience in the Caribbean. Hurricanes Irma and Maria: One Year On*, UNDP, 2018.

In October 2018, Trinidad and Tobago experienced torrential rainfall, receiving the equivalent of a month's worth of rain in just two days. The resulting flooding and landslides affected 80 per cent of the country and an estimated 150,000 people.<sup>72</sup> Under various climate projection scenarios, it is likely that such events will become more common in the Caribbean, while the effects of slow-onset crises, such as coastal erosion, drought and salinization of groundwater reserves, will become increasingly commonplace.<sup>73</sup>

The sub-region's vulnerability to climate vulnerabilities and change is exacerbated by locally driven environmental degradation and mismanagement of resources, as well as extensive development, increasing urbanization, population growth, unsustainable agricultural practices and rapid growth of the tourism industry. Such changes have led to environmental challenges, including loss of biodiversity and declining fish stocks; poor air quality; solid waste management challenges; and impacts from extractive processes (e.g., removal of sand for construction accelerating beach erosion and damage to coastal habitats).<sup>74</sup>

The development of policies, strategies and innovative programmes to make children's environments safer and more secure in a changing world is important. National partners need to work together to strengthen the integration of humanitarian and development programmes, supporting more resilient systems to better prepare for, respond to and recover from shocks and stresses.<sup>75</sup> In the ECA, governments are realizing that building resilience to climate change and working to ensure they can effectively react to natural disasters and emergencies is imperative. Programmes and interventions should include built-in resilience and an awareness of how climate change renders islands in the sub-region particularly vulnerable.

In natural disasters, women and children face particularly acute risks, including threats to health, education, access to water and nutritious food, and exposure to violence and abuse. The most disadvantaged women and children and those living in poverty are particularly vulnerable; this represents a major concern in the ECA where women and children are disproportionately affected by poverty, compounding hardship and inequities.

In future, greater numbers of vulnerable families are likely to be pushed into poverty as climate- and environment-related pressures take their toll on families' homes and livelihoods. For instance, families living in poverty are more likely to be made homeless and forced to live in temporary housing and shelters for long periods of time following natural disasters.<sup>76</sup> Disasters can push vulnerable families

---

72 Pegram, J. & Knaute, D., *Caribbean Children Facing the Climate Crisis: UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children: Eastern Caribbean*, UNICEF Office for the ECA, 2019; *Trinidad and Tobago: Floods and Landslides due to intense rains*, UNHCR, 23 October 2018.

73 Pegram, J. & Knaute, D., *Caribbean Children Facing the Climate Crisis: UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children: Eastern Caribbean*, UNICEF Office for the ECA, 2019.

74 Ibid.

75 Goal Area 4 – Every child lives in a safe and clean environment, *UNICEF Global Annual Results Report 2018*, p. 6.

76 Pegram, J. & Knaute, D., *Caribbean Children Facing the Climate Crisis: UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children: Eastern Caribbean*, UNICEF Office for the ECA, 2019.

below the poverty line or make it difficult for poor households to work their way out of poverty, particularly given the fact that insurance markets in the region are underdeveloped and most households do not have property insurance.<sup>77</sup> National child protection systems also remain fragile in the ECA, and need system and workforce strengthening to manage increased caseloads and cash transfers following national disasters.<sup>78</sup>

Globally, children today are growing up in a world made more dangerous and uncertain as a result of climate change and degrading environments. And children bear the brunt of the consequences of climate change.<sup>79</sup> It has been estimated that nearly 90 per cent of climate-related health effects will be borne by children under five.<sup>80</sup> In the ECA, children are already being impacted by climate change, including climate-driven migration, as more extreme weather events are increasing the number of emergencies and humanitarian situations.<sup>81</sup>

Despite these heightened risks, women and children are almost universally overlooked in key regional and national climate, environmental and energy (CEE) policies, frameworks, strategies and plans in the ECA.<sup>82</sup> Some regional sectoral strategies, however, are making strides in advancing child-sensitive action on CEE issues, particularly with respect to education and child protection.<sup>83</sup>

## MIGRATION AND CHILDREN ON THE MOVE

The issue of migration has gained increasing importance on the political agenda of both the source and destination countries in the Caribbean. A particular concern is the impact on children. Migration represents an increasingly important means of livelihood for many households in the Caribbean.<sup>84</sup>

In the ECA, there are five main forms of migration:<sup>85</sup>

- Internal migration – movement from rural areas to a city within the country
- Intra-regional migration – movement among islands typically from less to more developed countries
- South-South extraregional migration – movement in which the Caribbean serves as a destination and/or a transit point towards North America

77 Ibid.

78 UNICEF Country Office Annual Report 2018: Eastern Caribbean Multi-Country Program, UNICEF Office for the ECA, p. 2.

79 Goal Area 4 – Every child lives in a safe and clean environment, UNICEF Global Annual Results Report 2018, p. 14.

80 Ibid, p. 14.

81 UNICEF's response to Hurricanes Irma and Maria – Recovery, Rebuilding and Resilience, UNICEF Office for the ECA, 2018, p. 62.

82 Pegram, J. & Knaute, D., *Caribbean Children Facing the Climate Crisis: UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children: Eastern Caribbean*, UNICEF Office for the ECA, 2019.

83 Ibid.

84 Morlchetti, A., *Study on Children in Situations of Migration and Statelessness in the Caribbean UK Overseas Territories*. UK AID and UNICEF, 2017, p. 5.

85 *Migration in the Caribbean: Current Trends, Opportunities and Challenges*, Working Papers on Migration, International Organization for Migration, 2017, p. 36; *Situation Analysis on Children in Grenada*, UNICEF, 2017, p. 28; *Situation Analysis on Children in Saint. Kitts and Nevis*, UNICEF, 2017, pp. 25; *Situation Analysis on Children in Trinidad and Tobago*, UNICEF, 2017, pp. 26-27.

- Outward migration – movement to Latin America, Europe or North America
- North-South migration – return migration of retirees and economically active people, and immigration from a diverse group of non-Caribbean nationals (e.g., children of Caribbean migrants, investors, job seekers, foreign retirees)

Previous situation analyses of children in the ECA documented patterns of:<sup>86</sup>

- Seasonal migration – parents migrate to a host country/territory for up to six months for work
- Serial migration – one or both parents migrate with the intention to ‘send for’ the rest of the family at a later date
- Parental migration – parents migrate permanently or for an assigned period, but have no intention of their children joining them
- Family migration – parents and children migrate together

The impact of migration is reportedly much greater on smaller islands.

The most important factors influencing migration flows in the Caribbean are socioeconomic inequalities; unemployment rates (especially among women and youth) are high in the ECA.<sup>87</sup> Some Caribbean countries, such as Grenada, have moderate outward migration rates, which have been consistent over the past few decades as a result of volunteer emigration of skilled labour. Other countries/territories, including Montserrat and Dominica, have experienced an increase in migration.<sup>88</sup>

Migration of the educated elite is a concern.<sup>89</sup> Saint Kitts and Nevis is one of a few ECA countries that has registered a negative change in population over the past several years as a result of voluntary emigration, and the highest emigration rates tend to be among the educated elite. Remittances from emigration have made significant contributions towards poverty alleviation in the country in the form of cash, food, real estate and small business investments.<sup>90</sup>

The liberalization of trade barriers and free movement of workers as a consequence of globalization has resulted in both legitimate and illicit migration flows in the region.<sup>91</sup> The CARICOM<sup>92</sup> Single Market and Economy (CSME), established in 1989, and the 2011 OECS Revised Treaty of Basseterre established a political and legal framework for intraregional movement of skills, labour and travel, while harmonizing access to social services, providing for the transfer of social security, and setting

86 *Situation Analysis on Children in Anguilla*, UNICEF, 2016, p. 31; *Situation Analysis on Children in Turks and Caicos Islands*, 2016, pp. 34-38.

87 Retrieved 7 September 2019 from: <https://www.worldbank.org/en/country/caribbean/overview>

88 *Situation Analysis on Children in Montserrat*, UNICEF, 2016.

89 *Situation Analysis on Children in Grenada*, UNICEF, 2017, p. 28; *Situation Analysis on Children in Saint Kitts and Nevis*, 2017, pp. 25-26; *Situation Analysis on Children in Saint Vincent and the Grenadines*, UNICEF, 2017, pp. 24-25.

90 *Situation Analysis on Children in Saint Kitts and Nevis*, 2017, pp. 25-26.

91 *Situation Analysis on Children in Grenada*, UNICEF, 2017, p. 28; *Situation Analysis on Children in Saint Kitts and Nevis*, UNICEF, 2017, pp. 25; *Situation Analysis on Children in Trinidad and Tobago*, UNICEF, 2017, p. 26-27.

92 The Treaty of Chaguaramas established the Caribbean Community and Common Market, later known as CARICOM. It was signed on July 4, 1973 and took effect on 1 August 1973. The treaty also established the Caribbean Community including the [Caribbean Single Market and Economy](#), replacing the [Caribbean Free Trade Association](#), which ceased to exist on 1 May 1974.

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.<sup>93</sup>

The International Organization for Migration (IOM) draws attention to irregular migration in the region, which is an important aspect of South-South migration, and remains a sensitive topic as it undermines the ability of government authorities to regulate the entry and stay of non-nationals. Irregular migration in the Caribbean includes intraregional, outward and extraregional migration, with the Caribbean serving as a transit region for South Americans, Asians and Africans. Irregular migrants are particularly vulnerable and subject to many forms of mistreatment because they overstay and/or are victims of human smugglers or traffickers.<sup>94</sup>

Children migrate for diverse reasons and in various ways; the reasons for their movement are not very different to those of adult migration. Reasons include: to seek opportunities, whether economic or education; to reunite with family members who had previously migrated; to move from their place of residence because of gradual or sudden changes in the environment that adversely affect their living conditions; and to flee from the impact of natural disasters, domestic abuse or extreme poverty.<sup>95</sup> Although children usually travel with their parents, members of their extended family or other adults, a growing and significant number of children are migrating autonomously and unaccompanied.<sup>96</sup>

It is well documented that children affected by international migration are in a situation of double vulnerability because they are both children and migrants. This applies whether they are alone or with their families, and whether they are born to migrant parents in destination countries or left behind in their country of origin.<sup>97</sup>

A recent assessment of children on the move in the Caribbean's four UK overseas territories – Anguilla, Montserrat, Turks and Caicos Islands and British Virgin Islands – revealed:

- Extremely complicated policies and rules regulating family reunification, temporary visits, the acquisition of temporary and permanent residence, naturalization and citizenship.
- A high level of discretion used in decisions taken by migration authorities.
- No appropriate dissemination of information to migrants about entitlements and requirements.
- An absence of child-sensitive migration-related legislation, policies and practices.

93 There are key benefits offered by the OECS framework where the CSME is lacking, e.g., the former permits citizens to hold permanent residence 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 are required. See *Situation Analysis on Children in Grenada*, UNICEF, 2017, p. 29; *Situation Analysis on Children in Saint Kitts and Nevis*, UNICEF, 2017, pp. 25-26.

94 *Migration in the Caribbean: Current Trends, Opportunities and Challenges*, Working Papers on Migration, International Organization for Migration, 2017, p. 44-45.

95 Morlachetti, A. (2017), *Study on Children in Situations of Migration and Statelessness in the Caribbean UK Overseas Territories*, UK AID and UNICEF, p. 5.

96 *Ibid.*, p. 5.

97 *Ibid.*, p. 5.

- A lack of migration-related issues in laws and policies relating to children that take into account the special needs and vulnerable situation of migrant children and children affected by migration, including undocumented children.<sup>98</sup>

The instability created by being permanently in transit and/or undocumented, and the costs of this are detrimental to the well-being of migrant families and their children.<sup>99</sup> This is despite the fact that migrants contribute substantially to the economy in the territories, for example through paying taxes and other contributions. Most of the territories have very low dependency ratios, meaning relatively high tax revenues due to a larger working population and lower government expenditure on education and health due to fewer children and elderly people. Nevertheless, migrants are still denied access to social programmes and other benefits, including the right to participate actively in public issues (e.g., the right to vote is reserved for nationals, who can make up a minority of the population in some of the territories).<sup>100</sup>

Migrants and their children are economically vulnerable because they have to pay more for health treatment, are not being eligible for social welfare, and face bureaucratic issues related to work permits and immigration requirements.<sup>101</sup> A major concern related to the migration of women and children is the weakness of the social and child protection systems among CARICOM member states. Governments need to strengthen and enforce social and child protection policies and practices in order to protect children living in poverty and facing vulnerabilities, and to better protect children from violence, abuse and exploitation. Sexual exploitation and child labour can be exacerbated by migration.<sup>102</sup> Weak national child protection frameworks in the ECA have also limited the capacities of governments to identify and respond to the protection needs of migrant children, including unaccompanied and separated children and child trafficking victims.

### Trinidad and Tobago's Venezuelan migrants

The situation of migrant children has been a particular concern in Trinidad and Tobago, which has become one of the largest refugee-receiving countries in the Caribbean in recent years.<sup>103</sup> In 2018, there were an estimated 40,000 to 60,000 Venezuelan migrants in Trinidad and Tobago, of whom 10 per cent were children.<sup>104</sup> In 2019, the population of migrants in need of assistance in Trinidad and Tobago was estimated by UNHCR to be 69,000, including 13,800 children.<sup>105</sup> In 2019, following efforts

---

98 Ibid, pp. 72-73.

99 Ibid, pp. 72-73.

100 Ibid, pp. 72-73.

101 Ibid, pp. 72-73.

102 The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families is a United Nations multilateral treaty governing the protection of migrant workers and families. Signed on 18 December 1990, it entered into force on 1 July 2003 after the threshold of 20 ratifying States was reached in March 2003. See *Situation Analysis on Children in Saint Kitts and Nevis*, 2017, pp. 25-26.

103 UNICEF, *Situation Analysis on Children in Trinidad and Tobago*, 2017, p. 17.

104 *Migration flows in Latin America and the Caribbean*, Situation Report No. 5, UNICEF, 2018, p 3; *Migration flows in Latin America and the Caribbean*, Situation Report No. 4, UNICEF, 2019, p. 2.

105 Ibid, p 2.

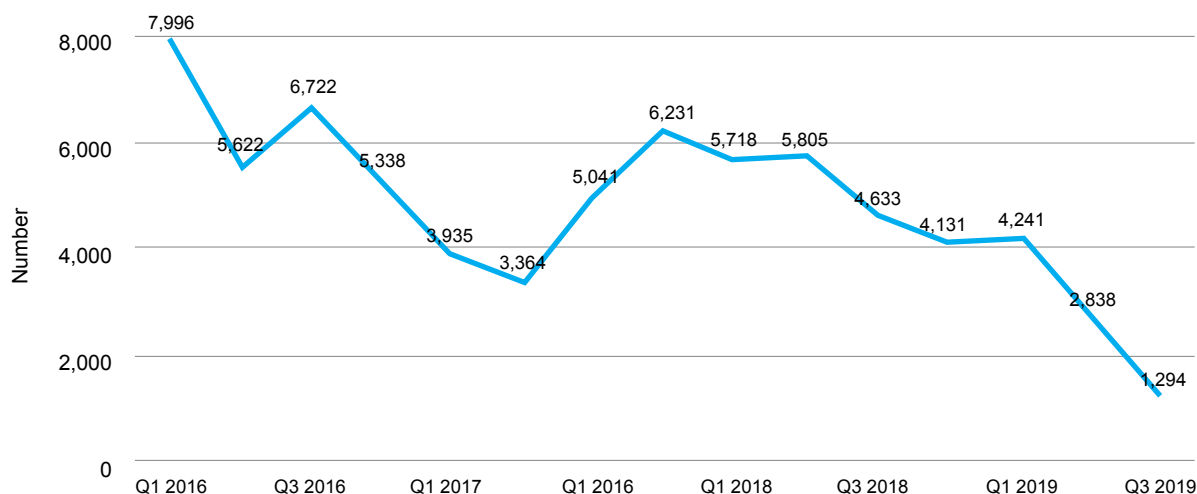


of the Government of Trinidad and Tobago to formally register Venezuelan migrants, the formula used to estimate the Venezuelan population was revised. Using this new formula, the Venezuelan population in Trinidad and Tobago is projected to be 33,400 by the end of 2020, of whom 10 per cent will be children.<sup>106</sup>

Trinidad and Tobago is considered a destination country by many Venezuelans fleeing poverty, food shortages and political upheaval, and seeking a better life with increased economic security and opportunities.<sup>107</sup> Migrants are often drawn to Trinidad and Tobago in the hope of earning good wages in the agricultural and tourism sectors.<sup>108</sup>

Chart 2.3 reveals official data on the number of legal Venezuelan arrivals in Trinidad and Tobago on a quarterly basis from the first quarter of 2016 to the third quarter of 2019. Official data reveals a 28 per cent decrease in the number of legal Venezuelan arrivals from 25,648 in 2016 to 18,571 in 2017, followed by a 9 per cent increase from 18,571 in 2017 to 20,287 in 2018. In the first three-quarters of 2019, as many as 8,373 Venezuelan migrants legally arrived in Trinidad and Tobago.

**Chart 2.3. Legal Venezuelan arrivals in Trinidad and Tobago (by air and sea)**



**Source:** Ministry of National Security, Immigration Department, Trinidad and Tobago; UNHCR, November 2019.

In May 2019, data indicated most migrants were concentrated in five areas of Trinidad and Tobago – Tunapuna (19 per cent), Chaguanas (14 per cent), Couva/Tabaquite/Talpora (11 per cent), San Juan/Laventille (9 per cent) and Port of Spain (8 per cent).<sup>109</sup>

<sup>106</sup> Inter-agency Regional Migration Response Platform, October 2019.

<sup>107</sup> Ibid, p 20.

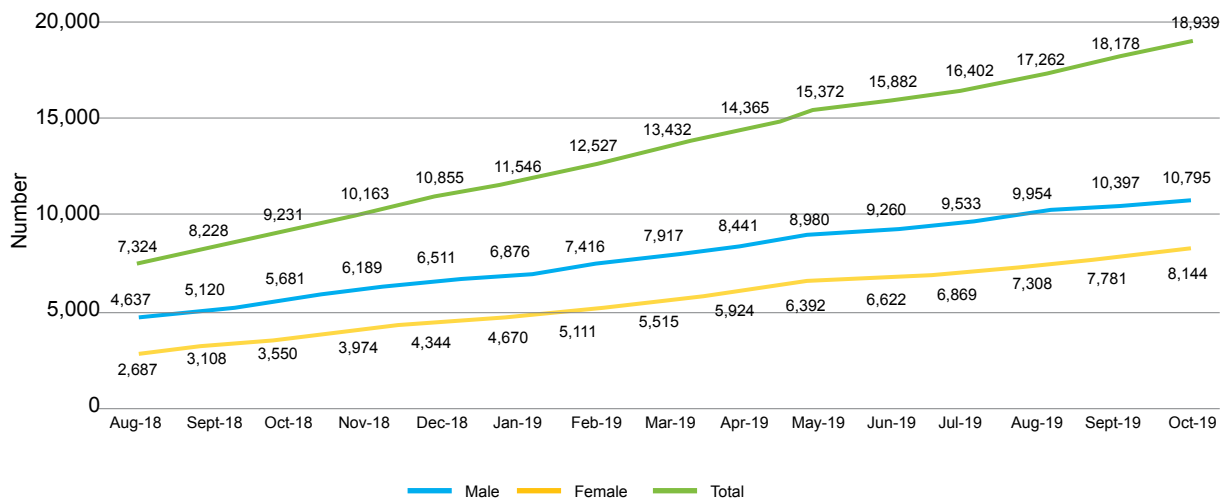
<sup>108</sup> *Situation Analysis on Children in Trinidad and Tobago*, UNICEF, 2017, p. 17

<sup>109</sup> *Migration flows in Latin America and the Caribbean*, Situation Report No. 4, UNICEF, 2019, p. 18.

Recent restrictions to migrant entry and registration have increased the number of migrants taking irregular routes, raising the risk of human smuggling and trafficking, especially of women and children. In February 2019, Trinidadian authorities rescued 19 Venezuelan adolescent girls believed to be victims of sex trafficking.<sup>110</sup> There have also been increased reports of boats with Venezuelans migrants capsizing and drowning on the way to Trinidad, which is seven miles offshore of Venezuela.

Chart 2.4 reveals the number of persons of concern (POCs) registered with UNHCR, including asylum seekers and refugees, in Trinidad and Tobago. The number of POCs far exceeds the number of Venezuelans legally entering Trinidad and Tobago. At 82 per cent, Venezuelans are the largest group of POCs. The total numbers of POCs has steadily increased from 7,324 in August 2018 to 18,939 in October 2019 (a 159 per cent increase). From August 2018 to October 2019, there was a 203 per cent increase in the number of female POCs, compared with a 133 per cent increase in the number of male POCs. The increase in female POCs reflects the feminization of migration in the region.

**Chart 2.4. POCs in Trinidad and Tobago by sex**



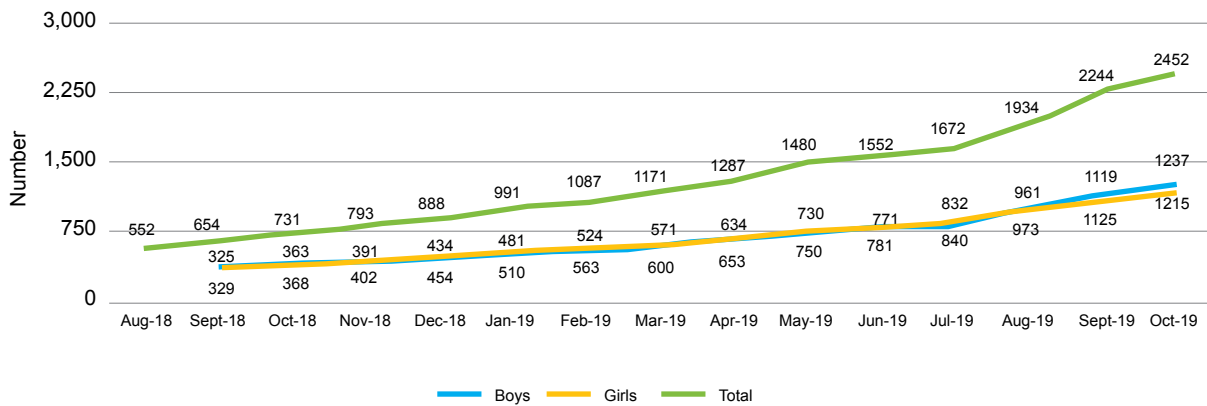
**Source:** UNHCR, November 2019.

Chart 2.5 displays the number of child POCs in Trinidad and Tobago, including boys and girls. There was a 344 per cent increase in the number of child POCs from 552 in August 2018 to 2,452 in October 2019. There were no significant sex differences during this time period. As of July 2019, 36 per cent of the 1,672 children POCs were under five years of age (304 boys and 299 girls).<sup>111</sup> The majority of children POCs are Venezuelans.

<sup>110</sup> *Migration flows in Latin America and the Caribbean*, Situation Report No. 1, UNICEF, 2019, p. 17.

<sup>111</sup> Immigration Department, Ministry of National Security, June 2019; UNHCR, 31 July 2019.

**Chart 2.5. Child POCs in Trinidad and Tobago by sex**

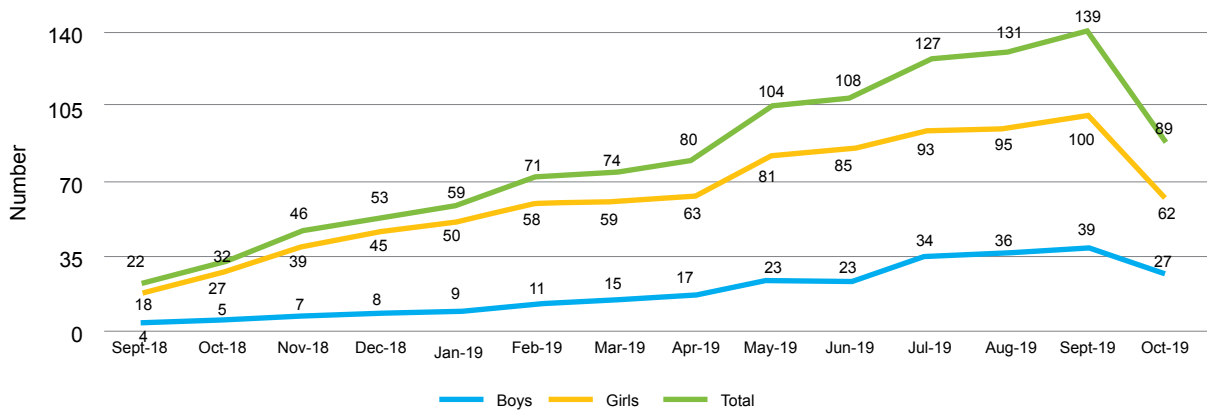


Source: UNHCR, November 2019.

Of major concern are unaccompanied and separated children, particularly those aged 15-17. *Chart 2.6* reveals the number of unaccompanied and separated child POCs in Trinidad and Tobago from September 2018 to October 2019. There was an increase in the total number of unaccompanied and separated child POCs from 22 to 139 between September 2018 and September 2019, followed by a sharp decline to 89 in October 2019.

The increase in the number of unaccompanied and separated girls from September 2018 to September 2019 was more dramatic than the increase in the numbers of unaccompanied and separated boys during the same time period. In September 2019, girls represented 72 per cent of unaccompanied and separated children in Trinidad and Tobago<sup>112</sup>; whereas boys represented 28 per cent. The majority of unaccompanied and separated children are Venezuelans.

**Chart 2.6. Separated/unaccompanied child POCs in Trinidad and Tobago by sex**



Source: UNHCR, August 2019.

<sup>112</sup> According to LWC, the majority of unaccompanied and separated girls they have contact with were sexually exploited in the commercial sex trade.

Table 2.5 reveals the number of asylum seekers, including child asylum seekers, in Trinidad and Tobago. As of July 2019, there were 14,692 asylum seekers, of whom 58.7 per cent were male, 41.3 per cent were female, and 8.5 per cent were children. Among child asylum seekers, 50.7 per cent were girls and 49.3 per cent were boys. At 82 per cent, Venezuelans were the largest group of asylum seekers.

	Male		Female		Total
	n	%	n	%	N
Number of asylum seekers <sup>a</sup>	8,627	58.7	6,065	41.3	14,692
Number of children asylum seekers <sup>a</sup>	619	49.3	637	50.7	1,256

<sup>a</sup>Venezuelan (largest group) and other nationalities. **Source:** UNHCR, August 2019.

During 31 May - 14 June 2019, the Government of Trinidad and Tobago undertook a registration process for migrants from Venezuela. In total, 16,523 migrants were registered. Those who were not registered during this registration process remain in an irregular situation and face the risk of detention and deportation.<sup>113</sup> The data have not been disaggregated and there is a noticeable disparity in the number of migrants registered by the Government and estimations by UN partners.<sup>114</sup> UN organizations continue to lobby the Government to ensure service provision for migrants and protection of POCs. The top priorities identified by POCs are income-generation/ employment, medical care and education/training.<sup>115</sup>

The effects of migration on children can be significant, including experiences of separation, marginalization and discrimination.<sup>116</sup> Children and youth in migrant families often face adaptation issues and challenges relating to health, education, economic security, housing, and access to social welfare and basic services.<sup>117</sup> In Trinidad and Tobago, a recent IOM study of 555 migrants<sup>118</sup> found that 90 per cent of migrants were working in the informal sector. Although their basic needs appear to be met (93 per cent reported having access to potable water, electricity and health services), food security was an issue with at least one-fifth of migrants reporting they did not have three meals a day. The survey also found that many migrants had travelled with their children and were facing challenges accessing education and certain health services for their children.<sup>119</sup>

113 Ministry of National Security, 27 June 2019.

114 *Migration flows in Latin America and the Caribbean*, Situation Report No. 5, UNICEF, 2019, p. 17.

115 *Migration flows in Latin America and the Caribbean*, Situation Report No. 5, UNICEF, 2019, p. 14.

116 *Migration in the Caribbean: Current Trends, Opportunities and Challenges*, Working Papers on Migration, International Organization for Migration, 2017, p. 36.

117 *UNICEF Country Office Annual Report 2018: Eastern Caribbean Multi-Country Program*, UNICEF Office for the ECA, p. 2; *Situation Analysis on Children in Montserrat*, UNICEF, 2016; *Situation Analysis on Children in Turks and Caicos Islands*, UNICEF, 2016, pp. 34-38; *Situation Analysis on Children in Montserrat*, UNICEF, 2016.

118 The sample of migrants included secondary school graduates and skilled and technical individuals who are gravitating towards construction and commerce.

119 *Migration flows in Latin America and the Caribbean*, Situation Report No. 5, UNICEF, 2018.

For example:

- More than three-quarters of migrant children aged 5-18 had been in the country for more than one year and still did not have access to formal education; access to education and training was cited as a priority by 36 per cent of respondents.
- One-third of migrants were in need of medical assistance, but were unable to access medical care, citing lack of knowledge about where to go, denial of access and fear as the main reasons.

One-third of migrant children under five had been unable to access vaccinations or to keep up with vaccination schedules.

A heightened sense of fear among Venezuelan migrants was also highlighted in an assessment of migrant women and girls carried out by the UN Women Caribbean Multi-Country Office (supported by UNHCR and IOM). This study found that Venezuelan migrant women and girls were afraid of being detained by immigration officials or police officers. Many felt unsafe at home, as well as outside of their homes, because they worried about detention, deportation and physical and sexual assaults. In fact, 83 per cent of respondents reported depression among some family members, including their children.<sup>120</sup> The increase in migrant detention and deportation has hindered migrants from seeking basic social services, including social welfare and protection services. In addition, an increase in the number of family separations has increased fear among Venezuelan migrants, and has led to children being placed in residential institutions.<sup>121</sup>

National child protection frameworks have limited capacity to identify and respond to the protection needs of migrant children and adolescents, including trafficked, unaccompanied and separated children. As a result, these children and adolescents have no access to psycho-social support or safe spaces for socialization, play and learning.<sup>122</sup>

In Trinidad and Tobago, there have been discussions about creating a policy for children of migrants, particularly in relation to guardianship if parents are detained. This is of critical importance as children are not allowed to stay at the detention centre with their parents. In the absence of a formal guardianship policy, unaccompanied and separated migrant children are unofficially placed in the care of relatives or friends of their parents.

The Immigration Division of the Ministry of National Security established a Refugee Office to facilitate registration and monitoring of refugees and asylum seekers, but the lack of legal framework for supporting migrants and refugees remains the main obstacle.<sup>123</sup> Venezuelan migrants and refugees

<sup>120</sup> *Migration flows in Latin America and the Caribbean*, Situation Report No. 4, UNICEF, 2018, p. 18.

<sup>121</sup> This reality was highlighted in an assessment of women and girls carried out by the UN Women Caribbean multi-country office (supported by UNHCR and IOM); see *Migration flows in Latin America and the Caribbean*, Situation Report No. 5, UNICEF, 2018; *Migration flows in Latin America and the Caribbean*, Situation Report No. 1, UNICEF, 2019, p. 17.

<sup>122</sup> *Ibid*, p. 17.


<sup>123</sup> *Migration flows in Latin America and the Caribbean*, Situation Report No. 5, UNICEF, 2018, p. 20; *Situation Analysis on Children in Trinidad and Tobago*, UNICEF, 2017, p. 17.

in Trinidad and Tobago have no legal status or proper protection in line with international law.<sup>124</sup> Participants in the UN Women study maintained that obtaining legal permission to work would lessen the likelihood of exploitation, allowing migrants to build more settled lives.<sup>125</sup>

---

124 *Migrant flows in Latin America and the Caribbean*, UNICEF Situation Report No. 5, 2018, p. 20.

125 *Migration flows in Latin America and the Caribbean*, Situation Report No. 4, UNICEF, 2018, p. 18.



Survival of girls and boys, especially the most marginalized and those living in settings where there is a humanitarian crisis, depends on accessing impactful health services, adequate nutrition for them and their mothers, and protection from HIV. These children will thrive when they continue to eat well, are stimulated and cared for at home and in their community and enjoy early childhood education that gives them opportunities to learn and grow. This marks a holistic approach to helping children survive and thrive.

@UNICEF/2018/Harris

## CHAPTER 3

# Every child survives and thrives

Ending preventable child deaths and promoting the health and development of all children are fundamental goals of the 2030 Agenda for Sustainable Development, particularly *SDG 3: Ensuring healthy lives and promote well-being for all at all ages*. Key SDG 3 indicators include under-five mortality (3.2.1), neonatal mortality (3.2.2), maternal mortality (3.1.1), stunting, wasting and overweight (2.2.1 and 2.2.2), reducing the number of new HIV infections (3.8.1 and 3.3.1), and early childhood development (4.2.1).

## CHILD SURVIVAL

Efforts to improve maternal and neonatal survival have led to a commitment to helping countries to improve essential maternal and newborn care services, including antenatal and postnatal care. Antenatal care (ANC) is essential for pregnant women and entails a package of basic health, nutrition and HIV services and care and support to ensure a good pregnancy outcome.<sup>126</sup> In the ECA, ANC programmes also address mosquito-borne infections, such as the Zika virus, to prevent and reduce the risk of microcephaly and other severe brain defects in newborns.

Access to skilled health personnel at birth is essential for curbing maternal and newborn mortality and disabilities. And postnatal care is critical for neonatal survival.<sup>127</sup> Successful postnatal care involves essential, evidence-based interventions, including immediate assessment of the baby, breastfeeding within one hour of birth, umbilical-cord care and reinforcement of postnatal-care messaging among families and caregivers.<sup>128</sup>

An important aspect of postnatal care and neonatal survival is early breastfeeding. Both UNICEF and the World Health Organization (WHO) recommend that children initiate breastfeeding within the first hour after birth and be exclusively breastfed for the first six months.<sup>129</sup> In addition, immunizations remain one of the most successful and cost-effective public health interventions to prevent premature deaths and disabilities, especially vaccinating children with three doses of diphtheria, poliomyelitis and tetanus (DPT) or Pentavalent, and the measles vaccine.<sup>130</sup>

### Maternal mortality

Maternal mortality refers to deaths due to complications from pregnancy or childbirth. Globally, haemorrhage remains the leading cause of maternal mortality. Other maternal deaths are caused indirectly by pre-existing medical conditions aggravated by the pregnancy. In addition, hypertensive

---

126 Ibid, p. 15.

127 Ibid, p. 16.

128 Ibid, p. 17.

129 UNICEF Country Office Annual Report 2018: Eastern Caribbean Multi-Country Program, UNICEF Office for the ECA, p. 17.

130 Ibid, p. 24.

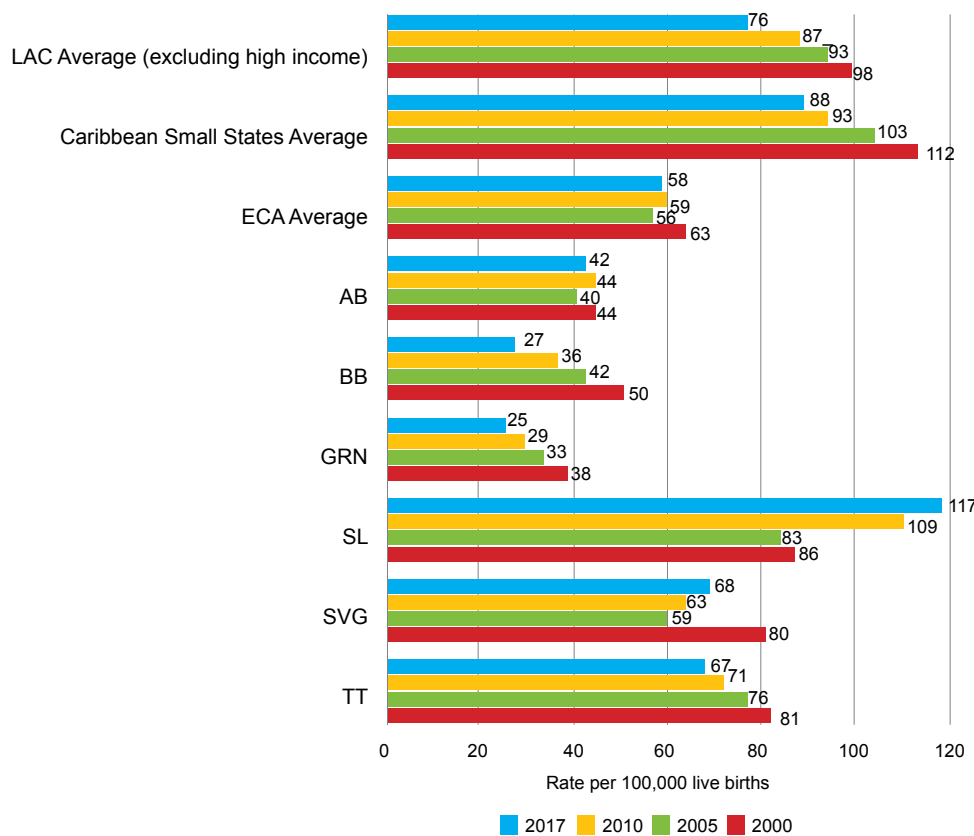


disorders of pregnancy, especially eclampsia, as well as sepsis, embolism and complications of unsafe abortions claim a substantial number of lives.<sup>131</sup>

Complications leading to maternal death can occur without warning at any time during pregnancy and childbirth. Most maternal deaths can be prevented if births are attended by skilled health personnel (doctors, nurses or midwives) who are regularly supervised, have the proper equipment and supplies, and can refer women in a timely manner to emergency obstetric care when complications are diagnosed. Complications require prompt access to quality obstetric services equipped with life-saving drugs, including antibiotics and the ability to provide blood transfusions and to perform Caesarean sections and other surgical interventions.<sup>132</sup>

Chart 3.1 reveals trends in maternal mortality ratios per 100,000 live births for Eastern Caribbean countries/ territories from 2000 to 2017. Eastern Caribbean countries have experienced a decline in maternal mortality ratios, except Saint Lucia which saw an increase between 2005 and 2017. More information is needed to understand what is driving the increase in Saint Lucia.

**Chart 3.1. Maternal mortality ratio (modelled estimates per 100,000 live births) by country/territory**



**Source:** WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division, *Trends in Maternal Mortality: 2000 to 2017*, Geneva, World Health Organization, 2019.

131 Retrieved on 12 October 2019 from: <https://data.unicef.org/topic/maternal-health/maternal-mortality/>

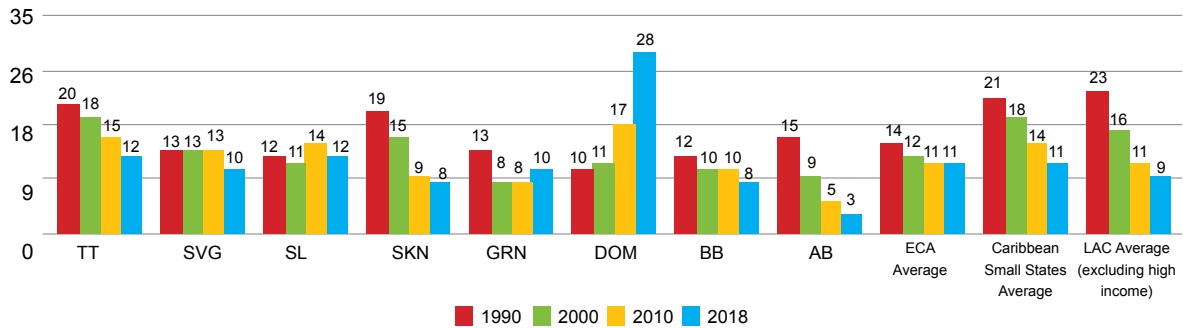
132 Ibid.

## Neonatal mortality

The neonatal period – the first 28 days of life – is the most vulnerable time for a child’s survival. *Chart 3.2* reveals trends in neonatal mortality rates per 1,000 live births for Eastern Caribbean countries from 1990 to 2018. During this period, neonatal mortality rates in Caribbean Small States have decreased twofold – from 21 neonatal deaths per 1,000 live births in 1990 to 11 deaths per 1,000 in 2018. The ECA also experienced a decrease in neonatal deaths during this same time period. Some countries, including Saint Kitts and Nevis and Trinidad and Tobago, have experienced more dramatic decrease in neonatal mortality rates.

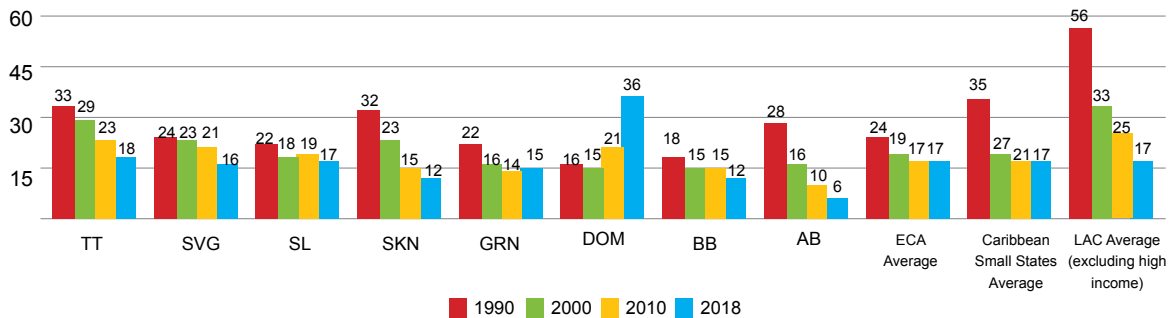
The only country to experience an increase in neonatal mortality rates in this period is Dominica. Dominica experienced nearly a threefold increase – from 10 neonatal deaths per 1,000 live births in 1990, to 17 in 2010 and 28 in 2018).

**Chart 3.2. Neonatal mortality rate per 1,000 live births by country/territory**



**Source:** Estimates developed by the UN Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA Population Division) at [childmortality.org](http://childmortality.org). Retrieved 2 October 2019 from World Bank Group: <https://data.worldbank.org/indicator/SH.DYN.NMRT?locations=TT-S3>

**Chart 3.3. Under-five mortality rate per 1,000 live births by country/territory**



**Source:** Estimates developed by the UN Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA Population Division) at [childmortality.org](http://childmortality.org). Retrieved 2 October 2019 from World Bank Group: <https://data.worldbank.org/indicator/SH.DYN.MORT?end=2018&locations=TT&start=1997>

In Dominica, although primary health care is accessible, and most services are free of charge and funded through general tax and user fee revenues, the country's neonatal and infant mortality rates are concerning. Most deaths occur before the age of one year. Causes include birth asphyxia, neonatal sepsis, prematurity and neonatal pneumonia. For an upper-middle income country with a comprehensive health system, these numbers can and should be much lower.<sup>133</sup> Since the vast majority of women give birth in health care facilities, these high rates indicate a need to enhance the quality of health care services and resources for mothers and newborns.<sup>134</sup>

### Under-five mortality

*Chart 3.3* reveals trends in under-five mortality rates for 8 of the 12 Eastern Caribbean countries. In the past three decades, on average, there has been a 33 per cent decrease in the under-five mortality rate in the ECA. Some countries have experienced more dramatic decreases, including Saint Vincent and the Grenadines, Saint Kitts and Nevis and Antigua and Barbuda.

In 2018, Antigua and Barbuda reported the lowest under-five mortality rates, whereas Dominica had the highest under-five mortality rates. Dominica is also the only country to experience an increase in under-five mortality rates from 1990 to 2018. Since 2006, Dominica experienced more than a twofold increase in under-five deaths. In 2016, more than 35 per cent of all deaths of children under five in Dominica were caused by intrapartum complications (which occur during childbirth).<sup>135</sup> Intrapartum complications are almost exclusively responsible for the rise in mortality of children under five.<sup>136</sup> Causes include birth asphyxia, neonatal sepsis, prematurity and neonatal pneumonia.<sup>137</sup>

The mortality trend in Dominica could be a result of a poorly managed clinical practice environment, such as miscommunication among members of the perinatal team or inappropriate response and prioritization; shortage of a relevant workforce; lack of standardized medical facilities and equipment; incompetency of providers because of insufficient training, experience or complexity of complications; or an inability to translate evidence-based neonatal care information into practical outcomes.<sup>138</sup>

Ultimately, the upward trend in mortality of children under five should cause alarm and prompt the Ministry of Health in Dominica to invest in and promote high quality health care interventions. These interventions should target improved access and quality of obstetric and neonatal care, which in turn will decelerate and decrease mortality in children under five in Dominica.<sup>139</sup>

The Government of Dominica has directly addressed the issue in the National Strategic Plan for Health 2010-2019 and the Growth and Social Protection Strategy 2014-2018, and it is currently implementing

133 *Situation Analysis of Children Commonwealth of Dominica*. UNICEF Office for the ECA, 2017.

134 *Situation Analysis of Children Commonwealth of Dominica*. UNICEF Office for the ECA, 2017.

135 *Ibid*, p. 69.

136 The national tragedy of rising childhood mortality in Dominica: 15 years of counting. *Lancet*, November 2019.

137 *Situation Analysis of Children Commonwealth of Dominica*. UNICEF Office for the ECA, 2017.

138 The national tragedy of rising childhood mortality in Dominica: 15 years of counting. *Lancet*, November 2019.

139 The national tragedy of rising childhood mortality in Dominica: 15 years of counting. *Lancet*, November 2019.

an intervention programme funded by the European Union, with the objective of reducing the under-five mortality rate to 10 per 1,000 live births by the end of 2019.<sup>140</sup>

*Chart 3.4* shows mortality rates for girls and boys under five in 2018. In the ECA, on average, the under-five mortality rate is higher for males than females. The most notable sex disparity in under-five mortality rates is in Dominica where the under-five mortality rate for males is 38 deaths per 1,000 live births and for females is 33 deaths per 1,000 live births.

Since the minimum SDG target of at least 25 under-five deaths per 1,000 live births has been achieved by seven of the eight Eastern Caribbean countries listed in *Chart 3.2*, the Eastern Caribbean can aim to end preventable deaths by 2030.

### Presence of skilled birth attendants

One important strategy for reducing newborn and child morbidity and mortality is ensuring that every baby is delivered with the assistance of a skilled birth attendant, such as a medical doctor, nurse or midwife. Experts agree that the risk of stillbirth or death due to intrapartum-related complications can be reduced by about 20 per cent with the presence of a skilled birth attendant. Reflecting its importance in reducing maternal morbidity and mortality, skilled birth attendance was included as indicator 3.1.2 and Target 3.1 under SDG 3.<sup>141</sup>

To improve maternal and newborn survival across all ages, skilled health personnel should be capable of handling normal deliveries safely. They must also be able to recognize warning signs for complications and refer mothers to emergency care. Non-skilled attendants, including traditional birth attendants, are unable to appropriately predict or manage serious complications such as haemorrhage or sepsis, which are the leading causes of maternal mortality during and after childbirth.

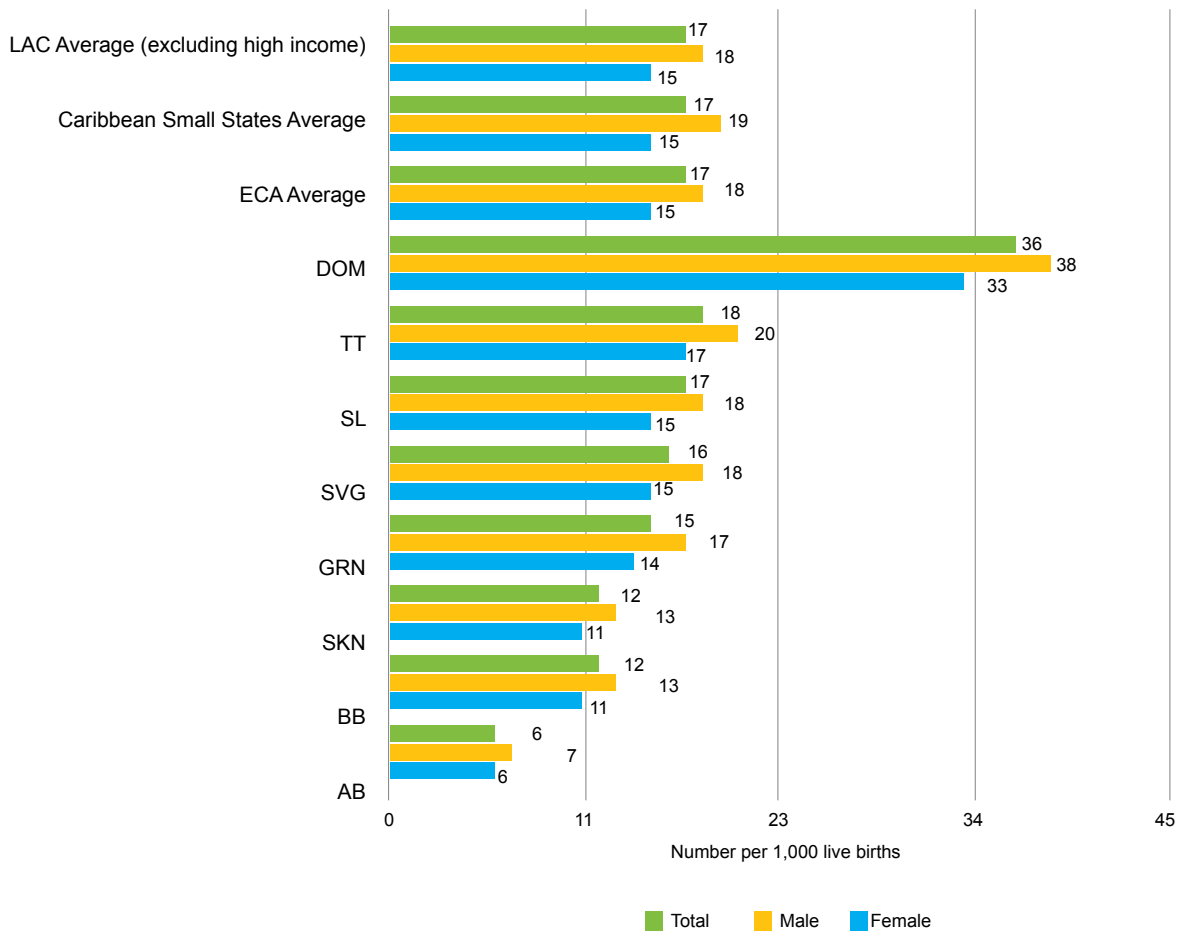
In the ECA, on average nearly 99 per cent of births were attended by skilled health staff in 2018. Dominica reported the lowest proportion of births attended by skills health staff at 96 per cent (see *Annex Table 8*).

---

140 Ibid, p. 69.

141 Retrieved on 2 October 2019 from: <https://data.unicef.org/topic/maternal-health/delivery-care/>

**Chart 3.4. Under-five mortality rate per 1,000 live births by sex**



**Source:** Estimates developed by the UN Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA Population Division) at [childmortality.org](http://childmortality.org). Retrieved 3 October 2019 from World Bank Group: <https://data.worldbank.org/indicator/SH.DYN.MORT?end=2018&locations=TT&start=1997>



@UNICEF/2017/Nesbitt

## TEENAGE PREGNANCY

The problem of teenage pregnancy continues to be a focus for governments in the ECA; however, the number of girls under 16 years of age or below the age of consent who become pregnant is lacking. Data are also lacking for the number of pregnancies among out-of-school girls, and for teenage pregnancy as a result of child sexual abuse, incest and/or rape.

*Chart 3.5* shows the adolescent (aged 15-19) birth rate data for 8 of the 12 Eastern Caribbean countries/territories. Over the past four decades in the ECA, there was nearly a threefold decrease in the adolescent birth rate – from 105 births per 1,000 in 1980 to 38 in 2017. Saint Lucia and Grenada witnessed the most drastic decrease, more than threefold from 1980 to 2017. In 2018, Saint Vincent and the Grenadines, Antigua and Barbuda and Saint Lucia had the highest adolescent birth rates. Complications from pregnancy and childbirth are the leading cause of death among adolescent girls.<sup>142</sup>

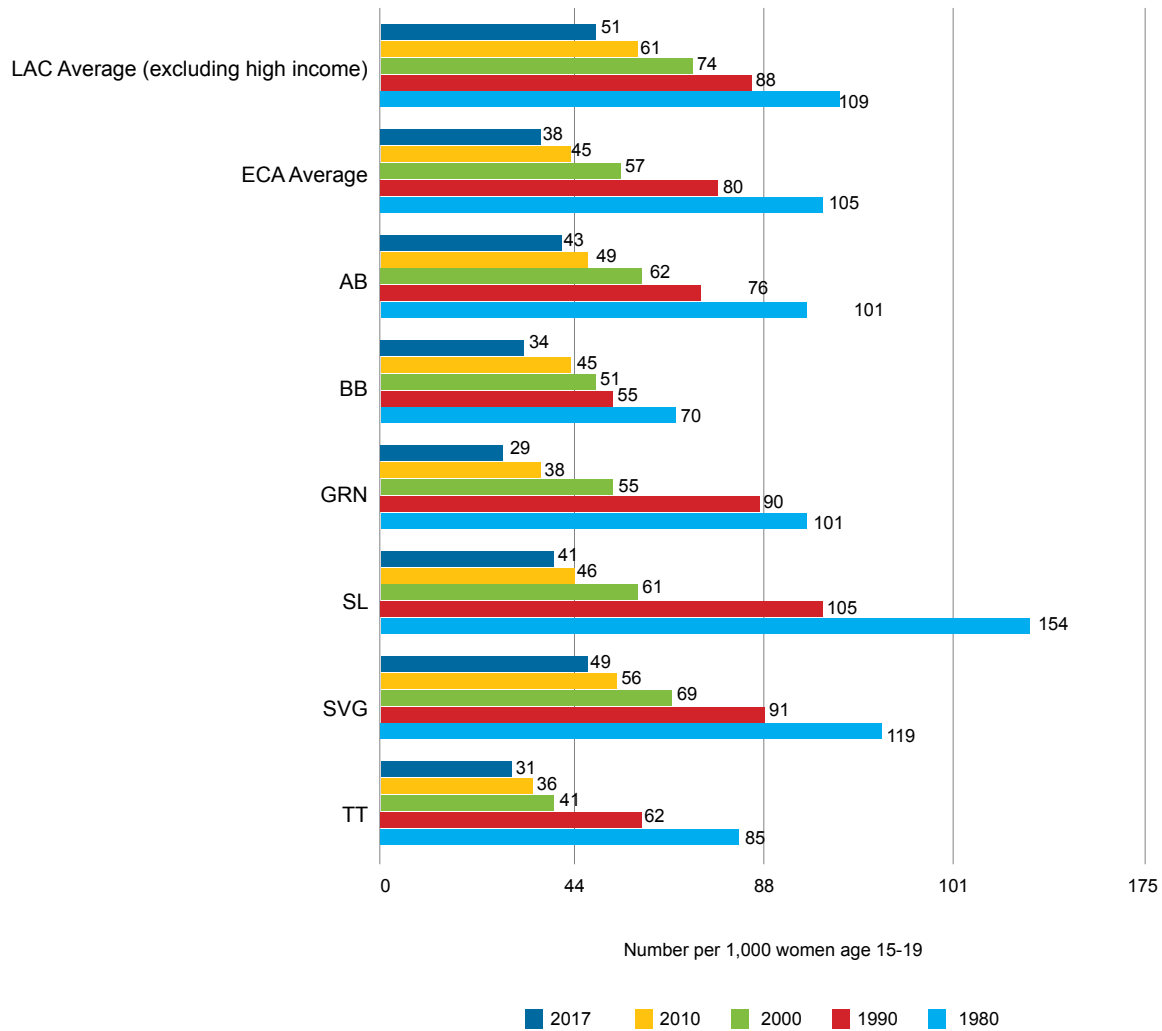
In most cases, teenage pregnancy is not the result of a deliberate choice; rather, it is a consequence of little or no access to comprehensive sex education and sexual and reproductive health care to help girls avoid pregnancy.

In the ECA, many girls who become pregnant find themselves dropping out of school. In recent years, however, most countries/territories have education acts and regulations that provide girls with the option of returning to school after giving birth. The challenge is that few teenage mothers opt to return to school due to the stigma attached to teenage pregnancy and because the decision to return is often made by school administrators. If girls do opt to return to school, they may return to a different school. Girls who do not return but want to complete their secondary education can enrol in courses that allow them to attain their certificate of completion and sit for exams. The fees associated with these courses, however, are often a major obstacle for teenage mothers, who can struggle to gain employment and economic independence. Teenage mothers are more vulnerable to poverty and exclusion than other teenage girls.<sup>143</sup>

142 Retrieved on 3 October 2019 from: <https://www.unfpa.org/adolescent-pregnancy>

143 Retrieved on 3 October 2019 from: <https://www.unfpa.org/adolescent-pregnancy>

Chart 3.5. Adolescent fertility rate, births per 1,000 women ages 15-19



Source: United Nations Population Division, World Population Prospects. Retrieved 3 October 2019 from World Bank Group: <https://data.worldbank.org/indicator/SP.ADO.TFRT>

## BREASTFEEDING

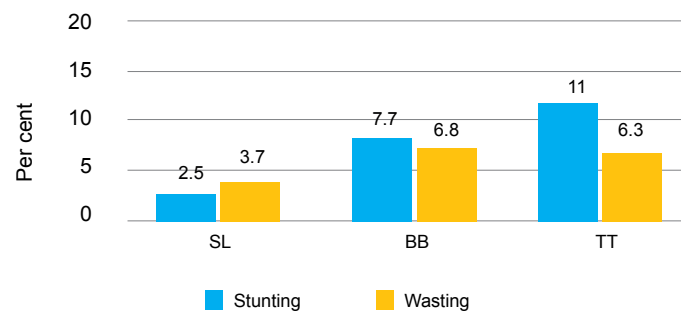
In 2014, globally 40 per cent of infants under six months of age were exclusively breastfed, compared with 21 per cent in Caribbean Small States.<sup>144</sup> More specifically, in 2011, 3 per cent of infants under six months in Saint Lucia and 22 per cent in Trinidad and Tobago were exclusively breastfed.<sup>145</sup> In 2012, 20 per cent of infants under six months of age in Barbados were exclusively breast fed.<sup>146</sup> Recent data for the other Eastern Caribbean countries and territories is not available.

## NUTRITION

Children who do not receive the nutrition they need are at risk of stunting (low height-for-age), wasting (low weight-for-height), micronutrient deficiencies, diet-related non-communicable diseases, and stunted cognitive development.<sup>147</sup> Therefore, government investment in nutrition programmes to prevent and treat malnutrition, and set children on the path to grow and develop properly throughout their lives is important.<sup>148</sup>

Chart 3.6 shows the proportion of children under five with nutritional deficiencies – stunting and wasting – according to 2011-2012 Multiple Indicators Cluster Survey (MICS) data. Stunting and wasting were more prevalent in Trinidad and Tobago (11.0 per cent and 6.3 per cent respectively) and Barbados (7.7 per cent and 6.8 per cent), compared with Saint Lucia (2.5 per cent and 3.7 per cent).

**Chart 3.6. Children under five with stunting and wasting**



**Source:** 2012 Barbados MICS; 2012 Saint Lucia MICS; 2011 Trinidad and Tobago MICS.

144 Retrieved on 27 November 2019 from: <https://data.worldbank.org/indicator/SH.STA.BFED.ZS>

145 Retrieved on 27 November 2019 from: <https://data.worldbank.org/indicator/SH.STA.BFED.ZS>; *Trinidad and Tobago: Monitoring the Situation of Children and Women, Multiple Indicator Cluster Survey, 2011.*

146 Retrieved on 27 November 2019 from: <https://data.worldbank.org/indicator/SH.STA.BFED.ZS>

147 Goal Area 1: Every Child Survives and Thrives, *Global Annual Results Report 2018*, p. 10.

148 Ibid, p. 72.



## Child obesity

In the ECA, child obesity is more prevalent than child malnutrition. Child obesity is associated with a range of physical, emotional and social problems for children, and can affect their development and social prospects in life. Obesity in childhood is also an important risk factor for adult non-communicable diseases.<sup>149</sup>

Two major factors contributing to the global rise in obesity are the increase in food processing and trade liberalization, which have made cheap, highly processed foods readily available. The increased consumption of energy dense foods, high in fat and sugars, together with a reduction in the availability of plant-based fibres, have contributed to the global rise in obesity. There has also been a decline in energy expenditure, largely due to motorized transport and less demanding manual tasks. In the Caribbean, this nutritional transition has been taking place over the last several decades, as unprocessed food from the land has been replaced by processed foods that have been imported.<sup>150</sup>

According to a 2011 report by the Caribbean Food and Nutrition Institute, from 2000 to 2010, there was a dramatic change among children aged 0-5. Overweight and obesity rates increased from 6 to 14 per cent (compared with an estimated global prevalence of 3 to 7 per cent). The fact that children are at a higher risk of obesity is a significant challenge in the Caribbean.<sup>151</sup>

*Chart 3.7* shows data for adolescents (ages 13-15) who are overweight (>+1SD from median for body mass index (BMI) by age and sex)<sup>152</sup> and obese (>+2SD from median for BMI by age and sex). On average, in the ECA, nearly one in three, or 31.7 per cent, of adolescents are overweight and 14.4 per cent are obese. Overweight adolescents were most prevalent in British Virgin Islands (36.9 per cent), whereas obese adolescents were most prevalent in Saint Vincent and the Grenadines (17.7 per cent) and Trinidad and Tobago (17.6 per cent). These proportions exceed sub-regional averages.

In Trinidad and Tobago from 2011 to 2017, the proportion of overweight adolescents increased from 26.2 per cent to 33.5 per cent, and the proportion of obese adolescents increased from 11.9 to 17.6 per cent. These increases are dramatic and reflect a public health crisis for children and adolescents.

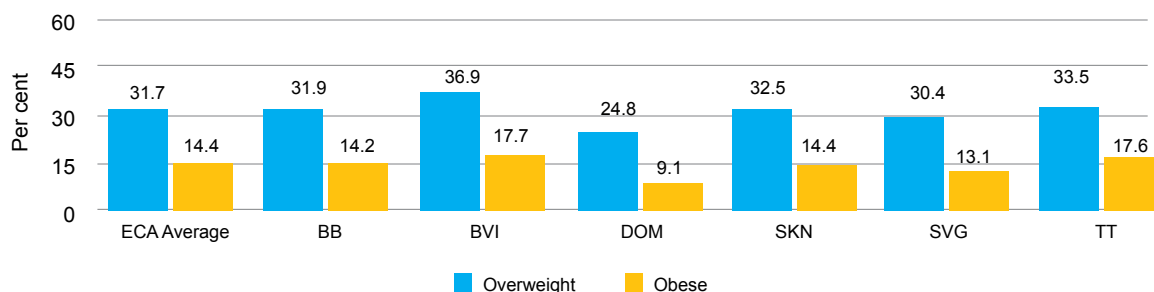
In the ECA, on average, boys and girls were equally likely to be overweight (32.6 per cent and 33 per cent respectively) and obese (15.5 per cent and 14.7 per cent respectively). The only notable sex difference is in Saint Kitts and Nevis where boys (16.6 per cent) are more likely than girls (12.1 per cent) to be obese.

149 *State of Public Health in the Caribbean Region 2014-2016*, Caribbean Public Health Agency, 2017.

150 *Ibid.*

151 *Ibid.*

152 Adolescents who are obese are also reflected in the category overweight. See *Global School-based Student Health Survey Data Users Guide*. Retrieved from: <https://www.cdc.gov/gshs/pdf/gshs-data-users-guide.pdf>

**Chart 3.7. Adolescents (ages 13-15) who are overweight and/or obese**

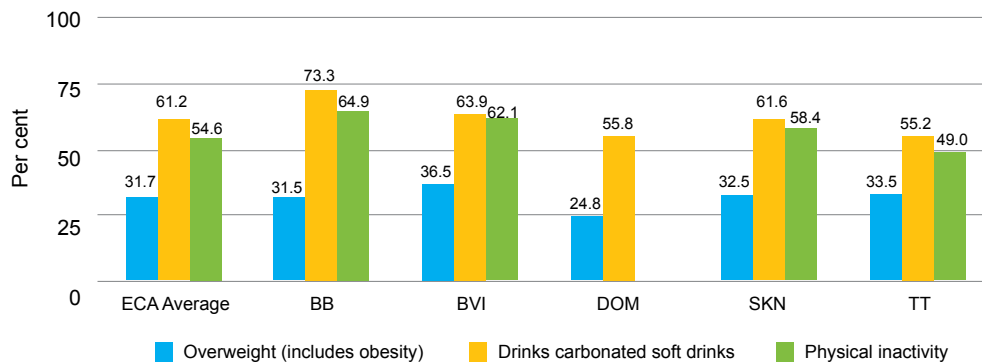
**Note:** Adolescents who are overweight include those who are obese. The ECA average is based on six countries with available data. **Source:** 2011 Barbados GSHS; 2009 British Virgin Islands GSHS; 2009 Dominica GSHS; 2011 Saint Kitts and Nevis GSHS; 2018 Saint Vincent and the Grenadines GSHS; 2017 Trinidad and Tobago GSHS.

Chart 3.8 displays data for the proportion of adolescents (ages 13-15) who are overweight, have drunk carbonated soft drinks one or more times per day during the past 30 days, and spend three or more hours during a day doing sitting activities. Consumption of carbonated soft drinks and physical inactivity is high across each of the five countries/ territories yet there is no consistent pattern across countries/territories. In other words, countries with the highest consumption of carbonated soft drinks and high rates of physical inactivity do not always have the largest proportion of overweight adolescents.

The high prevalence of overweight children in the ECA is a cause of concern because it constitutes a risk factor for diabetes, high blood pressure and other non-communicable diseases. Efforts to prevent childhood obesity require investments in exclusive breastfeeding and early childhood development (ECD). More research is needed to understand the factors that contribute to childhood obesity and the health issues experienced by overweight and obese adolescents in the ECA, along with perceptions of prevention and the challenges faced in families, schools and communities to curb overweight and obesity among children.



**Chart 3.8. Adolescents (ages 13-15) who are overweight, drink carbonated drinks and are physically inactive**



**Note:** The ECA average is based on five countries with available data. Data on physical inactivity are not available for Dominica.

**Source:** 2011 Barbados GSHS; 2009 British Virgin Islands GSHS; 2009 Dominica GSHS; 2011 Saint Kitts and Nevis GSHS; 2017 Trinidad and Tobago GSHS.

To prevent malnutrition and overweight/obesity, children need access to nutritious, affordable and sustainable diets; appropriate feeding, care and stimulation practices, as well as primary health care and sanitation services, from the earliest days of life. These building blocks of good nutrition ensure that children not only survive and thrive but go on to lead healthy and productive lives.<sup>153</sup> Prevention protects children from the lifelong physical and cognitive devastation caused by stunting and other forms of malnutrition, and non-communicable diseases associated with obesity. Prevention initiatives also saves lives and are more cost-effective than delivering treatment alone.<sup>154</sup>

Improving infant and young child feeding practices and the quality of children's diets from birth to age two is the first step to prevention.<sup>155</sup> UNICEF addresses the drivers of poor diets with programmes that reach children and mothers during the critical developmental period from conception to age two. Before and during pregnancy, nutrition counselling and supplementation with essential nutrients (e.g., iron and folic acid) and food fortification programmes (e.g., salt iodization and wheat flour fortification) improve children's growth and development and help ensure a healthy pregnancy and delivery for mothers and babies. UNICEF programmes also aim to increase and sustain breastfeeding to improve the quality of young children's diets, and provide supplementation and fortification to prevent nutrient deficiencies in settings where nutritious diets are out of reach.<sup>156</sup>

To deliver these programmes effectively, UNICEF strengthens the capacities of governments to make the food system and other systems more accountable for providing nutritious diets and nutrition services for children. In collaboration with partners, UNICEF works to shift the policy agenda and

<sup>153</sup> Goal Area 1: Every Child Survives and Thrives, *Global Annual Results Report 2018*, p. 74.

<sup>154</sup> *Ibid*, p. 74.

<sup>155</sup> *Ibid*, p. 74.

<sup>156</sup> *Ibid*, p. 75.

influence national actors and key stakeholders to invest in preventing malnutrition, and to adopt and strengthen policies and allocate budgets that help make good nutrition a reality for children.<sup>157</sup>

### **Nutrition programmes for children on the move in Trinidad and Tobago**

In Trinidad and Tobago, access to primary health services, including support for infant and young child feeding, and growth monitoring for children under five, is granted to all of the population. Yet there is limited access to primary health services for refugees, migrants and other non-national groups due to issues, such as long wait times, being denied services and poor customer service. Another challenge is limited access to secondary health services for both nationals and non-nationals due to limited availability of such services in the national system and the high cost of private health care.<sup>158</sup>

Since 2018, national authorities and local organizations in Trinidad and Tobago have made an effort to monitor the situation of nutrition among children on the move, and to identify and address nutrition gaps among affected children. Such initiatives have involved partnerships between UNICEF, Living Water Community (LWC), Pan American Health Organization (PAHO) and local health authorities to address children's health and nutrition issues, including the provision of vaccinations.<sup>159</sup>

In 2018, LWC began providing key interventions to reduce malnutrition among the migrant population, particularly children under five and pregnant and lactating women. LWC's assessments include screening children for malnutrition and evaluating the factors contributing to the deterioration of children's nutritional status. In 2018, more than 130 children between 6 and 59 months at risk of nutrition-related deficiencies were screened; however, no cases of severe or moderate malnutrition were identified.<sup>160</sup> Such screenings have continued into 2019 in partnership with Family Planning Association of Trinidad and Tobago (FPATT) to ensure regular monitoring.

LWC and FPATT also offer infant and young child feeding (IYCF) counselling as a measure to promote and support adequate feeding practices and protection of the nutritional status of vulnerable children.<sup>161</sup> Parents have indicated that their main concern relates to the quality of the food options they can access, including poor quality and limited quantities of fruits and vegetables.<sup>162</sup>

LWC also offers counselling to pregnant and lactating women, using UNICEF/WHO guidelines. Women requiring nutrition-related interventions are referred to the Breastfeeding Association of Trinidad and Tobago for further counselling and support, and pregnant women are referred to local health centres

---

157 Ibid, p. 75.

158 *Migration flows in Latin America and the Caribbean – Situation Report*, August 2019.

159 *Migration flows in Latin America and the Caribbean – Situation Report*, September 2018; *Migration flows in Latin America and the Caribbean – Situation Report*, October 2018.

160 *Migration flows in Latin America and the Caribbean – Situation Report*, May-December 2018.

161 *Migration flows in Latin America and the Caribbean – Situation Report*, November 2018.

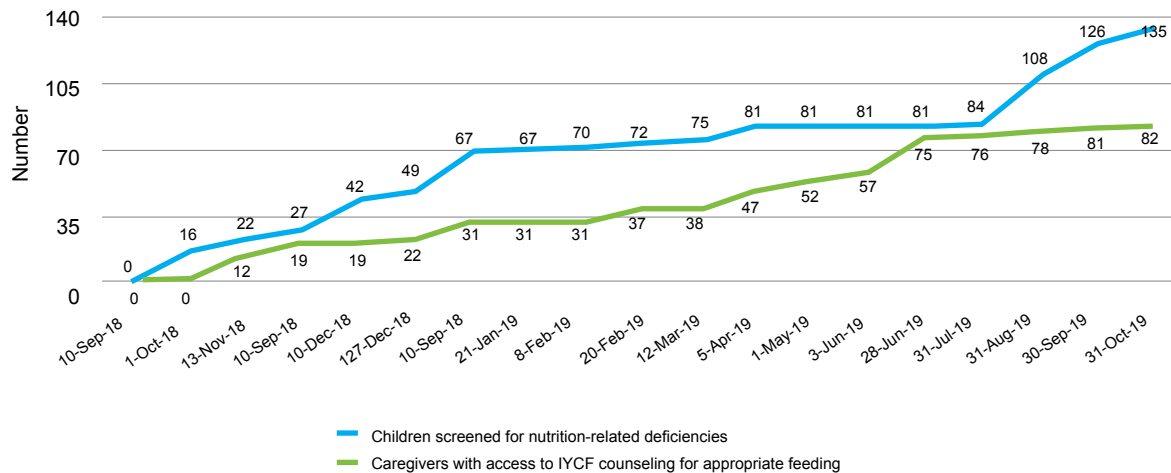
162 *Migration flows in Latin America and the Caribbean – Situation Report*, April 2019.

and registered with Mt. Hope Women’s Maternity Hospital to receive supplements and follow-up care. Women have also been referred to Mamatoto Resource & Birth Centre for pre- and postnatal support.<sup>163</sup>

In 2018, one of the challenges was reaching out-of-school children to ensure they had access to nutrition services, including ECD and school feeding programmes (SFPs). As of September 2018, 170 children were provided with access to SFP.<sup>164</sup> LWC also began conducting weekly home and community visits to identify, map and link households with out-of-school children to LWC services.<sup>165</sup> In 2019, the LWC and FPATT continued promoting IYCF and ten women caregivers of children aged 0-23 months were provided with access to IYCF counselling.

Chart 3.9 shows a steady increase from September 2018 to October 2019 in the number of migrant children screened for nutrition-related deficiencies. It also shows an increase in the number of migrant women (targeted caregivers of children aged 0-23 months) reached by IYCF counsellors and/or support groups in relation to appropriate feeding of children under two years of age.<sup>166</sup>

**Chart 3.9. Migrant children and caregivers reached by child nutrition programmes in Trinidad and Tobago**



**Note:** There was no situation report for January 2019, so the numbers are carried over from December 2018.

**Source:** Humanitarian Performance Monitoring Matrix, November 2019.

163 Migration flows in Latin America and the Caribbean – Situation Report, December 2018.

164 Migration flows in Latin America and the Caribbean – Situation Report, September 2018.

165 Migration flows in Latin America and the Caribbean – Situation Report, December 2018

166 Migration flows in Latin America and the Caribbean – Situation Report, May 2019.

## EARLY CHILDHOOD DEVELOPMENT

Learning begins at birth and, in the earliest years, children acquire skills through interpersonal interactions, play and an enriched home and community environment.<sup>167</sup> Recognizing that nature and nurture interact and stimulate cognitive, social and emotional development of young children, ECD is an integral part of the global development agenda.<sup>168</sup> For the first time, ECD has been articulated as an SDG target with measurable indicators.

Multi-sectoral ECD programmes and interventions that encompass a focus on nurturing care for children, by ensuring good health, adequate nutrition, responsive caregiving, protection and opportunities for early learning, have been documented as a best practice.<sup>169</sup> ECD is recognized as a “powerful equalizer of opportunity, and its long-term effects should increase the ability of children not only to survive, but to thrive.”<sup>170</sup>

Unfortunately, data on ECD in the ECA is lacking. ECD index data are available for only 3 of the 12 countries (Barbados, 96.6; Saint Lucia, 91.4; and Trinidad and Tobago, 91.3). Access to current and real-time ECD data is crucial to inform policy formulation and programme development to ensure that children survive and thrive.

## CHILD AND ADOLESCENT HEALTH

Health and well-being in childhood and adolescence lays the foundation for health trajectories throughout life into adulthood. Adolescence is often considered the healthiest period of the lifespan because it is the point of lowest mortality and a time when many attributes of good health are at their highest.<sup>171</sup> At the same time, adolescence is a time of physical, emotional and cognitive development that can be marked by engagement in risky behaviours, including unsafe sexual behaviours, alcohol and/or drug use/abuse, and early childbearing, which can increase the risk of poor health. Adolescents are also at risk of developing eating disorders and engaging in self-mutilating behaviours and suicidal ideation and attempts. Given these realities, adolescence is a good time for health services and interventions that aim to improve sexual awareness; increase the availability and use of contraceptives that protect against sexual transmitted infections (STIs) and pregnancy; introduce early mental health screening for depression and other mental health conditions; and prevent the use of drugs. Such health services are important because they can improve adolescent health and decision-making, and contribute to improved lifelong health.<sup>172</sup>

---

167 Goal Area 2: Every Child Learns, *UNICEF Global Annual Results Report 2018*. UNICEF, 2019, p.16.

168 Ibid, p. 161.

169 Ibid, p. 160.

170 Ibid, p. 161.

171 Ministry of Equity and UNICEF, *Adolescent Well-being and Equity in Saint Lucia*, 2019; see also, United Nations General Assembly 2015.

172 Ministry of Equity and UNICEF, *Adolescent Well-being and Equity in Saint Lucia*, 2019.

## Physical (in)activity

*Chart 3.10* shows physical (in)activity practices of adolescents (ages 13-15). In the ECA, on average, 54.6 per cent of adolescents spent three or more hours per day being physically inactive (e.g., sitting and watching television, playing computer games or talking with friends) when not in school or doing homework during a typical or usual day. Adolescents in Barbados (64.9 per cent), British Virgin Islands (62.1 per cent), Anguilla (58.5 per cent) and Saint Kitts and Nevis (58.4 per cent) were most likely to spend three or more hours per day in sitting activities (physically inactive). Adolescents in Grenada (42.7 per cent) were least likely to spend three or more hours per day in sitting activities.

On average, in the ECA, girls are more likely than boys to be physically inactive. This was particularly evident in Trinidad and Tobago, Antigua and Barbuda, Saint Kitts and Nevis, Anguilla and Barbados.

*Chart 3.10* shows that, on average in the ECA, 23.1 per cent of adolescents had been physically active at least one hour per day on five or more days during the past week, and 28.3 per cent of adolescents attended physical education classes on three or more days each week during the school year. Adolescents in Antigua and Barbuda (31.8 per cent) and Barbados (29.1 per cent) were most likely to be physically active and those in Grenada (15.2 per cent) were least likely to be physically active.

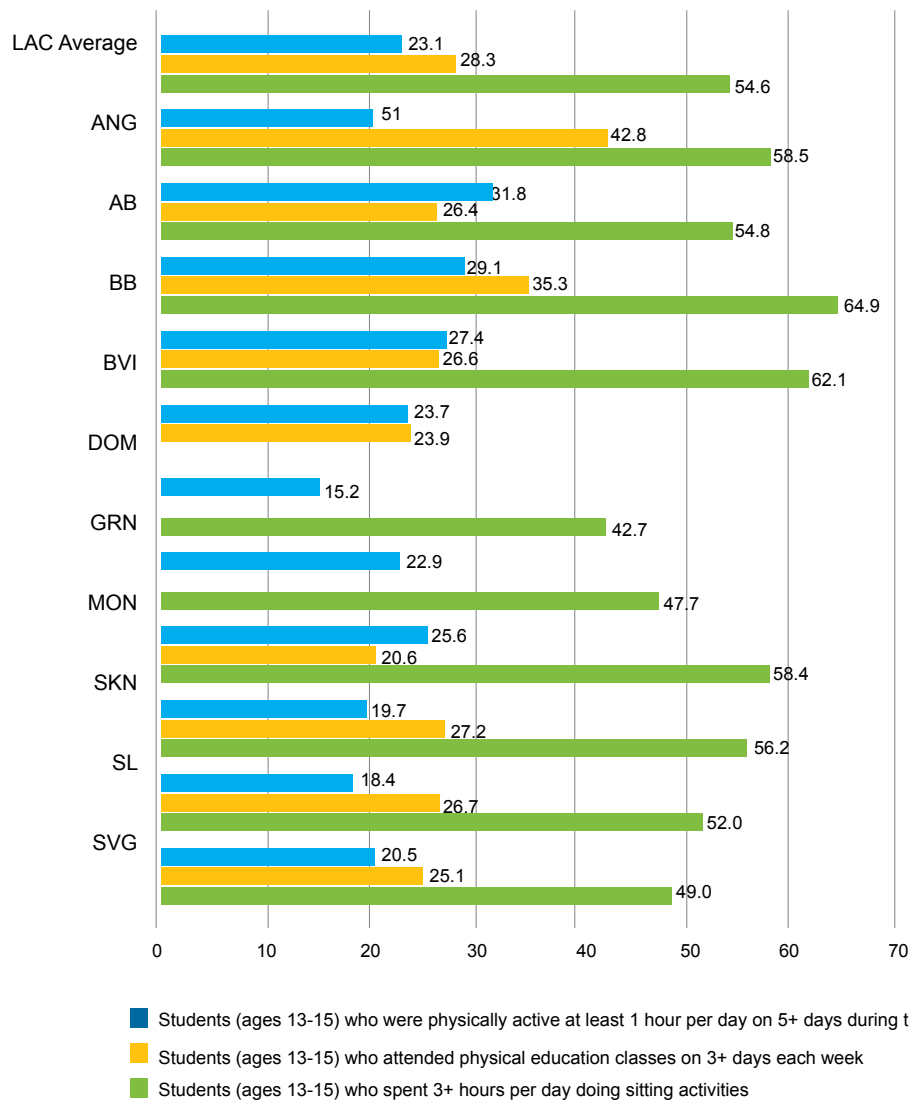
On average, boys were more likely than girls to be physically active, except in Montserrat where girls (23.6 per cent) were slightly more likely than boys (22.1 per cent) to be physically active.

Adolescents in Anguilla (42.8 per cent) were the most likely to attend physical education classes on three or more days each week during the school year; whereas adolescents in Saint Kitts and Nevis (20.6 per cent) were the least likely to attend physical education classes.

On average, boys were more likely than girls to attend physical education classes. However, in Anguilla, girls (45.4 per cent) were significantly more likely than boys (40.2 per cent) to attend physical education classes on three or more days each week.

Both physical inactivity and physical activity can significantly impact children's health and well-being. Physical inactivity increases one's risk of being overweight or obese and developing non-communicable disease such as diabetes. In comparison, physical activity strengthens children's bodies and developing brains, and helps them to learn and stay focused in school.<sup>173</sup>

173 Retrieved on 18 October 2019 from: <https://www.unicefusa.org/stories/power-sports-and-play/35683>

**Chart 3.10. Students (age 13-15) who are physically (in)active**

**Source:** 2016 Anguilla GSHS; 2009 Antigua and Barbuda GSHS; 2011 Barbados GSHS; 2009 British Virgin Islands GSHS; 2009 Dominica GSHS; 2008 Grenada GSHS; 2008 Monserrat GSHS; 2011 Saint Kitts and Nevis GSHS; 2018 Saint Lucia GSHS; 2018 Saint Vincent and the Grenadines GSHS; 2017 Trinidad and Tobago GSHS.

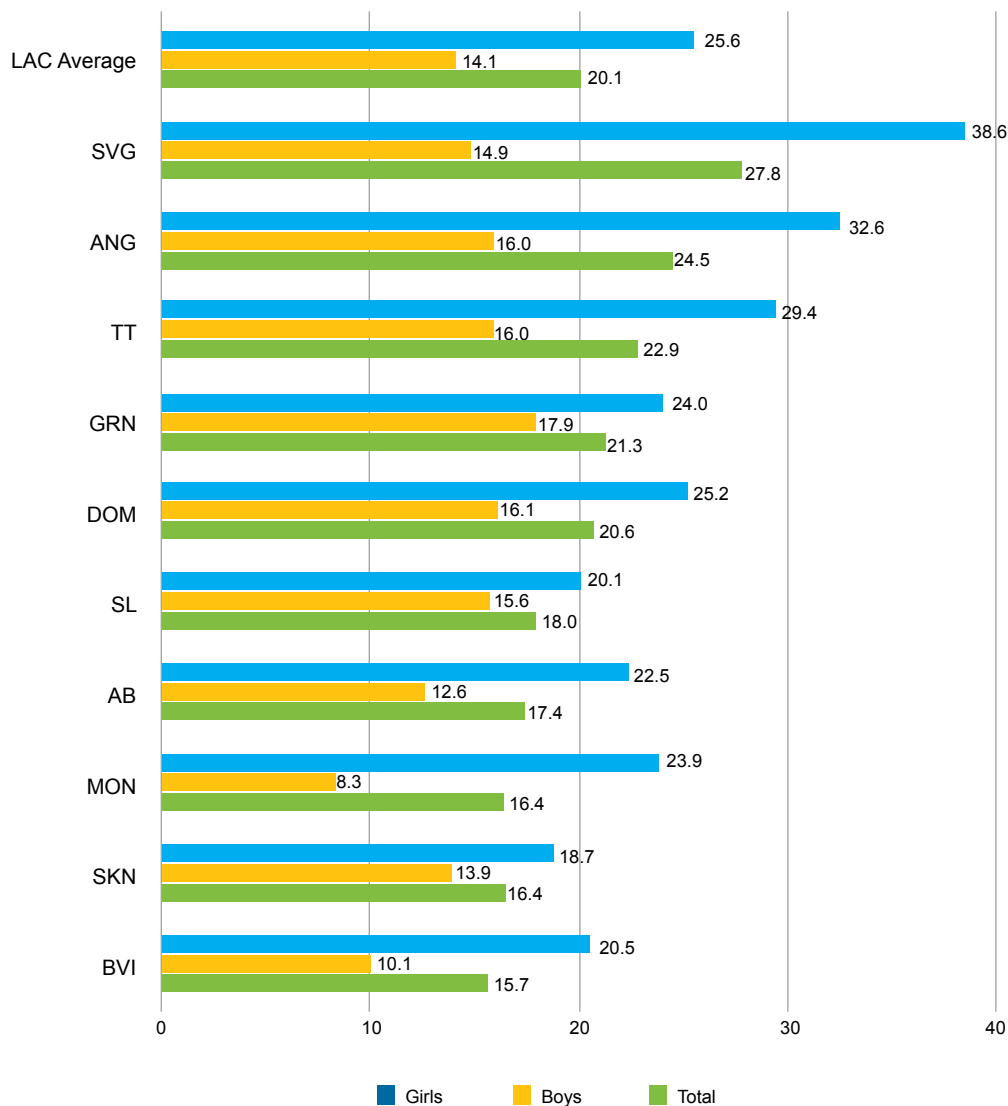
**Note:** Grenada and Montserrat surveys did not include questions about attendance at physical education classes.



## MENTAL HEALTH

Globally, an estimated 10 to 20 per cent of adolescents experience mental health conditions, yet these tend to remain underdiagnosed and undertreated. Signs of poor mental health can be overlooked for a number of reasons, including lack of knowledge or awareness about mental health among health workers and stigma which prevents adolescents from seeking help.<sup>174</sup> Given the prevalence of mental health conditions among adolescents globally, adolescent mental health has received increased attention and is an issue of concern in the ECA.

**Chart 3.11. Adolescents (ages 13-15) who considered attempting suicide (by sex)**



**Source:** 2016 Anguilla GSHS; 2009 Antigua and Barbuda GSHS; 2009 British Virgin Islands GSHS; 2009 Dominica GSHS, 2008 Grenada GSHS; 2008 Monserrat GSHS; 2011 Saint Kitts and Nevis GSHS; 2018 Saint Lucia GSHS; 2018 Saint Vincent and the Grenadines GSHS; 2017 Trinidad and Tobago GSHS.

174 Retrieved on 18 October 2019 from: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

Adolescence is a unique and formative time; a crucial period for developing and maintaining social and emotional habits important for mental well-being. This includes adopting healthy sleep habits; engaging in physical activities and exercise; learning to manage emotions; and developing coping, problem-solving and interpersonal skills. Supportive environments in the family, at school and in the wider community are also important to mental health.<sup>175</sup>

Most adolescents have good mental health. However, multiple physical, emotional and social changes, including exposure to poverty, physical and/or sexual violence, harsh parenting and peer bullying can make adolescents vulnerable to mental health problems. Other risk factors that contribute to stress during adolescence include the quality of one's home life, relationships with peers, pressure to conform with peers, exploration of sexual and/or gender identity, and negative impacts of social media.<sup>176</sup>

Some adolescents are at greater risk of mental health conditions simply because of their living conditions and experiences of stigmatization, discrimination and exclusion and lack of access to quality support and mental health services. This includes adolescents living in humanitarian and fragile settings; adolescents with chronic illnesses, autism spectrum disorders, intellectual disabilities or other neurological conditions; pregnant adolescents, adolescent parents and/or those in early marriages; orphans; and, adolescents in LGBTQI populations and from other discriminated groups.<sup>177</sup>

Adolescents with mental health conditions are vulnerable to social exclusion, discrimination, stigma, educational difficulties, risk-taking behaviours and human rights violations.<sup>178</sup>

In the ECA, available data on mental health includes data related to suicidal thoughts and attempts among adolescents. Suicide attempts can be impulsive or associated with a feeling of hopelessness or loneliness. Globally, suicide is the third leading cause of death in older adolescents aged 15–19.

*Chart 3.11* shows the proportion of adolescents (ages 13-15) who had considered attempting suicide during the 12 months prior to the survey (suicidal thoughts). In the ECA, on average, as many as one-fifth (20.1 per cent) of adolescents had considered attempting suicide. Girls (25.6 per cent) were significantly more likely than boys (14.1 per cent) to consider suicide.

Anguilla (24.5 per cent) and Trinidad and Tobago (22.9 per cent) had the largest proportion of adolescents with suicidal thoughts. In Saint Vincent and the Grenadines and Anguilla, as many as one in three girls considered attempting suicide (38.6 per cent and 32.6 per cent respectively). Girls were twice as likely as boys to have suicidal thoughts in Saint Vincent and the Grenadines, Anguilla and British Virgin Islands.

---

175 Ibid.

176 Ibid.

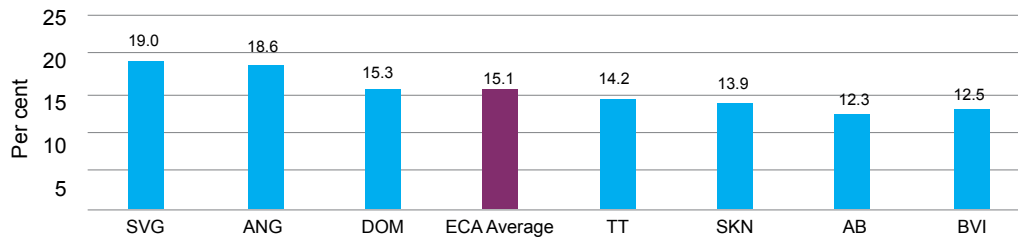
177 Ibid.

178 Ibid.

The largest difference between girls and boys was in Montserrat where girls (23.9 per cent) were nearly three times more likely than boys (8.3 per cent) to have considered attempting suicide. What is driving these sex differences in suicidal thoughts needs to be better understood. Is it related to high rates of child abuse and neglect in families in these countries? Is it related to school violence and peer bullying? Or are there other factors contributing to suicide ideation among adolescents, particularly among girls?

Chart 3.12 shows the proportion of adolescents (ages 13-15) who had attempted suicide one or more times during the 12 months prior to the survey. In the ECA, on average, 15.1 per cent of adolescents had attempted suicide one or more times. Girls (21.6 per cent) were more likely than boys (15.6 per cent) to have attempted suicide in the past 12 months. Saint Vincent and the Grenadines and Anguilla had a higher proportion of adolescents who had attempted suicide.

**Chart 3.12. Adolescents (ages 13-15) who attempted suicide one or more times during past 12 months**

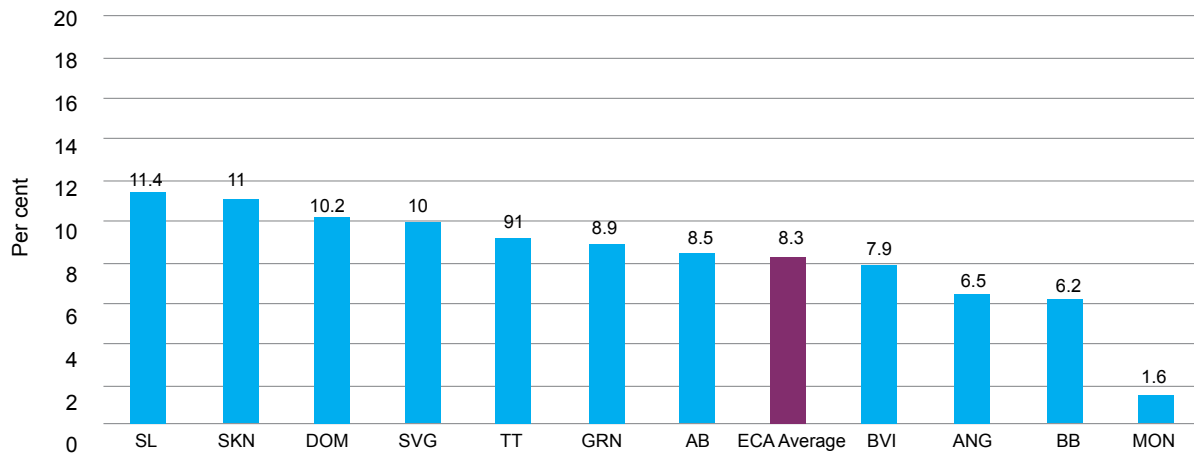


**Source:** 2016 Anguilla GSHS; 2009 Antigua and Barbuda GSHS; 2009 British Virgin Islands GSHS; 2009 Dominica GSHS; 2011 Saint Kitts and Nevis GSHS; 2017 Trinidad and Tobago GSHS.

Promoting psychological well-being and protecting adolescents from adverse experiences and risk factors which may impact their potential to thrive are not only critical for well-being during adolescence, but also for their mental health in adulthood.<sup>179</sup>

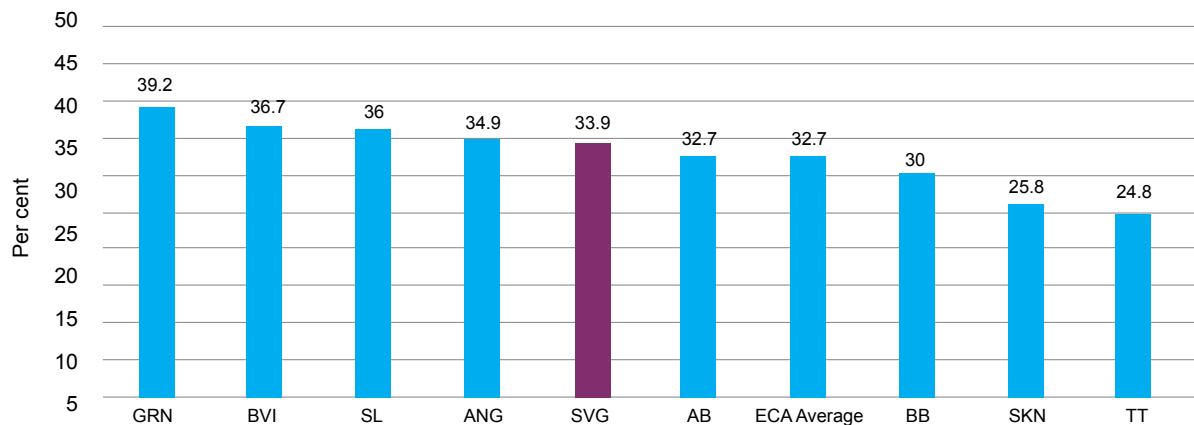
Social relationships are important to adolescents' mental health. Chart 3.13 shows that on average, 8.3 per cent of adolescents (ages 13-15) had no close friends; girls (9.1 per cent) were more likely than boys (7.5 per cent) to have no friends. Saint Lucia (11.4 per cent), Saint Kitts and Nevis (11.0 per cent), Dominica (10.2 per cent) and Saint Vincent and the Grenadines (10.0 per cent) had the highest proportion of adolescents with no close friends; whereas adolescents in Montserrat (1.6 per cent) had the lowest proportion of adolescents with no close friends.

179 Retrieved on 18 October 2019 from: <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

**Chart 3.13. Adolescents (ages 13-15) who had no close friends**

**Source:** 2016 Anguilla GSHS; 2009 Antigua and Barbuda GSHS; 2011 Barbados GSHS; 2009 British Virgin Islands GSHS; 2009 Dominica GSHS; 2008 Grenada GSHS; 2008 Monserrat GSHS; 2011 Saint Kitts and Nevis GSHS; 2018 Saint Lucia GSHS; 2018 Saint Vincent and the Grenadines GSHS; 2017 Trinidad and Tobago GSHS.

Also important to adolescent's mental health and well-being are protective factors, such as having parents/ guardians who understand their problems and worries. *Chart 3.14* shows that in the ECA, on average, only one in three or 33.7 per cent of adolescents (ages 13-15) said that their parents/ guardians had mostly or always understood their problems and worries during the past 30 days. There were no differences between girls and boys overall. Sex differences existed in Grenada, British Virgin Islands, and Trinidad and Tobago, where boys were more likely than girls to state that their parents/ guardians understood their problems and worries.

**Chart 3.14. Adolescents (ages 13-15) who have parents who understand their problems/worries**

**Source:** 2016 Anguilla GSHS; 2009 Antigua and Barbuda GSHS; 2011 Barbados GSHS; 2009 British Virgin Islands GSHS; 2008 Grenada GSHS; 2011 Saint Kitts and Nevis GSHS; 2017 Trinidad and Tobago GSHS.

## IMMUNIZATIONS

In the ECA, the majority of the population has the BCG vaccine (94 per cent), the polio vaccine (95 per cent), DPT3 (94 per cent) and MMR (96 per cent). *Annex Charts 1 and 2* show the proportion of children aged 12-23 months who were given DPT and measles immunizations from 1980-2018. In the ECA in 2018, on average 96 per cent of children aged 12-23 months had the DPT immunization and 90 per cent had the MMR immunization. In recent years, some reductions have been observed in the proportion of newborns who are given measles immunizations, primarily in Saint Lucia, Grenada, and Dominica (see *Annex Charts 1 and 2*).

## HIV/AIDS

HIV/AIDS is a global public health threat, including to the health and well-being of children and adolescents, making 'ending AIDS' a long-standing priority.<sup>180</sup> Primary health care is the central platform through which a number of HIV prevention and treatment services are provided, such as prevention of mother-to-child transmission of HIV, provision of anti-retroviral therapy (ART) to infants and children, and nutrition and health counselling for mothers and children affected by HIV/AIDS.<sup>181</sup> HIV prevention and treatment services, however, are dependent on effective health systems.<sup>182</sup>

The United Nations General Assembly Special Session (UNGASS) on HIV/AIDS has called on governments to improve the knowledge and skills of young people to protect themselves from HIV. Adolescents and young people represent a growing proportion of people living with HIV. AIDS-related deaths among adolescents have increased globally over the past decade, while decreasing among all other age groups. This can be largely attributed to a generation of children infected with HIV prenatally who are growing into adolescence.<sup>183</sup>

In the ECA, Saint Lucia has the second highest HIV/AIDS prevalence rate, and is the only country/territory where transmission from mothers-to-children has not been eliminated. In 2017, UNAIDS reported there were more than 500 people living with HIV/AIDS in Saint Lucia, and fewer than 200 of these had started ART.<sup>184</sup>

One of the most important prerequisites for reducing the rate of HIV infection, particularly among adolescents, is correct information and knowledge about how HIV is transmitted and strategies for preventing transmission.<sup>185</sup>

180 UNICEF's overall goal of 'ending AIDS' in children and adolescents is aligned with the Joint UN Programme on HIV/AIDS (UNAIDS) 'super-fast-track' framework for ending AIDS among children, adolescents and young women by 2020 and with SDG target 3.3, which calls for the annual number of new infections to be reduced by 2020 to 20,000 among children (aged 0–14 years) and 100,000 among adolescent girls and young women (aged 10–24 years); see Goal Area 1: Every Child Survives and Thrives – *Global Annual Results Report 2018*, p. 123.

181 Goal Area 1: Every Child Survives and Thrives, *Global Annual Results Report 2018*, p. 122.

182 Ibid, p. 123.

183 Ministry of Equity and UNICEF, *Adolescent Well-being and Equity in Saint Lucia*, 2019, p. 75.

184 Ibid, pp. 75-76.; see also UNAIDS, 2017.

185 Ministry of Equity and UNICEF, *Adolescent Well-being and Equity in Saint Lucia*, 2019; see also Survey of Living Conditions and Household Budgets, 2006 and 2016.

## HEALTH INSURANCE COVERAGE

Access to health care is an important part of health and well-being for children and adults, and health insurance coverage can reduce the health risk to individuals and households. The *2016 Saint Lucia National Report of Living Conditions* revealed inequitable access to health insurance coverage: only 18 per cent of households had members covered by personal health insurance (see *Annex Table 10*). There were notable differences based on households' poverty status and household wealth quintile. In particular, 22 per cent of those above the poverty line versus 7 per cent of those living in poverty have health insurance.<sup>186</sup> Health insurance coverage increases with household wealth status, with households in the highest quintile (36 per cent) being six times more likely to have health insurance than household members in the lowest wealth bracket (6 per cent). As a result, people in the lower income quintile were more likely to use public health facilities. For households and individuals without health insurance coverage, health shocks can push households into poverty, particularly when they have to borrow money to access medical care.<sup>187</sup>

## HEALTH PUBLIC EXPENDITURES

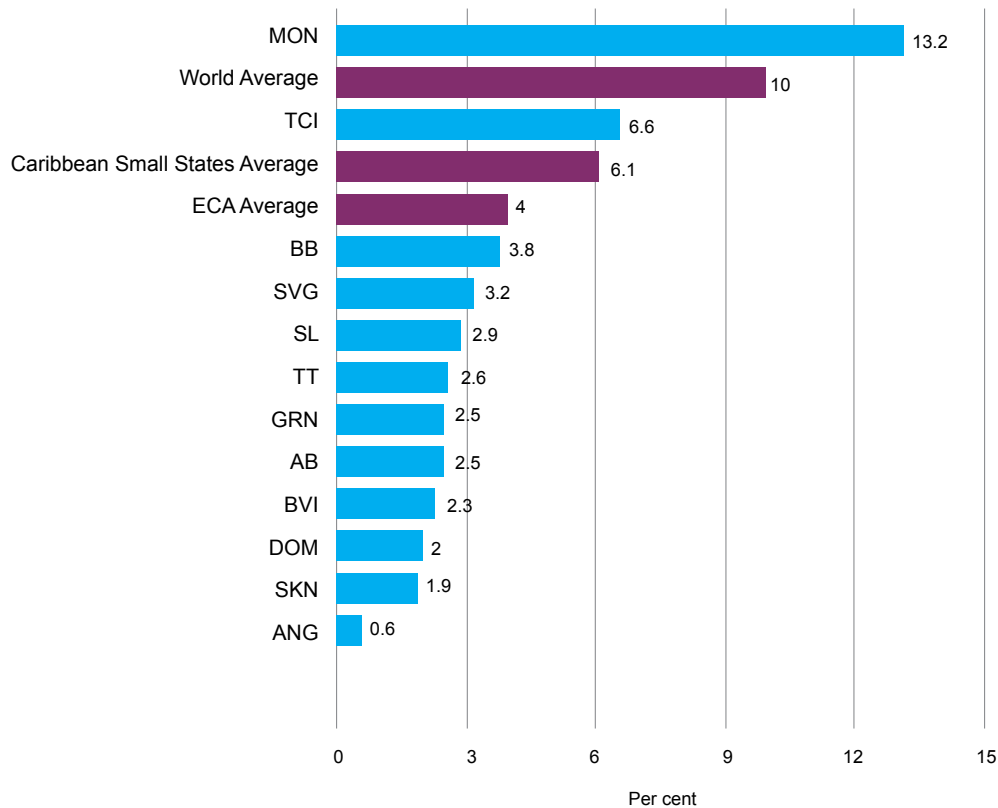
*Chart 3.15* reveals 2016-2017 public expenditure (% of GDP) related to health care. On average, Eastern Caribbean countries/territories allocated only 4 per cent of public expenditure to health care; this compares with 6 per cent of public expenditure among Caribbean Small States, and 10 per cent globally.

Only Montserrat (at 13.2 per cent) allocated public expenditures to health care that exceeded the global average, and only the Montserrat and Turks and Caicos Islands (6.6 per cent) allocations exceeded the Caribbean Small States average. Only 3 out of 12 countries/territories allocated public expenditures to health care that exceeded the ECA average of 4 per cent. Eight countries/territories allocated less than 4 per cent of their GDP to the health sector.



<sup>186</sup> *Saint Lucia National Report of Living Conditions 2016: Final Report*, OECS Commission, 2018.

<sup>187</sup> *Ibid*, p. 170; Krishna, A., 'Pathways Out of and into Poverty in 36 Villages of Andhra Pradesh, India', *World Development, Special Issue: Corruption and Development: Analysis and Measurement*, 34, 2006, pp. 271–88.

**Chart 3.15. Public expenditures (% of GDP) allocated to health care by country/territory**

**Note:** Expenditures from Montserrat reflect both health and social services expenditures combined.

**Source:** Nabinger, S., *Review of Social Sector Expenditures in the Eastern Caribbean Area*, UNICEF Office for the ECA, 2017. 2016 World Health Organization Global Health Expenditure database ([apps.who.int/nha/database](https://apps.who.int/nha/database)). Retrieved on 18 October 2019 from: <https://data.worldbank.org/indicator/SH.XPD.CHEX.GD.ZS>

## ROLE OF THE PRIVATE SECTOR

There are two key areas where the private sector can become involved in supporting children to survive and thrive: in relation to addressing obesity and in the area of parents/caregivers' rights in the workplace.

In the ECA, overweight and obesity rates are high, and obesity is a serious public health concern that impacts all of society, but particularly people living in poverty, given the relatively low costs of processed foods and drinks. In the ECA, companies in the food and beverage industry, and international fast food chains contribute to the growing number of children exposed to obesogenic foods. In addition, corporate retailers serve as a point-of-sale for food and beverages to families.

In terms of social policy, steps can be taken to regulate the content of ultra-processed foods high in unhealthy fats, salt and sugars, and to promote clear labelling of such products. Likewise, corporate retailers can be engaged as these are the places where families and children, including adolescents and young people, purchase food and beverages. For instance, in Grenada, effective January 2020, there will be a ban on the sale of carbonated beverages and sweet snacks.

Also, a Communication for Development (C4D) strategy in partnership with the private insurance sector could be pursued. This industry has a clear interest in reducing overweight and obesity (thus reducing higher future costs of healthcare).

Regarding parents/caregivers' rights in the workplace, a 2019 World Bank study on gender in the workplace identified that the Caribbean is lagging behind other countries in the region and other SIDS in terms of social protection systems and workplace rights. For example:

- Maternity and paternity leave – only one country in the ECA, Trinidad and Tobago, offers 14 weeks of paid maternal leave, which is in keeping with International Labour Organization standards. Only in Barbados, Saint Kitts and Nevis and Saint Lucia do governments cover 100 per cent of maternity leave benefits, which is an incentive for employers to offer and/or encourage maternity leave. In addition, only five countries - Barbados, Grenada, Saint Kitts and Nevis, Saint Lucia and Saint. Vincent and the Grenadines – prohibit dismissal of pregnant women, particularly during maternity leave. No countries/territories offer official paid paternity leave.
- Childcare centres and child grants - There is no data available on the status of childcare services for working parents/caregivers or child grants as a public or private policy.





@UNICEF/2017/Nesbitt

## CHAPTER 4

# Every child learns

All children can learn if they are given the chance. As such, all girls and boys must have equitable access to schooling and the opportunity to develop the skills needed for life and work.<sup>188</sup>

## COMPULSORY SCHOOLING IN THE ECA

Compulsory primary and secondary education are provided for all children up to the age of 16 in the ECA. This comprises a 12-year span of legally mandated school attendance which, in most member states, spans from age 5-16 years.<sup>189</sup> Students generally spend the first 6-7 years in the primary grades, and this may be preceded by 1-3 years at the early childhood education (ECE) level. ECE refers to care and education of young children prior to the commencement of compulsory education. ECE is not compulsory across the sub-region; therefore, primary education is the first phase of compulsory education.<sup>190</sup>

At the end of the primary school cycle (Grade 6/ International Standard Classification of Education (ISCED) Grade 7), students take a national examination which is used for placement at secondary schools, monitoring, and to identify students who may be 'at risk' of not achieving educational outcomes.<sup>191</sup>

Secondary education represents the second phase of compulsory education and spans a five-year period.<sup>192</sup> Students normally complete their secondary education by 16 years of age. The extension of basic education to include secondary education for every child was a goal pursued by most of the former British colonies upon gaining independence in the mid- to late-20th century.<sup>193</sup>

At the end of the secondary cycle (form 5/ISCED Grade 12), students sit for the regional examination known as the Caribbean Secondary Examination Certificate (CSEC) which offers certification in a wide range of subject areas offered through secondary schools. This certification is required for enrolment at tertiary institutions and job placement.<sup>194</sup>

Upon completion of secondary education some students join the workforce, while others continue their education at a post-secondary institution for one to two years, or choose to continue their education at the university level.<sup>195</sup>

---

188 Goal Area 2: Every Child Learns, *UNICEF Global Annual Results Report 2018*, UNICEF, 2019, p. 2.

189 Knight, V., B. Ogunkola, D. Cura, D. Valencia & L. Vago, *Out-of-School Children Study in the Eastern Caribbean: Final Report*, UNICEF Office for the Eastern Caribbean, 2017, pp. 13-14; Ministry of Equity and UNICEF, *Adolescent Well-being and Equity in Saint Lucia*, 2019; see also Survey of Living Conditions and Household Budgets, 2006 and 2016.

190 *Out-of-School Children Study in the Eastern Caribbean: Final Report*, UNICEF Office for the Eastern Caribbean, 2017, pp. 13-14.

191 Ibid, pp. 13-14.

192 Ibid, pp. 13-14.

193 Knight, V., B. Ogunkola, D. Cura, D. Valencia & L. Vago, *Out-of-School Children Study in the Eastern Caribbean – Final Report*, UNICEF Office for the Eastern Caribbean, 2017, pp. 13-14.

194 Ibid, pp. 13-14.

195 Ibid, pp. 13-14.

## ACCESS TO EDUCATION

Access to quality education is one of the most effective interventions to empower children and adolescents with the skills to function in and contribute to society. Access to education has broad effects on children and adolescent's development and well-being, including physical and mental health, social development, civic engagement, and protection from hazardous and exploitative practices. Access to quality education is a vital prerequisite for combating poverty.<sup>196</sup>

With the adoption of the SDGs, Eastern Caribbean governments have committed to achieving universal completion of primary and secondary education by 2030, and a greater focus on inclusiveness in education, including gender parity at the primary and secondary levels. This chapter provides data on children's access to education, including enrolments in ECE institutions and primary and secondary schools. Bear in mind, net enrolment rates<sup>197</sup> at each level of education in different types of educational institutions (public and private) are not available for all the 12 ECA countries/territories.

### ECE enrolment

It is well documented that disparities in learning start early and widen as children age. Children who fall behind in the early years enter the school system at a disadvantage and often never catch up with their peers. Children who fall behind are at increased risk of dropping out of school and perpetuating a generational cycle of low levels of education. Given this reality, investing in ECE and expanding access to quality ECE is a core strategy to improve learning outcomes.<sup>198</sup>

OECS provides data on net ECE enrolment rates for 2015-2016 and the numbers of children enrolled in public and private ECE institutions among OECS Member States (see *Annex Table 8*). *Chart 4.1* shows the net enrolment rates for children aged 3-4 in ECE institutions by sex and country/territory. Among the eight countries/territories listed in *Chart 4.1*, a total of 22,351 children were enrolled in ECE institutions, of which 50 per cent were girls and 50 per cent were boys (see *Annex Table 11*).

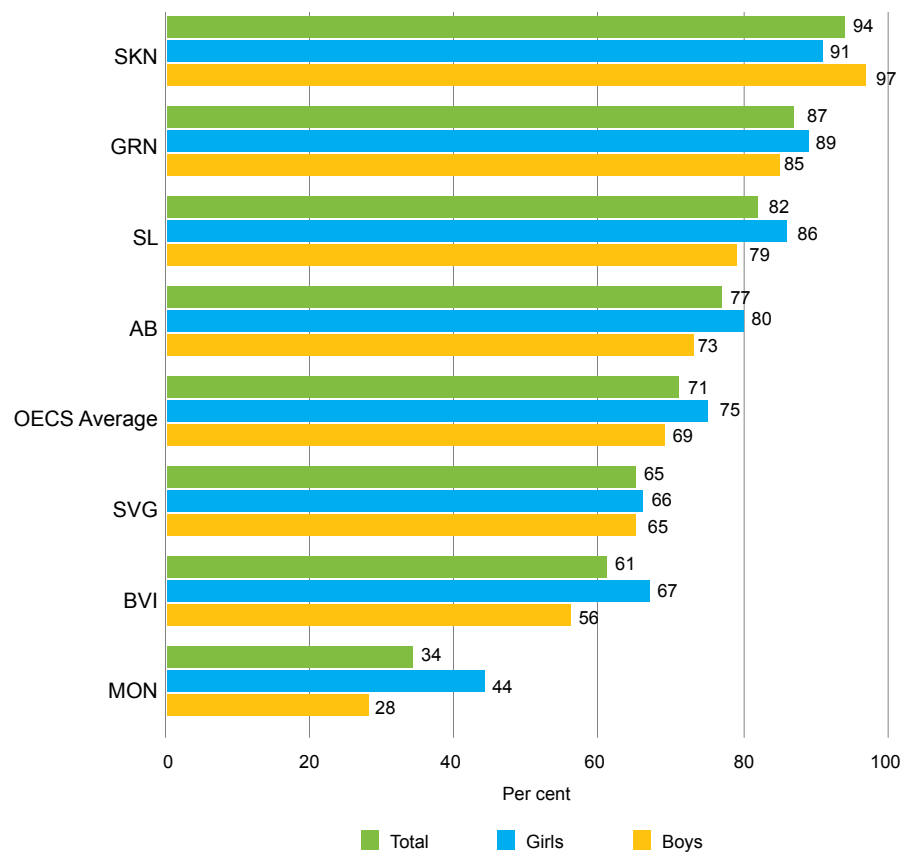
In the ECA, on average, 71 per cent of children aged 3-4 are enrolled in ECE, including 75 per cent of girls and 69 per cent of boys. ECE enrolment is lowest in Montserrat (34 per cent), where girls (44 per cent) were significantly more likely than boys (28 per cent) to be enrolled in ECE.

Among OECS member states on average, 27 per cent of children aged 0-2 and 71 per cent aged 3-4 were enrolled in ECE in 2015-2016. Girls and boys were equally enrolled in ECE across all relevant ages (see *Annex Chart 3* for the total number of children by age enrolled in ECE institutions across the eight countries/territories for which data is available).

196 Ministry of Equity and UNICEF, *Adolescent Well-being and Equity in Saint Lucia*, 2019; see also Survey of Living Conditions and Household Budgets, 2006 and 2016.

197 Net enrolment rates are calculated by dividing the number of students of a particular age group enrolled in all levels of education by the size of the population of that age group.

198 *Goal Area 2: Every Child Learns, UNICEF Global Annual Results Report 2018*. UNICEF, 2019, p.16.

**Chart 4.1. Net enrolment rate of children age 3-4 years in ECE by country/territory and sex**

**Note:** Data for Anguilla were not available.

**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the Academic Year 2016-2017.

In the ECA, on average, 75 per cent of children under five were enrolled in private ECE institutions in academic year (AY) 2016-2017; only 26 per cent were enrolled in public ECE institutions. Girls and boys were equally likely to be enrolled in private and public ECE institutions.

British Virgin Islands (98 per cent), Antigua and Barbuda (95 per cent), Saint Vincent and the Grenadines (89 per cent), and Dominica (87 per cent) had the highest rates of ECE enrolments in private institutions. In contrast, in Montserrat, the majority of children under five were enrolled in public ECE institutions (77 per cent); only 23 per cent were enrolled in private ECE institutions (*see Annex Chart 4*).

*Table 4.1* provides data related to SDG 4.2.2 – the participation rate in organized learning one year before the official primary entry age. Data is presented as an adjusted net enrolment rate. Data availability is limited from year-to-year and is not available for all countries/territories.

**Table 4.1. Adjusted net enrolment rate, one year before the official primary entry age, both sexes (%)**

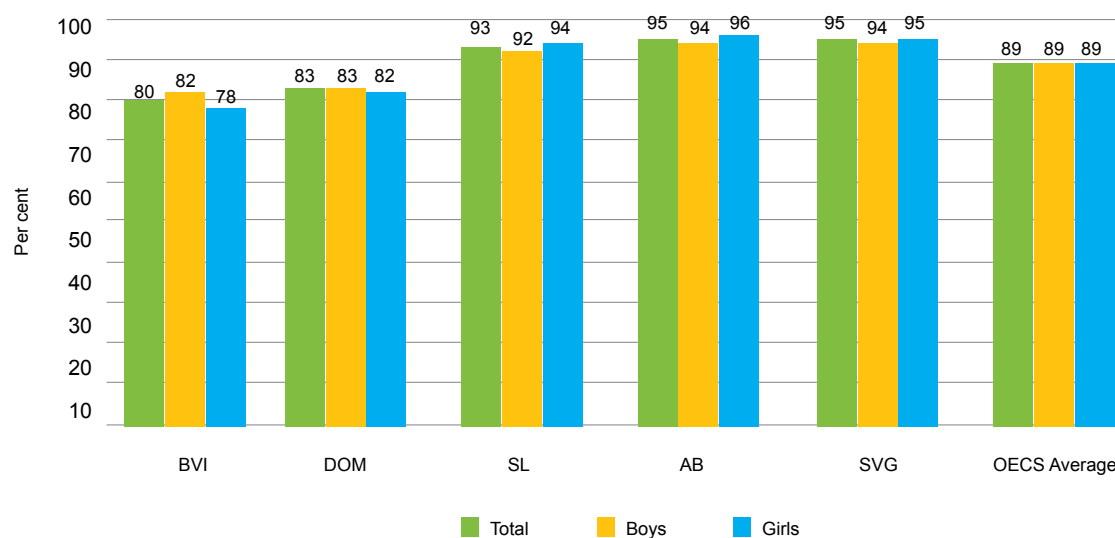
	2016	2017	2018
Antigua and Barbuda	n/a	98.0	91.1
British Virgin Islands	97.8	99.0	n/a
Grenada	87.7	89.9	n/a
Montserrat	91.2	86.8	n/a
Saint Kitts and Nevis	89.3	n/a	n/a
Saint Lucia	99.5	96.0	95.6
Saint Vincent and the Grenadines	98.5	95.5	78.5

Source: UNESCO Institute for Statistics. Retrieved on 26 September 2019 from: <http://data.uis.unesco.org/>

## Primary school enrolment

The *OECS Education Statistical Digest* provides data on the numbers and rates of children enrolled in public and private primary schools (kindergarten to Grade 6) in AY 2016-2017 among its Member States. *Chart 4.2.* shows primary school net enrolment rates for 2016-2017 for OECS Member States. Net enrolment rates were lowest in British Virgin Islands (80 per cent) and Dominica (83 per cent). Enrolment rates varied little by sex; the most notable was a 4 per cent difference in favour of boys in British Virgin Islands.

Of the 68,654 children enrolled in primary schools in the ECA, 49 per cent were girls and 51 per cent were boys. The majority were 5-11 years of age; representing about 90 per cent of children enrolled in primary schools (see *Annex Table 12 and Annex Chart 5*).

**Chart 4.2. Net enrolment rates in primary schools for 2016-2017 by country/territory and sex**

**Note:** The OECS average is based on the five countries with available data (does not include Anguilla, Grenada, Montserrat and Saint Kitts and Nevis).

**Source:** OECS Commission, *Education Statistical Digest: Statistics on Education for the Academic Year 2016-2017*.

While the majority of pre-school aged children enrolled in private ECE institutions, by the time children transition to primary schools they are more likely to enrol in public primary schools in most countries/territories. In the ECA, on average, 67 per cent of children were enrolled in public primary schools and 33 per cent in private primary schools in AY 2016-2017. Children in Saint Lucia (94 per cent), Saint Vincent and the Grenadines (89 per cent), Saint Kitts and Nevis (77 per cent) and British Virgin Islands (70 per cent) were most likely to enrol in public primary schools. In contrast, children in Grenada were more likely to enroll in private primary schools (77 per cent). In Montserrat, only 45 per cent of children and adolescents were enrolled in private primary schools.

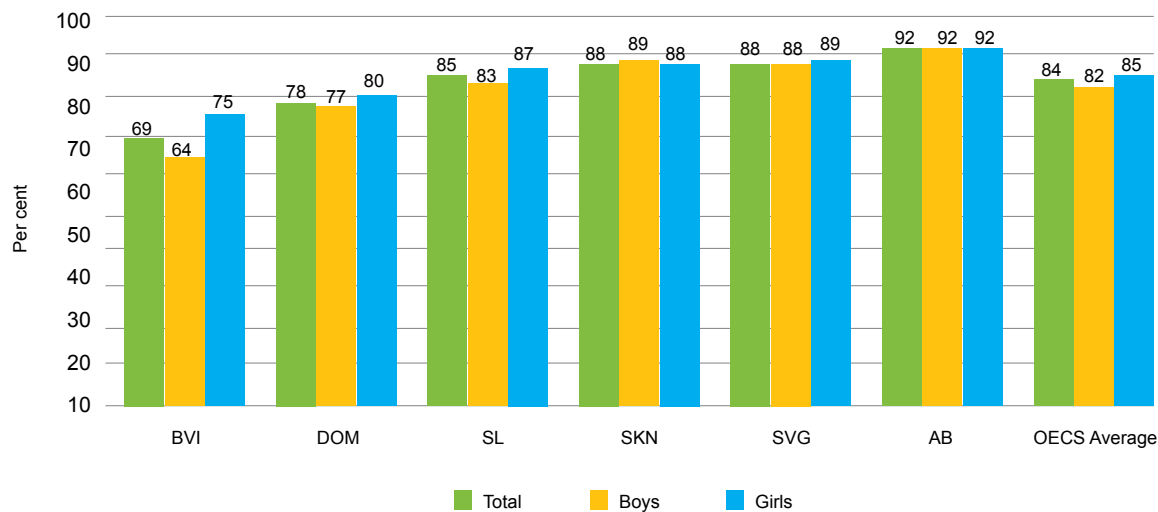
Across each of the countries/territories, girls and boys were nearly equally likely to be enrolled in public and private primary schools. In AY 2016-2017, on average, 66 per cent of girls and 68 of boys were enrolled in public primary schools; only 35 per cent of girls and 32 per cent of boys were enrolled in private primary schools. One notable difference is in Dominica, where 66 per cent of boys were enrolled in public primary schools, compared with 56 per cent of girls. In contrast, girls (44 per cent) were more likely than boys (35 per cent) to be enrolled in private primary schools (see *Annex Table 6 and Annex Chart 6*).

### Secondary school enrolment

*OECS Education Statistical Digest* also provides data on the number of pupils enrolled in public and private secondary schools (forms 1 to 5) in OECS Member States. *Chart 4.3* shows secondary school net enrolment rates for 2016-2017. Enrolment rates in secondary school were lowest in British Virgin Islands (69 per cent) and Dominica (78 per cent). Net enrolment rates vary by sex in some countries/territories.

In the ECA, a total of 50,923 adolescents were enrolled in secondary schools; 50 per cent were girls and 50 per cent were boys (see *Annex Table 13 and Annex Chart 7*).



**Chart 4.3. Net enrolment rates in secondary schools in 2016-2017 by country/territory and sex**

**Note:** The OECS average is based on the six countries with available data (does not include Anguilla, Grenada and Montserrat).

**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the Academic Year 2016-2017.

In AY 2016-2017, 50 per cent of secondary school pupils were enrolled in private secondary schools and 47 per cent in public secondary schools. This was a pattern across each of the eight countries/territories. Girls were more often enrolled in private secondary schools and boys in public secondary schools (see *Annex Table 10*).

There were two countries with notable sex differences in enrolment in public and private secondary schools:

- Dominica – 78 per cent of boys and 58 per cent of girls were enrolled in public secondary schools, whereas girls (42 per cent) were twice as likely as boys (22 per cent) to be enrolled in private secondary schools.
- Grenada – 76 per cent of girls and 51 per cent of boys were enrolled in private secondary schools, whereas boys (49 per cent) were twice as likely as girls (24 per cent) to be enrolled in public secondary schools.

## GRADE REPETITION

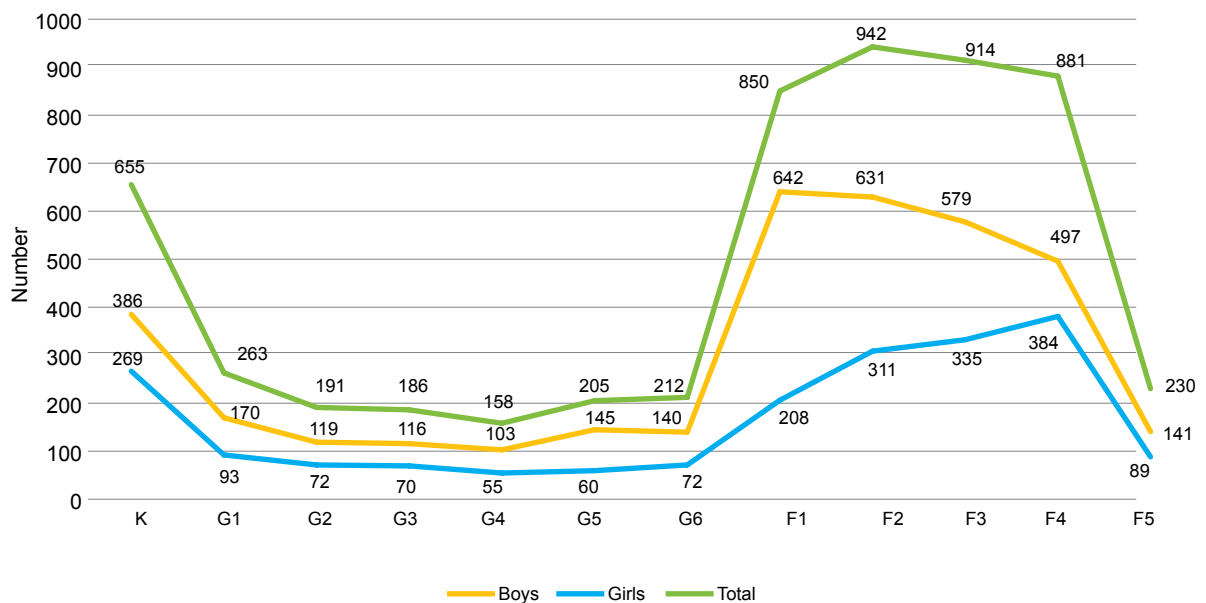
Grade repetition rates represent the proportion of pupils who remain in the same grade in the following school year. Repeating a grade reflects the internal efficiency of the systems. Repetition is one of the key indicators for analyzing and projecting pupil flows from grade-to-grade within educational systems. Bear in mind, Montserrat has an automatic promotion policy; thus, students do not repeat grades.

Chart 4.4 shows the number of children in primary and secondary schools who repeated grades in AY 2016-2017. Most notable is that from kindergarten to form 5, boys were more likely to repeat grades than girls. Overall, boys represent nearly two-thirds, or 63 per cent, of grade repeaters in primary schools. Similarly, boys represent two-thirds, or 65.2 per cent, of grade repeaters in secondary schools (see Annex Table 14).

Other notable findings include the following:

- Children were more likely to repeat kindergarten than other primary school grades.
- Pupils were most likely to repeat secondary forms 1 to 4 than primary school grades.
- Compared with girls, boys were three times as likely to repeat Form 1 and twice as likely to repeat Form 2.
- The number of boys who repeat grades increases dramatically in forms 1, 2 and 3.

**Chart 4.4. Number of repeaters by grade and sex, 2016-2017**



**Note:** Data are based on enrolment data from Antigua and Barbuda, British Virgin Islands, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines. Montserrat has an automatic promotion policy. Data for Anguilla were not available.

**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the Academic Year 2016-2017.

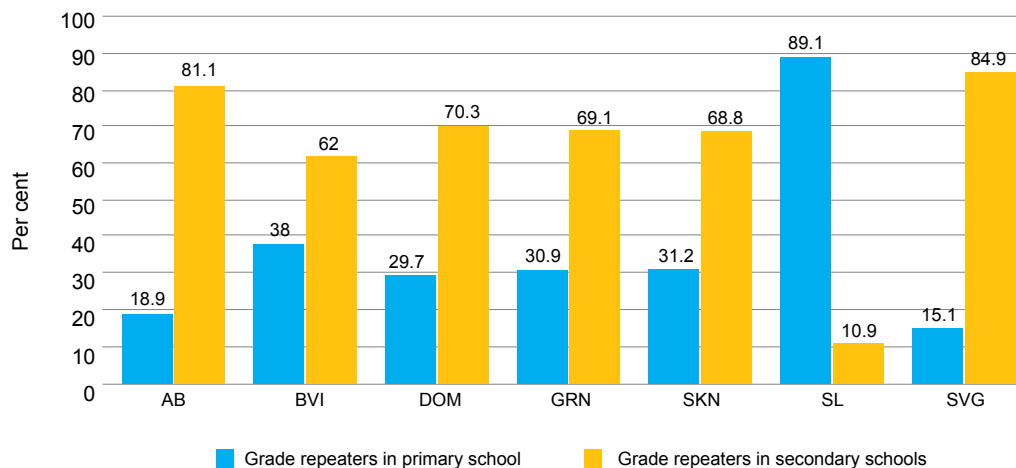


Chart 4.5 shows that in the majority of countries/territories, most repeaters are in the secondary school grades. Out of all repeaters, the proportion of grade repeaters in secondary schools was highest in Saint Vincent and the Grenadines (84.9 per cent) and Antigua and Barbuda (81.1 per cent). Saint Lucia was unique in that the majority of repeaters are in primary school grades (89.1 per cent). More information is needed to understand why the pattern of grade repetition is different in Saint Lucia (see Annex Table 15).

Other notable country/territory differences related to grade repetition include:

- In British Virgin Islands and Grenada, boys were twice as likely as girls to repeat grades in primary and secondary schools.
- In Dominica, boys were twice as likely as girls to repeat grades in secondary schools.
- In Saint Vincent and the Grenadines, boys were twice as likely as girls to repeat grades in primary and secondary schools. Out of all repeaters, the proportion of boys repeating primary school grades increased from 63 per cent in AY 2016-2017 to 70 per cent in 2017-2018. At secondary school level, the proportion of boys repeating grades, out of all repeaters, increased from 65 per cent in 2016-2017 to 68 per cent in 2017-2018. Research is needed to understand what is contributing to these sex differences in grade repetition.

**Chart 4.5. Distribution of all grade repeaters by school level**



**Note:** Data are based on enrolment data from Antigua and Barbuda, British Virgin Islands, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines. Montserrat has an automatic promotion policy. Data for Anguilla were not available.

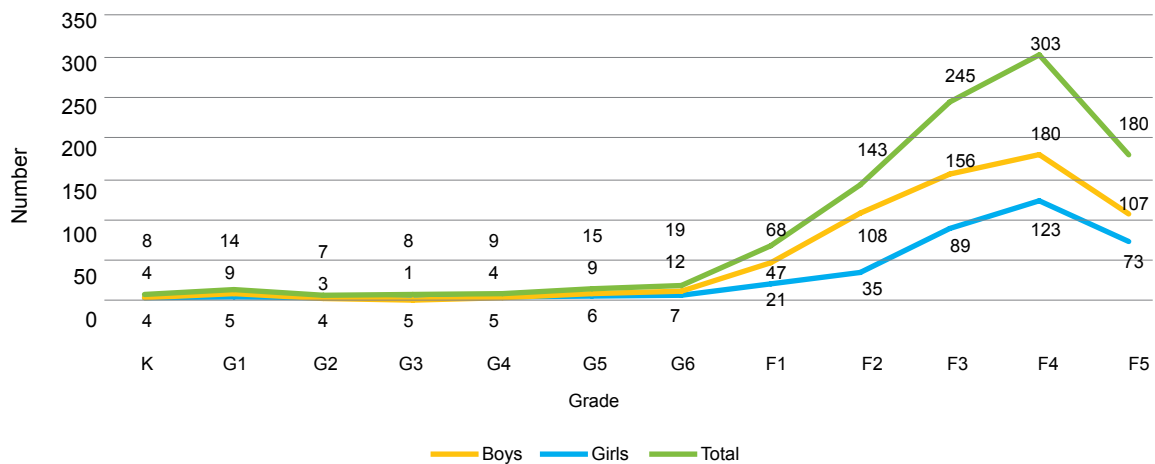
**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the Academic Year 2016-2017, Saint Vincent and the Grenadines Education Statistical Digest 2017-2018.

## SCHOOL DROPOUT

School dropout rates reflect the proportion of pupils from a cohort enrolled in a given grade at a given school year who are no longer enrolled in the following school year. Premature exiting measures the phenomenon of pupils leaving school without completion, and its effect on the internal efficiency of educational systems. School dropout is one of the key indicators for analyzing and projecting pupil flows from grade-to-grade within the educational cycle.

Chart 4.6 shows the number of children – boys and girls – in primary and secondary schools who dropped out of school in AY 2016-2017. From kindergarten to Grade 5, very few children dropped out of primary schools, whether boys or girls. Boys were more likely than girls to drop out of secondary schools (forms 1 to 5), representing nearly two-thirds, or 64 per cent, of school dropouts from secondary schools. The number of dropouts from forms 1 to 4 has steadily increased (see Annex Table 16).

**Chart 4.6. Total number of dropouts 2016-2017 (by grade and sex)**

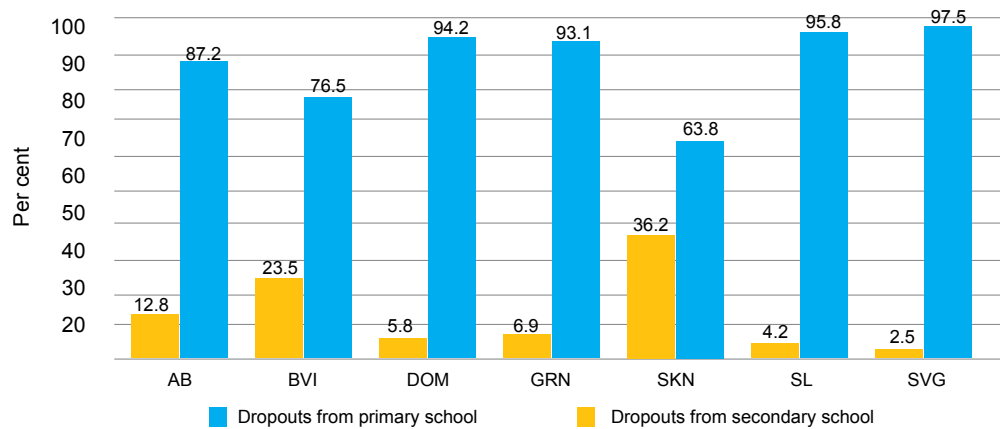


**Note:** Data is based on enrolment data from Antigua and Barbuda, British Virgin Islands, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines. Data for Anguilla and Montserrat were not available.

**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the Academic Year 2016-2017.

Chart 4.7 show that in the majority of countries/ territories, children who drop out of school are more likely to drop out at secondary, rather than primary, level. The proportion of dropouts from secondary schools was highest in Saint Vincent and the Grenadines, Saint Lucia, Dominica and Grenada; these countries also had the lowest proportion of dropouts from primary schools. In comparison, Saint Kitts and Nevis and British Virgin Islands had a larger proportion of children who dropped out of primary school grades (36.2 per cent and 23.5 per cent respectively) than secondary school grades. Research is needed to understand school dropout in Saint Kitts and Nevis and British Virgin Islands (see Annex Table 17). Other notable country/territory differences relating to school dropouts include:

- In Saint Kitts and Nevis, girls were twice as likely as boys to drop out of primary school.
- In Dominica and Saint Lucia, boys were twice as likely as girls to drop out of secondary schools.

**Chart 4.7. Distribution of school dropouts by school level**

**Note:** Montserrat has an automatic promotion policy. Data for Anguilla were not available.

**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the Academic Year 2016-2017.

## OUT-OF-SCHOOL CHILDREN

The first Out-of-School Children Initiative (OOSCI) study was conducted in 2017 in seven Eastern Caribbean countries – Antigua and Barbuda, Dominica, Saint Lucia, Saint Vincent and the Grenadines, Grenada, Saint Kitts and Nevis, and Turks and Caicos Islands. *Diagram 4.1* reveals key findings from the OOSCI study, relating to the proportion of children and adolescents in 2013/2014 who are out of school. In general, total exclusion was found to be very low in the ECA:<sup>199</sup>

- 0.5 per cent of children aged four were out of school (dimension 1)
- 1.4 per cent of children aged 5-11 were out of school (dimension 2)
- 3.3 per cent of children aged 12-14 were out of school (dimension 3)

Exclusion mostly appeared at age 14 and intensified at ages 15 and 16.

‘Potential exclusion’ concerns pupils who are enrolled in school, but at risk of dropping out or experiencing academic failure upon completion of secondary education. The indicator chosen to account for potential exclusion was having experienced two or more education breakdown experiences and being two or more years over the typical age of entrance for the grade.<sup>200</sup>

*Diagram 4.1* shows that potential exclusion is significantly higher than total or present exclusion. It shows that:<sup>201</sup>

- 2 per cent of students of primary education were considered at critical risk of exclusion because they were two or more years over the typical age of entrance for the grade; an additional 15 per cent of primary students were determined to be facing moderate risk, being one year over age (dimension 4)

199 Knight et al., *Out-of-School Children Study in the Eastern Caribbean: Final Report*, UNICEF Office for the ECA, 2017, pp. 15-17.

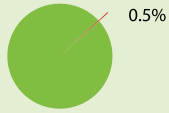

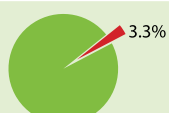
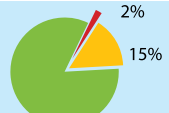
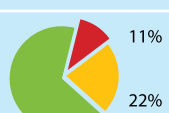
200 Ibid, pp. 15-17.

201 Ibid, pp. 15-17.

- 11 per cent of lower-secondary age students were facing critical risk (due to being two or more years of overage), and an additional 22 per cent were facing moderate risk, being one year overage (dimension 5).

The study identified several risk factors for exclusion, including: low parental engagement and involvement in school; child abuse and violence; streaming among and within schools; inadequate public provisions for ECE; and inadequate education provision for children with special needs.

**Diagram 4.1. The five dimensions of exclusion analysis in the ECA**

Total or Present Exclusion	<b>Dimension 1</b>	Total exclusion by the age of attending the last year of Early Childhood Education: almost 50 children out of school, 0.5% of population of age 4	 0.5%
	<b>Dimension 2</b>	Total exclusion by the age of Primary: 840 children out of school, 1.4% of population of age 5 to 11	 1.4%
	<b>Dimension 3</b>	Total exclusion by the age of Lower secondary: over 1,000 children out of school, 3.3% of population of ages 12 to 14	 3.3%
Potential or Partial Exclusion	<b>Dimension 4</b>	Potential exclusion within Primary: 1,700 students with two or more years of overage (at critical risk), representing 2% of Primary enrolment	 2% 15%
	<b>Dimension 5</b>	Potential exclusion within Lower secondary: more that 3,600 students with two or more years of overage (at critical risk); They represent 11% of students of Forms 1 to 3. And 7,500 students with 1 year overage (moderate risk), 22% of Lower Secondary enrolment	 11% 22%

**Source:** Knight et al., *Out-of-School Children Study in the Eastern Caribbean: Final Report*, UNICEF Office for the ECA, 2017, p. 16.

The study also identified supply and demand barriers to exclusion. The supply barriers included inadequate student support for struggling learners, and deficiencies in teacher quality and training. Demand barriers included poverty; negative attitudes towards children living with disabilities; secondary school teachers' attitudes towards academically weak students; and, boys' disadvantage in educational participation and performance. Poor readiness of students for transition from primary to secondary level was identified as a quality barrier.

## EQUITABLE ACCESS TO EDUCATION

In the ECA, special needs education is provided for students whose needs cannot be met in mainstream schools. This does not include exceptional or gifted students who may also have special educational needs. In Saint Vincent and the Grenadines there are three schools for children with special needs; the School for Children with Special Needs in Kingstown typically has the largest enrolment with 55 students (39 males and 16 females) in AY 2017-2018.

Table 4.2 shows the number and proportion of children with special needs in schools in Saint Vincent and the Grenadines for AYs 2016-2017 and 2017-2018. In 2016-2017, 113 children with special needs were in schools, including 80 males and 33 females. Among the 113 children, 34.5 per cent had learning disabilities, 15.0 per cent were mentally challenged, 10.6 per cent had autism and 15.0 per cent were categorized as having 'other' disabilities. In AY 2017-2018, there were 111 children with special needs in schools, including 77 males and 34 females. Among the 111 children, 33.3 per cent had multiple handicaps, 26.1 per cent had learning disabilities, and 20.7 per cent were mentally challenged.

Bear in mind, net enrolment rates are not available for children with special needs in Saint Vincent and the Grenadines.

In AY 2016-2017, there were 28 teachers in special education centres, with a pupil/teacher ratio of 4. By AY 2017-2018, the number of special education teachers dropped to 23, of which 65.2 per cent were trained, and there was a pupil/teacher ratio of 5.

In Saint Vincent and the Grenadines, special education continues to receive support from the government to meet the needs of special needs learners. This includes allocation of resources to support professional development for special needs teachers, particularly to improve their pedagogical skills. The policy states that arrangements must be made to ensure all students, including those with special educational needs, receive effective learning opportunities. The long-term goal is to move towards implementation of inclusive education through increased integration of students with special education needs into primary and secondary schools.

Type of disability	2016-2017		2017-2018	
	number	per cent	number	per cent
Learning disabilities	39	34.5	29	26.1
Mentally challenged	17	15.0	23	20.7
Autism	12	10.6	0	0.0
Hearing Impaired	8	7.1	11	9.9
Visually Impaired	3	2.7	2	1.8
Multiple handicaps	8	7.1	37	33.3
Down syndrome	9	8.0	3	2.7
Other	17	15.0	6	5.4
<b>Total</b>	<b>113</b>	<b>100.0</b>	<b>111</b>	<b>100.0</b>

**Source:** Saint Vincent and the Grenadines Education Statistical Digest 2017-2018.

Table 4.3 shows the number and proportion of children with special needs in schools in Saint Lucia for AYs 2015-2016 and 2016-2017. In 2015-2016, 357 children with special needs were in schools. 65 per cent had learning disabilities, mental challenges and/or autism, 22.4 per cent were visually impaired, 8.7 per cent had multiple handicaps, 2.8 per cent were hearing impaired and 1.1 per cent were physically challenged.

In AY 2016-2017, there were 368 children with special needs in schools. 37.2 per cent were girls and 62.8 per cent were boys. 62.5 per cent had learning disabilities, mental challenges and/or autism, 23.1 per cent were visually impaired, 10.3 per cent had multiple handicaps, 2.2 per cent were hearing impaired and 1.9 per cent were physically challenged.

In AY 2016-2017 and 2017-2018, there were 64 teachers in special education centres, with an average pupil/teacher ratio of 6. The pupil/teacher ratio ranged from 3 to 12 depending upon the school.

Type of disability	2015/2016		2016/2017	
	number	per cent	number	per cent
Learning disabilities, mentally challenged and/or autistic	232	65.0	230	62.5
Hearing impaired	10	2.8	8	2.2
Visually impaired	80	22.4	85	23.1
Multiple handicaps	31	8.7	38	10.3
Physically challenged	4	1.1	7	1.9
<b>Total</b>	<b>357</b>	<b>100.0</b>	<b>368</b>	<b>100.0</b>

**Source:** Government of Saint Lucia, 2017 Department of Education Statistical Digest.

## EDUCATION IN EMERGENCIES

### Education of children affected by disasters

Natural disasters and hazards can negatively impact the goal of ensuring that every child learns, as demonstrated by the catastrophic effects of the 2017 hurricane season, which exposed the vulnerability of the ECA's education sector.<sup>202</sup> In 2017, Hurricanes Irma and Maria left the school systems on the affected islands in disarray. Many school buildings were rendered unusable, having lost windows, roofs and equipment. In Dominica, for example, 83 per cent of schools reported some level of damage and 20 schools were used as shelters. In total, about 39,000 children in the five affected countries and territories – Anguilla, Barbuda, British Virgin Islands, Dominica, and Turks & Caicos Islands – were not able to go to school for at least one month, while some schools opened two or even three months later. Only children from Barbuda were able to return to school after 2.5 weeks in the sister island of Antigua but returned to their home schools in Barbuda five months later.<sup>203</sup>

<sup>202</sup> UNICEF Country Office Annual Report 2018: Eastern Caribbean Multi-Country Program, UNICEF Office for the ECA, pp. 4-7.

<sup>203</sup> UNICEF's response to Hurricanes Irma and Maria – Recovery, Rebuilding and Resilience, UNICEF Office for the ECA, 2018, p. 38.

After the hurricanes struck, UNICEF's priority was getting countries back to a state where children could enjoy their right to education. Damage assessments were conducted and pre-positioned supplies (e.g., tents, family hygiene kits, recreational equipment, schools-in-a-box and early childhood development (ECD) kits) were distributed.<sup>204</sup> Efforts took place to restore schools and learning spaces, and to deliver school supplies. In Anguilla, Dominica and British Virgin Islands, temporary learning and protective spaces were set up under tents. In British Virgin Islands, temporary learning and protective spaces for children aged 3-8 were established in seven locations, reaching some 1,000 children.<sup>205</sup>

Within the first nine months, 180 ECD kits, more than 400 schools-in-a-box, almost 250 recreational kits and 88 tents were distributed. In Barbuda, an emergency curriculum was developed to support multi-grade teaching.<sup>206</sup> In Dominica, the European Commission's Civil Protection and Humanitarian Aid Operations (ECHO) Department distributed 4,500 chairs and tables among primary and secondary schools most in need, as well as delivering school-based disaster risk management trainings.<sup>207</sup>

Once the initial and most pressing post-hurricane needs of children and adolescents were met, a slew of unforeseen requirements emerged, such as adolescent after-school programmes. For instance, in British Virgin Islands, as schools re-opened they started operating on a shift system, which meant lessons finished at noon for many students, leaving students at increased risk of engaging in antisocial behaviours, loitering, theft, fighting and vandalism.<sup>208</sup> In response, the Department of Youth Affairs and Sports within the Ministry of Education introduced the Creative Learning and Arts Programme, which gave hundreds of adolescents aged 12-15 constructive and engaging ways to cope with a truncated school day.<sup>209</sup>

By the end of 2017, the majority of schools in Anguilla and many in Dominica had re-opened. Nearly all children in Turks and Caicos Islands and Antigua and Barbuda were back at school, as were an estimated 90 per cent in British Virgin Islands. More than one year after the hurricanes, many schools were still only partially repaired.<sup>210</sup>

To better understand the specific gaps and challenges, ministries of education from across the region met for an after-action review and SWOT analysis. The review documented key lessons learned, including the need for psychosocial support for teachers and students, the need to update intersectoral preparedness plans that define roles and accountability, and the need to find a means to secure important school records and protect information systems. It also outlined the way forward for countries/territories and regional partners, based on the three pillars of the comprehensive safe school framework (CSSF):

---

204 Ibid, p. 11.

205 Ibid, p. 38.

206 Ibid, p. 40.

207 Ibid, p. 38.

208 Ibid, p. 36.

209 Ibid, p. 36.

210 Ibid, p. 40.

- safe learning facilities
- school disaster management
- risk reduction and resilience education<sup>211</sup>

Also identified as important were:

- advocacy
- development of regional guidance
- capacity-building around education in emergencies (EiE)
- technical assistance and collaboration between countries to better implement the CSSF<sup>212</sup>

The main regional initiative is the Caribbean Safe School Initiative (CSSI). This is part of the Worldwide Initiative for Safe Schools (WISS), which was designed to assist participating states to implement processes that result in safer and better educational facilities, building on the three core pillars of the CSSF.<sup>213</sup> The CSSI was officially launched during the first Caribbean Safe School Ministerial Forum in April 2017, when 12 governments signed the Antigua and Barbuda Declaration on School Safety in the Caribbean, explicitly recognizing the region's vulnerability to disaster and the threats of climate change and variability to the education sector in the ECA. The Declaration embraced the global CSSF and the CSSI; adopted a Caribbean Regional Road Map on School Safety; and pledged that new and existing educational infrastructure and school facilities should be fully accessible to all, including people with disabilities.<sup>214</sup>

Building upon the 2017 experience, concrete and significant efforts have been made to strengthen the resilience of countries to these natural disasters.<sup>215</sup> In the ECA, ministries have taken steps to:

- Make resilience education an integral part of trainings delivered to teachers.
- Develop preparedness plans for successive hurricane seasons.
- Develop safe schools programmes that involve provision of a SMART school inspection course for principals and teachers and school-level preparedness plans.
- Develop school safety plans, including disaster preparedness plans and training for teachers on disaster risk management (in Dominica, Students worked on these plans and mapped their school compounds, noting hazards and vulnerabilities and assessing capacities).<sup>216</sup>

211 UNICEF Country Office Annual Report 2018: Eastern Caribbean Multi-Country Program, UNICEF Office for the ECA, pp. 4-7.

212 Ibid, pp. 4-7.

213 Pegram, J. & Knaute, D., *Caribbean Children Facing the Climate Crisis: UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children: Eastern Caribbean*, UNICEF Office for the ECA, 2019..

214 Ibid.

215 UNICEF's response to Hurricanes Irma and Maria – Recovery, Rebuilding and Resilience, UNICEF Office for the ECA, 2018, p. 41.

216 This work was carried out with 500,000 Euros in support from the European Commission and collaboration with the Government of Dominica and IsraAID; UNICEF Country Office Annual Report 2018: Eastern Caribbean Multi-Country Program, UNICEF Office for the ECA, pp. 4-7.



Efforts are under way to ensure that such interventions are rolled out across each of the five countries/territories, including development of preparedness plans for successive hurricane seasons.<sup>217</sup> This has been coupled with training for education personnel from across the region in EiE programming, including the minimum standards of the Inter-Agency Network for Education in Emergencies (INEE) and basic tools to help strengthen risk-informed educational responses. As a result, there is increased knowledge of EiE roles, responsibilities and accountability across education stakeholders, and a commitment to strengthening safe schools programmes.<sup>218</sup>

### Education of children on the move in Trinidad and Tobago

In Trinidad and Tobago, an unfolding humanitarian crisis has emerged in recent years with the significant influx of Venezuelan migrants. Migrant children and their families face challenges regularizing their immigration status, which affects their access to education.<sup>219</sup> IOM found that more than three-quarters of migrant children aged 5-18 who had been in Trinidad for more than a year still did not have access to formal education.

Since 2018, development partners and advocates have lobbied the Government of Trinidad and Tobago to guarantee migrant children access to the formal public education system, including ECD centres.<sup>220</sup> The Government indicated that limited resources were a barrier to offering education services to migrant children: access to education services is not guaranteed because there are Trinidadians who are not able to access education services due to resource constraints.<sup>221</sup> In response, UNICEF, UNHCR and LWC partnered to operate a Temporary Learning Centre (TLC) that provides education opportunities at primary and secondary levels for migrant children and adolescents in Port of Spain.<sup>222</sup> The TLC has been the only access to educational opportunities available to migrant children and adolescents.<sup>223</sup>

The focus has also been on strengthening teachers' capacities to provide psycho-social support and rights-based, child-centred education, alongside positive behaviour management techniques aimed at providing strategies to better manage difficult behaviours, engage students for improved learning, and to help affected children cope with dislocation challenges. Children have also been provided with school supplies and transportation to/from the TLC.<sup>224</sup>

217 UNICEF's response to Hurricanes Irma and Maria – Recovery, Rebuilding and Resilience, UNICEF Office for the ECA, 2018, p. 41.

218 UNICEF Country Office Annual Report 2018: Eastern Caribbean Multi-Country Program, UNICEF Office for the ECA, pp. 4-7.

219 Migration flows in Latin America and the Caribbean, Situation Report No. 3, April 2019, p. 2; Migration flows in Latin America and the Caribbean, Situation Report No. 5, May-December 2018, p. 1.

220 Migration flows in Latin America and the Caribbean, Situation Report No. 2, March 2019, p. 17.

221 Migration flows in Latin America and the Caribbean, Situation Report No. 4, May 2019, pp. 18.

222 Migration flows in Latin America and the Caribbean, Situation Report No. 2, Sept-Oct 2019.

223 Migration flows in Latin America and the Caribbean, Situation Report No. 1, Jan-Feb 2019, p. 18.

224 Migration flows in Latin America and the Caribbean, Situation Report No. 2, Sept-Oct 2019.

LWC also conducts home visits to families with out-of-school children, particularly children under five, to assess their situation and ensure that parents/caregivers are provided with early childhood stimulation counselling. In 2018, of the 283 children (148 boys and 134 girls) identified as being out-of-school in LWC's registration database, 55 (32 boys and 23 girls) were accessed via home visits and social assessments were conducted. The outcome was that 13 children were referred and registered at the TLC and 11 were registered at the child-friendly community space (CFS) in Mt. Lambert. In the first quarter of 2019, ECD workshops were also offered for parents/caregivers in an effort to bring them together in groups.<sup>225</sup>

*Chart 4.8* shows the numbers of migrant children and adolescents who have accessed formal education, including ECD services between September 2018 and October 2019, mainly through the TLC. Most notable is the significant increase, over less than a year, in the number of children who have been able to access formal education.

As of June 2019, the Minister of National Security and Communications announced that the Government of Trinidad and Tobago will not prevent private Catholic Schools from educating children of Venezuelan migrants. In addition, Presbyterian School Boards were in negotiations to establish a second shift system for migrant children to assist in the provision of accredited education.<sup>226</sup>

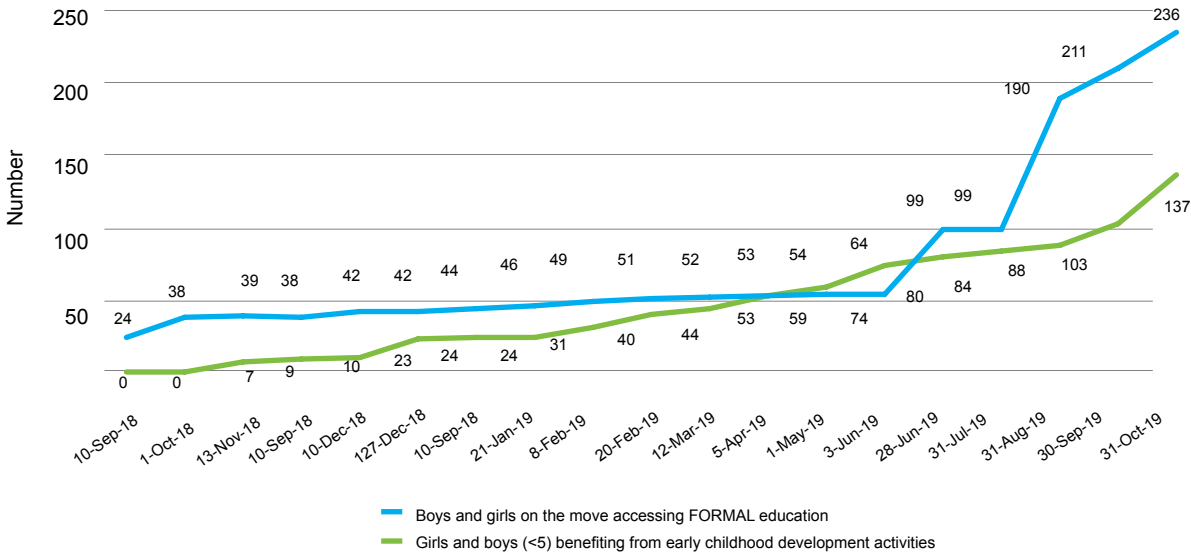
Steps have also been taken to ensure out-of-school children have access to formal education through 'Equal Place', an accredited online educational platform that is linked to the Trinidad and Tobago curriculum and the Caribbean Examination Board. Equal Place offers a blended learning environment of online learning and face-to-face interactions with facilitators of primary and secondary education.



225 *Migration flows in Latin America and the Caribbean, Situation Report No. 4, December 2018*, p. 19.

226 *Migration flows in Latin America and the Caribbean, Situation Report No. 5, June 2019*, p. 18.

**Chart 4.8. Migrant children’s access to formal education and ECD services in Trinidad and Tobago**



**Note:** There was no situation report for January 2019, so the numbers are carried over from December 2018.

**Source:** Humanitarian Performance Monitoring Matrix, November 2019.

## POST-SECONDARY AND TERTIARY EDUCATION

Access to post-secondary and tertiary education for adolescents is crucial to learning outcomes and skills development, human development of a population, and poverty reduction in a country. Summary data on transition rates and net enrolment rates, as well as numbers of adolescents and young people in post-secondary and tertiary education are limited and inconsistent across each of the 12 Eastern Caribbean countries/territories. In countries/territories where data is available, much of the data are decentralized and disaggregated by institutions, making it difficult to compile and present the data, and to offer a comparative analysis.

## LEARNING OUTCOMES

At primary and secondary levels of education, children and adolescents develop foundational and transferable skills, including digital skills needed to enable them to become lifelong learners, and to access future educational and work opportunities.<sup>227</sup>

In the ECA, data and information about levels of learning achievement are limited; nevertheless, it is important to understand disparities in learning – which children are learning appropriately and which are not – and to use this information to inform policies to improve learning outcomes.<sup>228</sup> In most countries/territories, there is a need to better understand gender inequalities in learning outcomes, and to understand the drivers of gender gaps.<sup>229</sup>

227 Goal Area 2: Every Child Learn - UNICEF Global Annual Results Report 2018. UNICEF, 2019, p. 39.

228 Ibid, p.16.

229 Ibid, p.16.

## Learning outcomes in ECE

Quality ECE is one of the most effective investments for children's success in school and later in life. Based upon this premise, SDG Target 4.2 requires governments to "ensure that all girls and boys have access to quality ECD, including pre-primary education so that they are ready for primary education", and calls for at least one year of quality pre-primary education.<sup>230</sup> Aligned with this target, the OECS Commission has supported the establishment of a sub-regional, integrated operational framework and curriculum for providing high quality ECD services and programmes.<sup>231</sup> The phased introduction of a sub-regional framework and curriculum began with training-of-trainers in Anguilla, British Virgin Islands and Saint Lucia. The result was a cadre of trainers with the competencies to train others in the health, education and social service sectors to use the framework and curriculum to deliver pedagogical approaches that promote ECD.<sup>232</sup>

In Anguilla, Antigua and Barbuda, Saint Lucia and Saint Vincent and the Grenadines, key stakeholders from the health, education and social service sectors have benefited from participation in a series of national awareness-raising exercises which introduced them to the sub-regional framework and curriculum. Subsequently, these stakeholders committed to identifying opportunities to build on existing structures with the aim of harmonizing systems and processes for introducing high quality ECD.<sup>233</sup>

Annual data related to ECE skills development and/or learning outcomes are not readily available for Eastern Caribbean countries/territories. There is also a lack of data relating to SDG 4.2.1 – the proportion of children under five years of age who are developmentally on track in health, learning and psychosocial well-being.

## Academic achievement in primary and secondary education

Academic achievement in secondary education is determined by children's performance in primary education, particularly examination results at primary Grades 2, 4 (National Assessments) and 6 (Common Entrance Examination). These data are presented for AY 2016-2017 in *Table 4.4* and *Charts 4.9 to 4.10*.

*Table 4.4* shows available data on student performance in national examinations at the primary level by country/territory, sex of the student and grade (*see also Annex Table 13*). Most notable is that girls were more likely than boys to perform well in reading and mathematics national examinations at the primary level. In some cases, the gender gap was significant, such as: Grade 4 reading performance in Anguilla and Barbuda and Montserrat; Grade 4 mathematics performance in Montserrat; and Grade 6 mathematics performance in Saint Lucia. In general, gender differences show a clear trend of boys increasingly lagging behind girls as they pass through the grades (*see Annex Table 18*).

---

<sup>230</sup> Ibid, p.18.

<sup>231</sup> Ibid, pp. 4-7.

<sup>232</sup> Ibid, pp. 4-7.

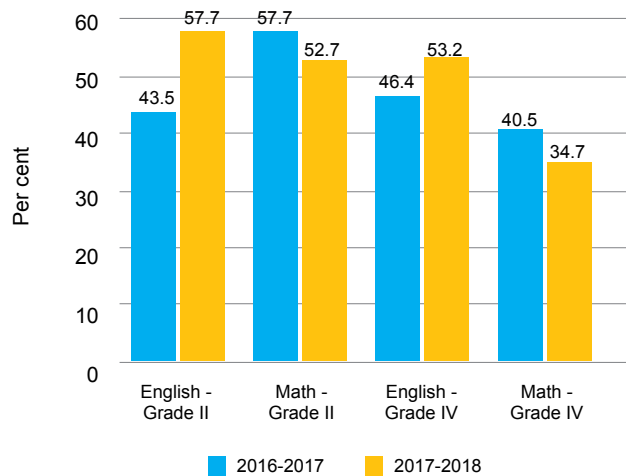
<sup>233</sup> Ibid, pp. 4-7.

Country/Territory	Grade	Reading			Mathematics		
		Boys	Girls	Total	Boys	Girls	Total
		per cent	per cent	number	per cent	per cent	number
Anguilla and Barbuda National Assessment ( $\geq 55\%$ )	2	42.2	57.8	919	46.5	53.5	1,073
	4	36.9	63.1	463	44.2	55.8	493
	6	41.8	58.2	670	44.1	55.9	644
Dominica National Assessment ( $\geq 65\%$ )	2	46.8	53.2	579	49.5	50.5	329
	4	43.6	56.4	784	47.7	52.3	327
	6	46.8	53.2	787	46.9	53.1	714
Grenada Minimum Competence Test	2	48.1	37.8	711	50.0	50.0	915
	4	44.7	55.3	968	46.4	53.6	931
	6	48.3	51.7	1,481	48.3	51.7	1,141
Montserrat Salford Reading & National Math Assessment	2	52.9	47.1	34	48.6	51.4	35
	4	35.4	64.6	48	36.4	63.6	33
	6	47.8	52.2	46	50.0	50.0	54
Saint Kitts and Nevis Test of Standards	2	--	--	--	--	--	--
	4	44.3	55.7	388	47.1	52.9	346
	6	44.2	55.8	278	37.8	62.2	230
Saint Lucia National Assessment ( $\geq 60\%$ )	2	47.8	52.2	1,411	47.5	52.5	1,374
	4	51.2	48.8	1,534	52.2	47.8	1,340
Common Entrance Examination ( $\geq 50\%$ )	6	50.9	49.1	1,648	50.1	49.9	1,398

**Source:** OECS Commission, *Education Statistical Digest: Statistics on Education for the Academic Year 2016-2017*.

Data from Saint Vincent and the Grenadines are not presented in *Table 4.4* because they came from the *Saint Vincent and the Grenadines Education Statistical Digest 2017-2018* and are not comparable. *Chart 4.9* shows Saint Vincent and the Grenadines national examination performance averages per subject for Grades 2 and 4 for AYs 2016-2017 and 2017-2018 (sex differences in examination performance are not available).

Most notable is that performance rates in English and mathematics vary from 2016-2017 to 2017-2018. English performance rates increased from year-to-year, whereas mathematics performance rates decreased. In addition, performance rates at Grade 4 were lower than at Grade 2.

**Chart 4.9. National examination performance in Saint Vincent and the Grenadines**

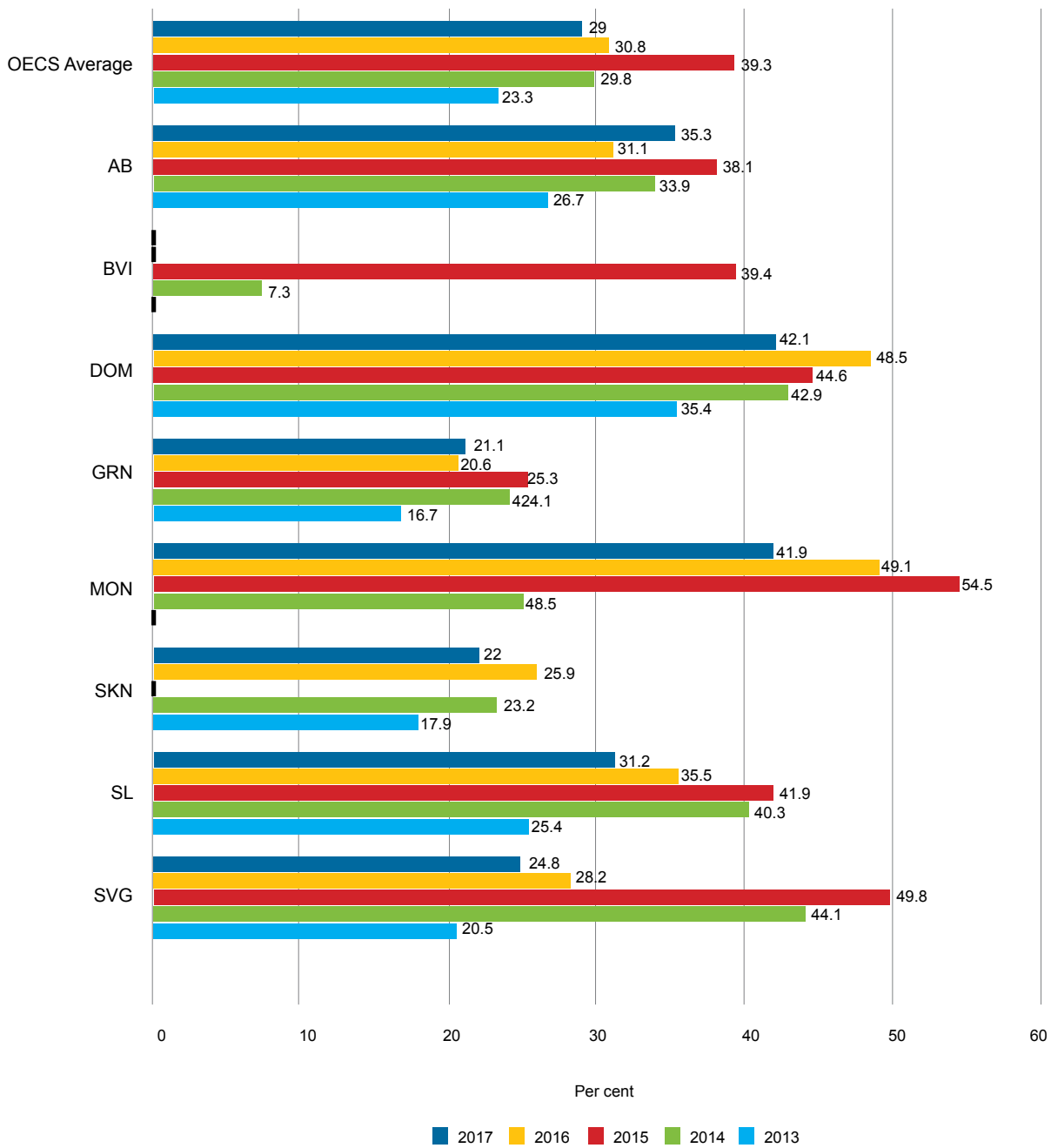
**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the Academic Year 2016-2017; Saint Vincent and the Grenadines Education Statistical Digest 2017-2018.

*Chart 4.10* shows trend data for achievement rates for passing five CSEC subjects, including English A and Mathematics, from 2013 to 2017. On average, among OECS member states, there was an increase in the proportion of students who passed five CSEC subjects, including English A and Mathematics, from 23.3 per cent in 2013 to 29.8 per cent in 2014 and 39.3 per cent in 2015. This was followed by a decrease to 30.8 per cent in 2016 and 29.0 per cent in 2017.

Montserrat and Dominica have the highest proportion of students achieving passing grades on five CSEC subjects, including English A and Mathematics. Students in Grenada and Saint Kitts and Nevis performed worst.

Most concerning is the recent decline in the proportion of students in nearly every country/territory who achieved passing grades in five CSEC subjects, including English A and Mathematics. Low academic achievement has long-term impact for children and adolescents, which will follow them through into adulthood and could affect earnings.

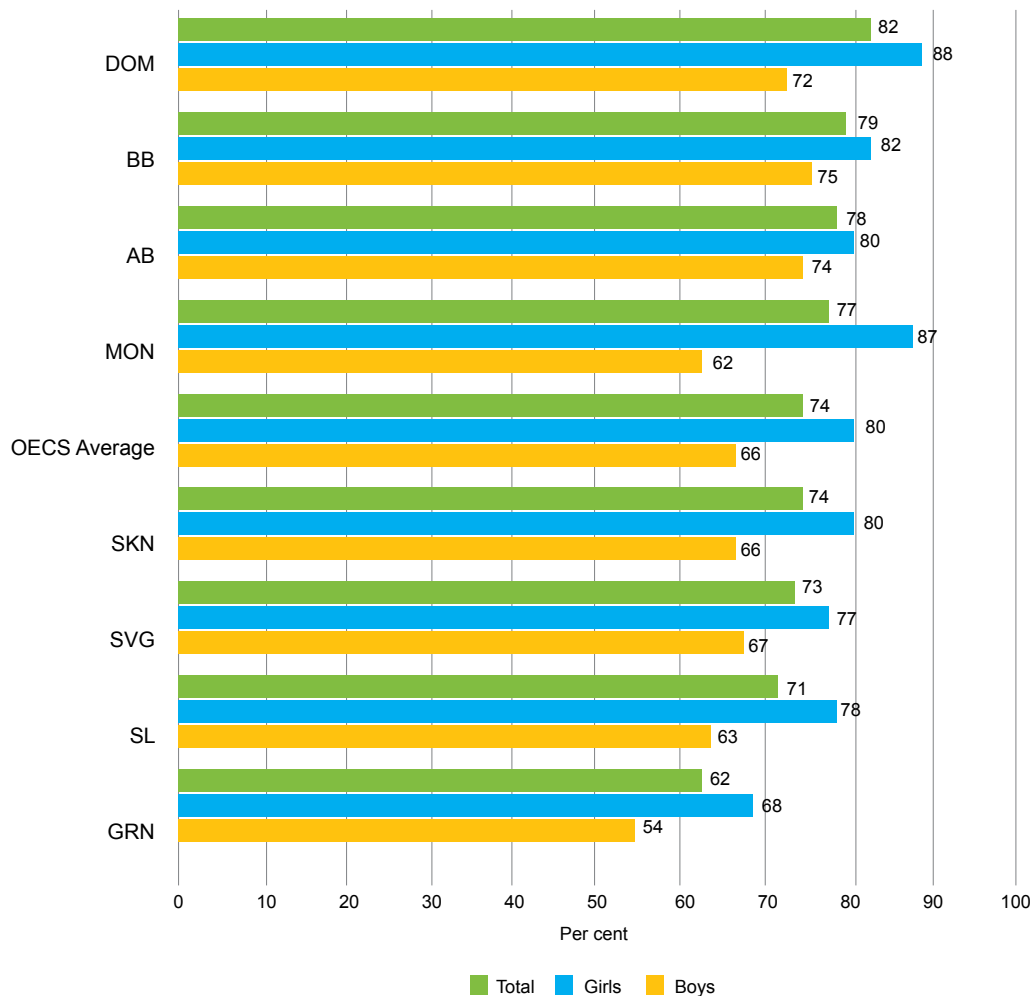
**Chart 4.10. Students passing five CSEC subjects, including English A and Mathematics**



**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the Academic Year 2016-2017.

Looking at pass rates for five or more subjects including English A, girls are more likely than boys to achieve well (see Chart 4.11). On average, 74 per cent of students passed five or more CSEC subjects with English A: 80 per cent were girls and 66 per cent were boys (representing a 14 percentage point difference between boys and girls in performance). This is despite the gender parity in enrolments. The implication is that more girls than boys will be suited for jobs requiring good writing and reading skills. It is notable that students in Dominica, Barbados, Antigua and Barbuda and Montserrat performed better than the regional average, while students from Grenada, Saint Lucia and Saint Vincent and the Grenadines performed below the regional average. Further research is needed to understand what is driving these sex disparities in performance.

**Chart 4.11. Students passing five or more CSEC subjects with English A**



**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the Academic Year 2016-2017.

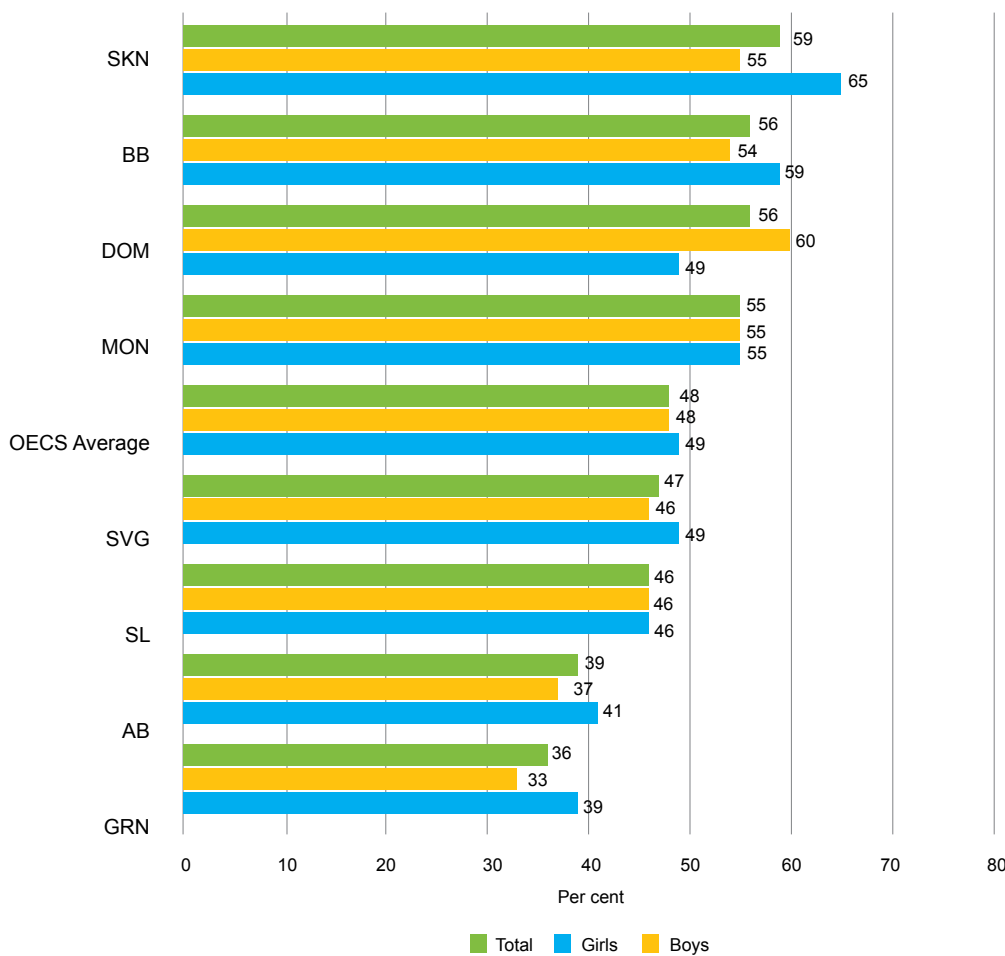


Sex differential in CSEC passing rates for five or more subjects with mathematics are presented in *Chart 4.12*. Success rates are not as good as they are for five subjects with English A, and sex differences are much less pronounced. In the ECA, on average, only 48 per cent of students passed five or more CSEC subjects with mathematics, of which 49 per cent were boys and 48 per cent were girls. Students in Saint Kitts and Nevis, Barbados, Dominica and Montserrat performed better than the regional average, whereas students from Grenada, Antigua and Barbuda, Saint Lucia and Saint Vincent and the Grenadines performed below the regional average.

Education quality and learning outcomes continue to be a challenge for many ECA countries/territories; thus, the focus has been on increasing the quality of education as many children in primary and secondary schools fail to meet minimum standards of learning.

Implementing child-friendly schools' frameworks across the ECA has been a strategy for improving learning and behavioural outcomes, including school retention, as well as reducing violence.<sup>234</sup>

**Chart 4.12. Students passing five or more CSEC subjects with mathematics**



**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the Academic Year 2016-2017.

234 UNICEF Country Office Annual Report 2018: Eastern Caribbean Multi-Country Program, UNICEF Office for the ECA, pp. 4-7.

## WASH IN SCHOOLS

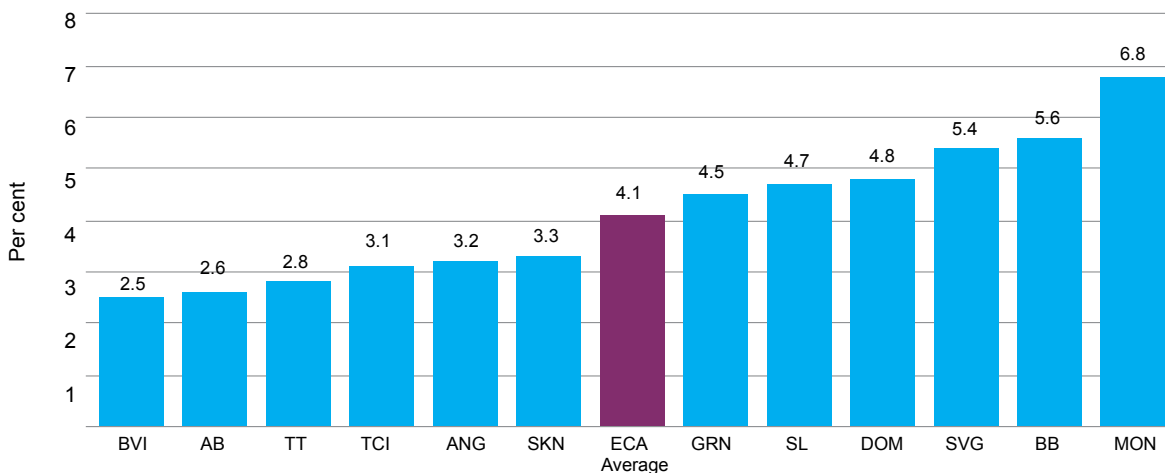
Data obtained from UNESCO reveals the proportion of ECA countries that report access to basic facilities, including electricity, basic drinking water, single-sex basic sanitation facilities, and basic hand-washing facilities as per the water, sanitation and hygiene (WASH) indicator definitions (see *Table 4.5*). Data is not available for all ECA countries/territories or for all years, including post-2017 data for some countries/territories impacted by Hurricanes Irma and Maria. Nevertheless, nearly all schools have access to basic facilities.

<b>Table 4.5. Schools with access to basic facilities, all schools (%)</b>			
	<b>2016</b>	<b>2017</b>	<b>2018</b>
Antigua and Barbuda	n/a	100	100
Barbados	100	100	100
British Virgin Islands	100	100	n/a
Dominica	100	n/a	n/a
Grenada	100	100	n/a
Montserrat	100	n/a	n/a
Saint Kitts and Nevis	100	n/a	n/a
Saint Lucia	98.75	98.75	100
Saint Vincent and the Grenadines	100	100	100
Turks and Caicos Islands	n/a	n/a	100

**Source:** UNESCO Institute for Statistics. Retrieved on 26 September 2019 from: <http://data.uis.unesco.org/>

## EDUCATION PUBLIC EXPENDITURES

*Chart 4.13* reveals 2016-2017 public expenditures (% of GDP) that are allocated to education. Eastern Caribbean countries/territories allocated on average only 4.1 per cent of GDP to education. Montserrat allocated the largest proportion of GDP (6.8 per cent) to education. In contrast, six countries/territories allocated less than the average of 4.1 per cent. British Virgin Islands (2.5 per cent), Antigua and Barbuda (2.6 per cent), and Trinidad and Tobago (2.8 per cent) allocated the smallest proportion of their GDPs to the education sector.

**Chart 4.13 Public expenditures (% of GDP) allocated to education**

**Source:** Nabinger, S., Review of Social Sector Expenditures in the Eastern Caribbean Area, UNICEF Officer for the ECA, 2017.

## ROLE OF THE PRIVATE SECTOR

The private sector is a key stakeholder and partner that can empower children, adolescents and young people in ECA to develop the skills and competencies needed to fully engage and participate in their national economies and societies. The private sector can also be a key partner in strengthening life skills components of secondary education, and for out-of-school children.

A 2014 survey of companies in eight ECA countries/territories found that 45 to 60 per cent of companies identified expertise of the workforce as one of the most pressing issues. In addition, companies fear having workers resign due to receiving training that does not fit the job (8 per cent) and fear that the lack of relevant training may make the costs of the training process higher than the benefits (7.7 per cent). These concerns were highest in Trinidad and Tobago. Understanding these concerns is important, as there is interest among the private sector to invest in skill building for adolescents and young people who will be entering the workforce. Companies can liaise with governments to establish partnerships for conducting relevant life skills programs.

In the ECA, public support for in-training in firms is not new. In 2014, more than 10 per cent of companies received in-training support. While this training is chiefly technical, the culture of the government working together with companies to provide trainings can build the case for further training in non-traditional skills, such as transferable and life skills.

Sectors in receipt of government-funded training include construction (31 per cent) and hotels and restaurants (29 per cent). Smaller firms generally benefited the most from public support. This data show that industry leaders and innovation ecosystems in ECA, with a vested interest in a better equipped workforce, can work with the government to devise transferable skills training tailored for adolescents and young people.



## CHAPTER 5

@UNICEF/2019/John

# Every child is protected from violence and exploitation

Violence against children (VAC) is a pervasive violation of children's rights. Many children are exposed to violence because they grow up in violent households and communities. In the home and family setting, children can experience violence, abuse and neglect. Perpetrators can include parents and step-parents, brothers and sisters, grandparents and extended family members. Children are also the indirect victims of family violence that occurs between other family members in the home.<sup>235</sup> Children's familial relationship with their abuser(s), coupled with their young age and lack of power in the home and family setting, makes it particularly difficult for them to report experiences of violence, abuse and neglect. Children tend to fear reprisal by perpetrators and other family members if they report incidents of violence; they also fear intervention in their family by state authorities.<sup>236</sup>

Children who experience violence, abuse and neglect, and those who are exposed to family and community violence, are at increased risk of experiencing developmental problems and learning difficulties, and of performing poorly at school. They may also experience low self-esteem and suffer from feelings of anxiety and depression that can lead, at worst, to engagement in risky behaviours (e.g., drug and alcohol use), self-harming behaviours and suicide ideation.<sup>237</sup> The social and economic costs of VAC, in terms of lost potential and future social and economic well-being have been well documented.<sup>238</sup>

Over the past decade, there has been increased attention and recognition globally to the pervasive nature and impacts of VAC and gender-based violence (GBV). In the ECA, there has been important progress made at the regional level and in national contexts to document the prevalence of VAC across settings, including in the home and family, schools and in communities. Steps have also been taken to improve the ability of child protection and legal systems to identify and respond to VAC. Nevertheless, incidents of VAC remain largely hidden, as most incidents are undocumented and underreported. In part, this is because some forms of VAC are socially accepted and condoned as discipline, and are not perceived as being abusive.<sup>239</sup> As a result, many child victims do not realize what they experienced was a form of violence or do not see the abuse as a problem.

When children are able to disclose their experiences of violence, social workers, child protection officials and police and judicial officials are often ill-equipped to respond. This is a reality in many Eastern Caribbean countries/territories, as well as globally. Accountability for violations and abuses of the rights of the child, including those committed within the family, at school and other institutions is important. In fact, the way children are treated by national systems – including social welfare, child protection and justice systems – is integral to the achievements of the rule of law. Despite

---

235 Krug, E.G., L.L. Dahlberg, J.A. Mercy, A.B. Zwi & R. Lozano, *World Report on Violence and Health*, World Health Organization, 2002.

236 Ibid, 2002; UNICEF, *Hidden in Plain Sight: A statistical analysis of violence against children* (p.10), UNICEF, 2014.

237 Ibid.

238 Ibid, p. 10.

239 Ibid, p. 6.

important progress made over the past decade by Eastern Caribbean governments to strengthen the recognition and protection of children's rights, children are not yet viewed as key stakeholders in rule of law initiatives. While countries/territories have made progress in advancing the rights of children in conflict with the law, responses to child victims and witnesses of violence, and crimes in general, have just started receiving closer attention. Access to justice is slowly being recognized as an important strategy for protecting the rights of disadvantaged and vulnerable children; this is increasingly becoming a part of the regional and national human rights agendas in the Eastern Caribbean.

The 2030 Agenda contains specific SDG targets to end abuse, exploitation, trafficking and all forms of violence and torture against children. Eliminating VAC is a cross-cutting priority issue, vital for achieving the SDGs for poverty eradication, health, education, gender equality, sustainable cities, and just and peaceful societies.<sup>240</sup> The 2030 Agenda builds on existing international frameworks that address VAC and GBV, including the Convention on the Rights of the Child and its Optional Protocols.

## VIOLENCE AGAINST CHILDREN

In the ECA, there are a limited number of VAC prevalence surveys; the main VAC studies being the Multiple Indicators Cluster Survey (MICS), the Global School-Based Student Health Survey (GSHS) and the 2006 *VAC Study for the Caribbean*. In addition, administrative data from across sectors on incidences of child abuse, neglect, violence and exploitation, including GBV, are limited, as is data on child victims and perpetrators of VAC.

The 2006 VAC study found that children reported high levels of exposure to violence in schools and a fairly high level of tolerance for violence within the context of discipline, punishment and bullying. In addition, the study found that two out of five girls in the ECA faced child sexual abuse. A number of adolescents viewed violence as a useful tool for survival and social mobility, and had little faith in the efficacy of justice, law and order in their countries. Violence in schools was also linked to irregular attendance and school dropout for some children.<sup>241</sup>

### Corporal punishment

Discipline is an integral part of child-rearing that teaches children self-control and acceptable behaviour. All too often, however, parents/caregivers use methods of discipline that rely upon corporal (or physical) punishment and/or verbal abuse and intimidation to punish unwanted behaviours and encourage desired ones in children and adolescents. Rather than being a deliberate disciplinary choice, violent methods are often used as a result of adult anger, frustration and/or lack of knowledge about non-violent responses.<sup>242</sup>

---

240 Ibid; Asian Development Bank and UN Women, *Gender Equality and the Sustainable Development Goals in Asia and the Pacific: Baseline and pathways for transformative change by 2030*, October 2018, pp. 103-104.

241 UNICEF ECA *Safety and Justice for Children Programme Strategy Note 2017-2021*, p. 2.

242 Sealy-Burke, J., *OECS Assessment of Child Protection Services: Country Report for Saint Lucia*, OECS, 2016.

Corporal (or physical) punishment is defined as any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most forms of corporal punishment involve hitting, slapping, and spanking children with the hand or an object (e.g., whip, stick, belt, shoe, wooden spoon) but can also involve kicking, shaking or throwing children, as well as scratching, pinching, biting, pulling hair, boxing ears and caning. Corporal punishment also includes forcing children to stay in uncomfortable positions or forced ingestion (e.g., soap, hot peppers). In severe cases, corporal punishment can involve burning or scalding a child.

While parents/caregivers often use corporal punishment to enforce compliance with desired behaviours among children, existing research has found that corporal punishment is likely to have opposite and undesirable effects, and can be harmful to children, leading to antisocial and aggressive behaviours. Rather than reducing inappropriate behaviours among children, the use of corporal (or physical) punishment teaches children that the use of physical aggression is normal and an appropriate method to solve conflicts.<sup>243</sup>

In 2011-2012, the MICS conducted in the ECA found that 60 to 70 per cent of children had experienced some form of physical and/or psychological violence in the month prior to the survey, and 50 per cent of parents/caretakers reported using physical punishment as a disciplinary measure. Younger children and male children were more vulnerable to corporal punishment.<sup>244</sup>

It is well documented that violent forms of discipline have negative impacts on children's mental health and well-being, and social development. The negative consequences range from immediate physical and psychological harm to long-term problems that can carry over into adulthood.

Understanding children's risks of experiencing corporal punishment in the home requires understanding the extent to which such violence is tolerated in both the family and wider community (social norms). Social norms are widely held beliefs about what is typical and appropriate in a reference group. Social norms are a rule of behaviour that some people in a group conform to because they believe most other people in the group conform to it (it is typical behaviour), and most other people in the group believe they ought to conform to (it is appropriate behaviour).<sup>245</sup> Some individuals may face pressure to conform to the social norms of a social group, particularly if the group sanctions members who deviate from the groups' social norms and standards.<sup>246</sup>

243 McKee et al., 'Harsh Discipline and Child Problem Behaviors: The Roles of Positive Parenting and Gender', *Journal of Family Violence*, Vol. 22, 2007, pp. 187-196; Grogan-Kaylor, A., 'The Effect of Corporal Punishment on Antisocial Behavior in Children', *Social Work Research*, Vol. 28, No. 3, 2004, pp. 153-162; Straus, M. D. Sugarman & J. Giles-Sims, 'Spanking by Parents and Subsequent Antisocial Behavior of Children', *Archives of Pediatrics and Adolescent Medicine*, Vol. 151, 1997, pp. 761-767.

244 Ibid, p. 2.

245 Alexander-Scott, M., E. Bell & J. Holden, *DFID Guidance Notes: Shifting Social Norms to Tackle Violence Against Women and Girls*, DfID, London, 2016, p. 9-11.

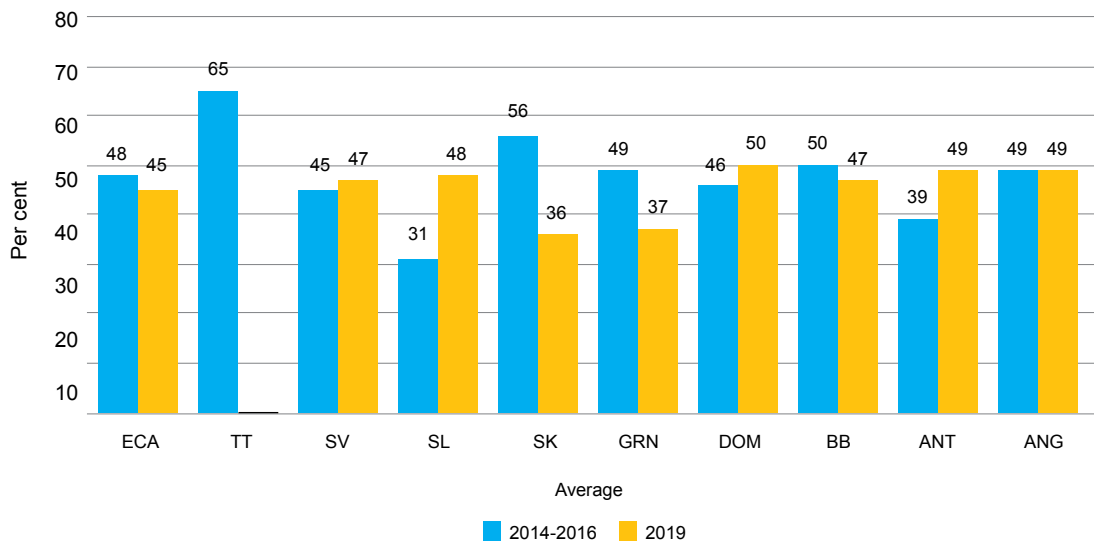
246 Paluck, E.L. & L. Bell, *Social norms marking aimed at gender-based violence: A literature review and critical assessment*, International Rescue Committee, 2010, p. 8.

From 2014 to 2019, UNICEF ECA supported social surveys of knowledge, attitudes and behaviours related to corporal punishment, child sexual abuse and domestic violence. The surveys were administered to samples of male and female general public adults across each of the 12 Eastern Caribbean countries/territories.<sup>247</sup>

Findings from these social surveys were compared. *Chart 5.1* shows that in 2019, 45 per cent of adults in Eastern Caribbean countries/territories supported the use of corporal punishment, compared with 48 per cent in 2014-2016. The most notable change from 2014 to 2019 is the decrease in support for corporal punishment in Saint Kitts and Grenada; still, however, more than one in three adults in the general public were supportive of corporal punishment.

In contrast, there was an increase in support for corporal punishment in Saint Lucia and Antigua. This increase may be tied, in part, to recent efforts to advance policies that would abolish the use of corporal punishment in schools, coupled with a perceived increase in violence in and around schools and in communities.

**Chart 5.1 Support for corporal punishment by country/territory**



**Source:** CADRES, Social Survey Report, 2019. CADRES, *Knowledge and Attitudes Among Adults and Children on Gender-Based Violence in Trinidad and Tobago*, 2016.

In 2019, in 8 of the 12 countries, adults were asked about the benefits of corporal punishment (see *Annex Chart 9*). As many as half the adults in the ECA maintained that corporal punishment instills discipline (55 per cent) and curbs misbehaviour (53 per cent). A large proportion of adults also maintained corporal punishment encourages obedience in children (47 per cent) and establishes authority (32 per cent). Some respondents also maintained that corporal punishment encourages

<sup>247</sup> The sample included 200 persons age 18 and older in Anguilla and 600 persons each in Antigua, Barbados, Dominica, Grenada, Saint. Lucia, Saint Kitts (only) and Saint Vincent (only). The sample included an equal proportion of males and females.



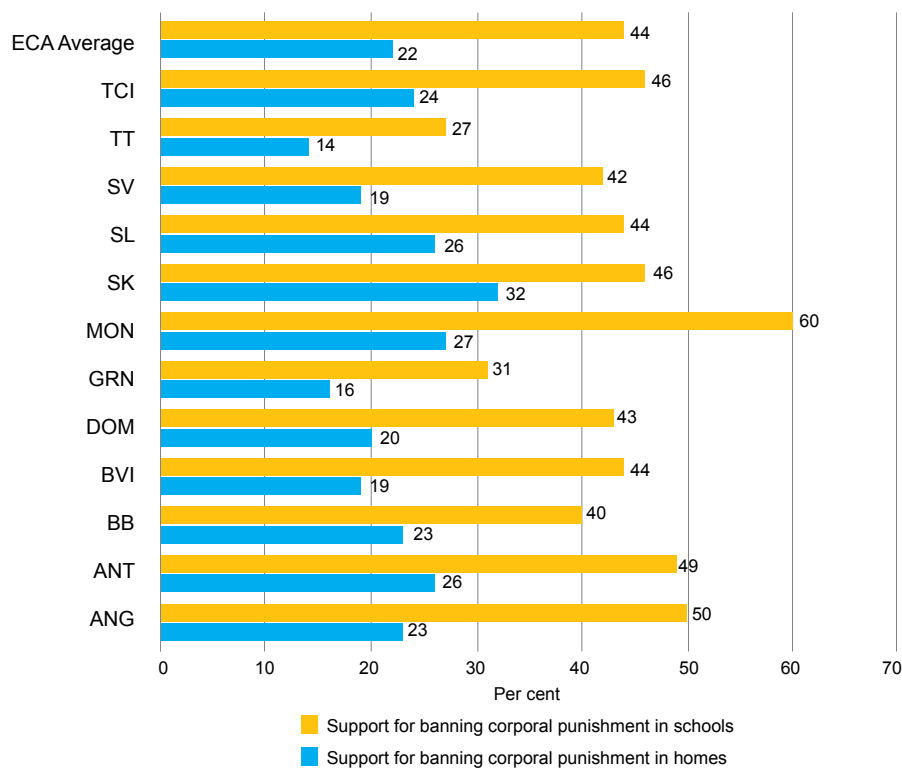
children to perform well in school (22 per cent) and is a means for adults to vent their frustration (5 per cent).

It is notable that adults in Antigua, Barbados and Saint Kitts were the least likely to believe that corporal punishment instils discipline and curbs misbehaviour. Adults in Barbados and Antigua were the least likely to believe that corporal punishment encourages obedience, establishes authority and/or encourages children to perform well in schools.

On the other hand, many adults supported banning corporal punishment in homes and schools. *Chart 5.2* shows that, on average, there is much stronger support for banning corporal punishment in schools (44 per cent) than in homes (22 per cent). The lack of support for banning corporal punishment in the home is likely tied to the perceived benefits of corporal punishment revealed in *Annex Chart 9*.

*Chart 5.2* shows that adults in Montserrat (60 per cent), Anguilla (50 per cent), Antigua (49 per cent), Saint Kitts (46 per cent) and Turks and Caicos Islands (46 per cent) were the most likely to support banning corporal punishment in schools, while adults in Trinidad and Tobago (27 per cent) and Grenada (31 per cent) were the least likely to support this move. Adults in Saint Kitts (32 per cent), Montserrat (27 per cent) and Saint Lucia (26 per cent) were most likely to support banning corporal punishment in homes, while adults in Trinidad and Tobago (14 per cent), Grenada (16 per cent), British Virgin Islands (19 per cent), and Saint Vincent (19 per cent) were least likely to support a ban in homes.



**Chart 5.2 Support for banning corporal punishment by country/territory**

**Source:** CADRES, Social Survey Report, 2019. CADRES, Knowledge and Attitudes Among Adults and Children on Gender-Based Violence in Trinidad and Tobago, 2016. Social Survey, Public Opinion Survey on Child Safeguarding in Montserrat, 2017. Social Survey, Public Opinion Survey on Child Safeguarding in British Virgin Islands, 2017.

Understanding what constitutes corporal punishment is an important step towards ending VAC. *Table 5.1* shows that in the ECA, on average, adults were more likely to recognize spanking/hitting/smacking with your hand (61 per cent) and spanking/hitting with an object (61 per cent) as actions that constitute corporal punishment. They were far less likely to recognize shaking/throwing children (44 per cent) and kicking, pinching or burning a child (46 per cent) as corporal punishment. There was significant variation across countries/territories in adults' understanding of what actions constitute corporal punishment. Most notable is that adults in Antigua and Grenada were least likely to recognize shaking/throwing children and kicking, pinching or burning as acts of corporal punishment. Adults in Grenada were also least likely to recognize spanking/hitting with an object as an act of corporal punishment.

Along with data presented in previous charts, *Table 5.1* reveals a level of tolerance for various forms of corporal punishment, from mild to extreme forms of violence. Thus, any efforts to end VAC will require addressing knowledge, attitudes and practices related to corporal punishment or the use of physical violence to discipline and control children. This requires not only legislative reforms that ban the use of corporal punishment in schools, detention centres and the home, but also evidence-based communication for initiatives to change social norms, attitudes and practices surrounding the use of corporal punishment in schools, detention centres and the home/family setting.

**Table 5.1. Knowledge of actions that constitute corporal punishment by country/territory**

Country	Spanking/hitting/ smacking with a hand	Spanking/ hitting with an object	Shaking/throwing children	Kicking, pinching or burning
	%	%	%	%
Anguilla	58	52	35	39
Antigua	58	59	25	30
Barbados	57	63	46	48
Dominica	55	66	48	49
Grenada	67	54	33	31
Saint Kitts	60	74	44	48
Saint Vincent	57	66	45	45
Trinidad and Tobago	70	41	68	68
ECA Average	61	61	44	46

**Source:** CADRES (2019), *Social Survey Report*. CADRES (2016), *Knowledge and Attitudes Among Adults and Children on Gender-Based Violence in Trinidad and Tobago*.

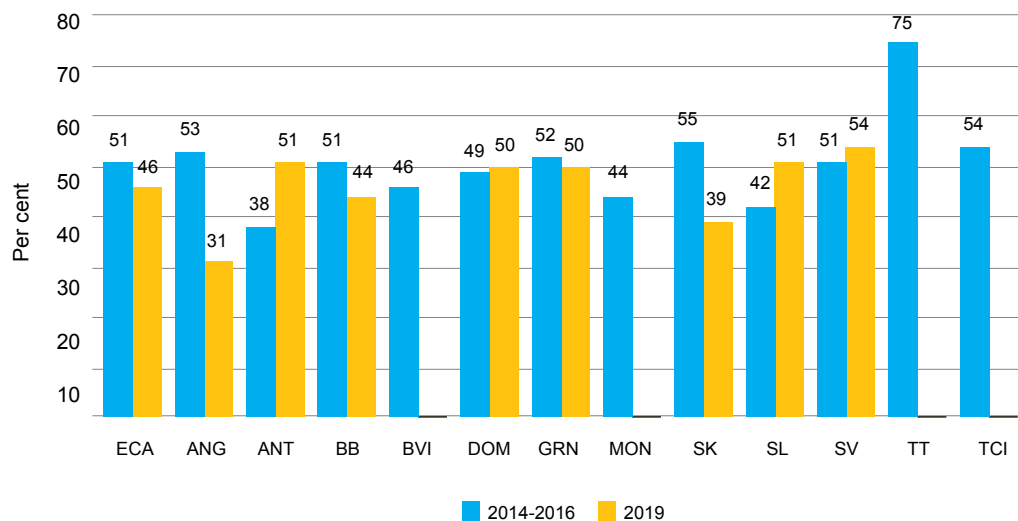
The social surveys also asked parents how often<sup>248</sup> they use corporal (or physical) punishment to discipline their children. For this report, data was consolidated to reflect the proportion of parents who used corporal punishment from time-to-time or regularly/routinely. *Chart 5.3* shows that in 2019, on average, 46 per cent of parents used physical violence to discipline their children. This represented a slight decrease from 2014-2016.

In 2019, the majority of parents from across 8 of the 12 countries and territories maintained that corporal punishment is appropriate for both boys and girls (60 per cent) and should be administered by both parents (58 per cent).

In 2019, there were some notable differences across some of the eight countries/territories in which the social survey was conducted. Parents in Anguilla (31 per cent), Saint Kitts (39 per cent) and Barbados (44 per cent) were the least likely to use corporal punishment to discipline their children; while parents in Saint Vincent (54 per cent) were the most likely to use corporal punishment. The most notable decreases in use of corporal punishment from 2014 to 2019 were in Anguilla and Saint Kitts.

It is notable that there was a significant increase in the use of corporal punishment to discipline children in Antigua and Saint Lucia from 2014 to 2019. It will be important to understand what is driving these changes.

<sup>248</sup> How often was measured using three response categories: never; from time-to-time/ when necessary; regularly/routinely.

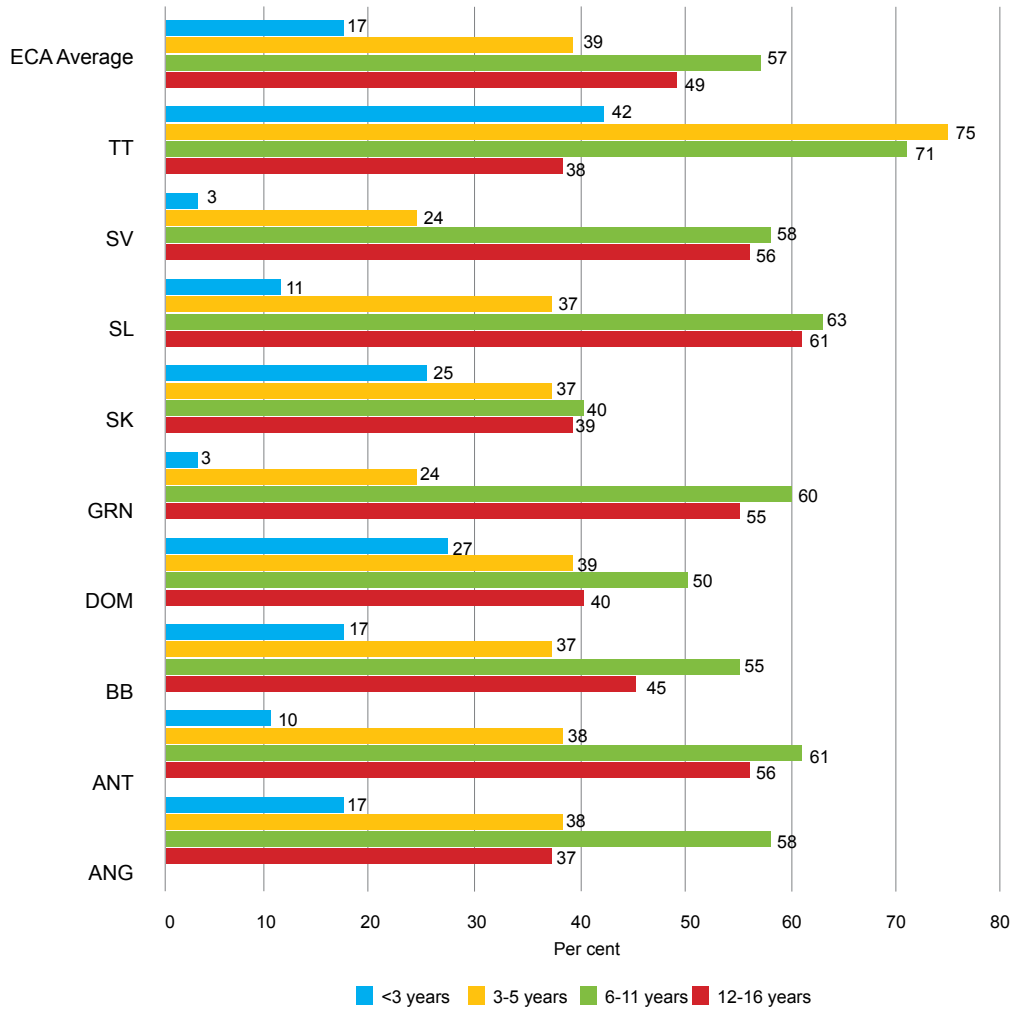
**Chart 5.3. Parental use of corporal punishment by country/territory**

**Source:** CADRES, Social Survey Report, 2019. CADRES, *Knowledge and Attitudes Among Adults and Children on Gender-Based Violence in Trinidad and Tobago*, 2016. Social Survey, Public Opinion Survey on Child Safeguarding in Montserrat, 2017. Social Survey, Public Opinion Survey on Child Safeguarding in British Virgin Islands, 2017.

Chart 5.4 shows that, on average, half of the adults maintained that corporal punishment is most suitable for children aged 6-11 and 12-16. In most countries/territories, one-third of adults also maintained that corporal punishment is suitable for children aged 3-5. Far fewer adults supported the use of corporal punishment for children under three years of ages, except in Trinidad and Tobago, Dominica and Saint Kitts where a quarter of adults (or more in the case of Trinidad and Tobago) maintained that it is suitable.



Chart 5.4. Views on suitable use of corporal punishment for different age groups by country/territory



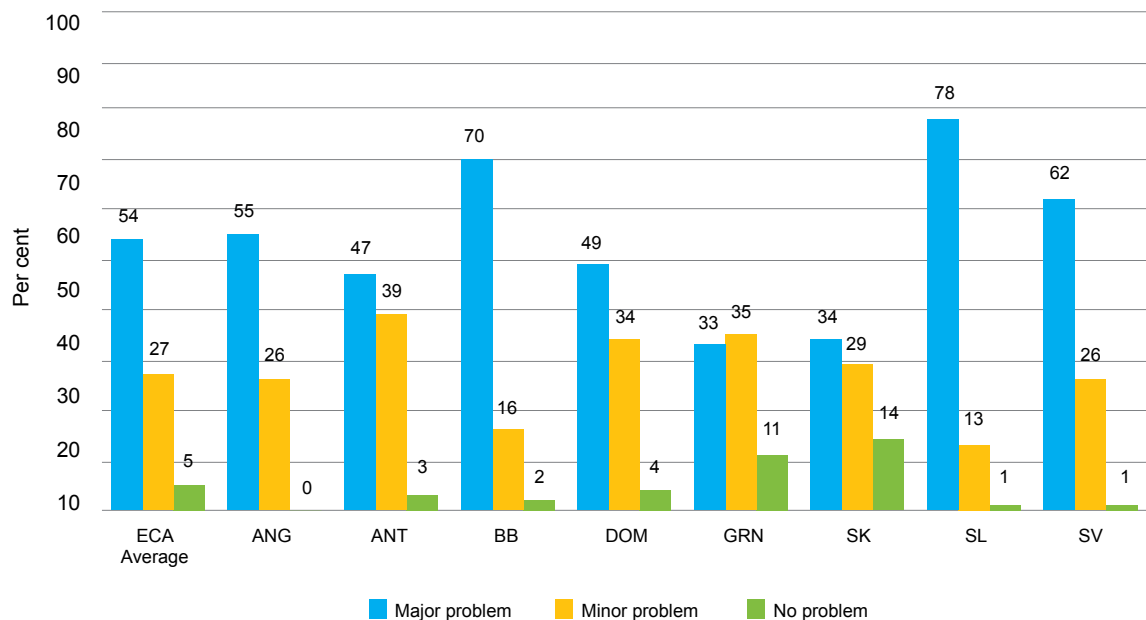
Source: CADRES, Social Survey Report 2019. CADRES, *Knowledge and Attitudes Among Adults and Children on Gender-Based Violence in Trinidad and Tobago*, 2016.

## Domestic violence

The 2014 and 2019 social surveys also measured adults' perceptions of domestic violence in their countries. *Chart 5.5* shows that in the ECA, on average, 54 per cent of adults describe domestic violence as a major problem in their countries, 27 per cent consider it a minor problem and 5 per cent do not consider it a problem.

Respondents in Saint Lucia (78 per cent), Barbados (70 per cent) and Saint Vincent (62 per cent) were most likely to describe domestic violence as a major problem in their countries. Adults in Antigua (39 per cent), Grenada (35 per cent) and Dominica (34 per cent) were the most likely to state that domestic violence is a minor problem in their countries. It is notable that 14 per cent of respondents in Saint Kitts and 11 per cent in Grenada maintained that domestic violence is not a problem in their countries.

**Chart 5.5. Perceptions of domestic violence in one's country by country/territory**

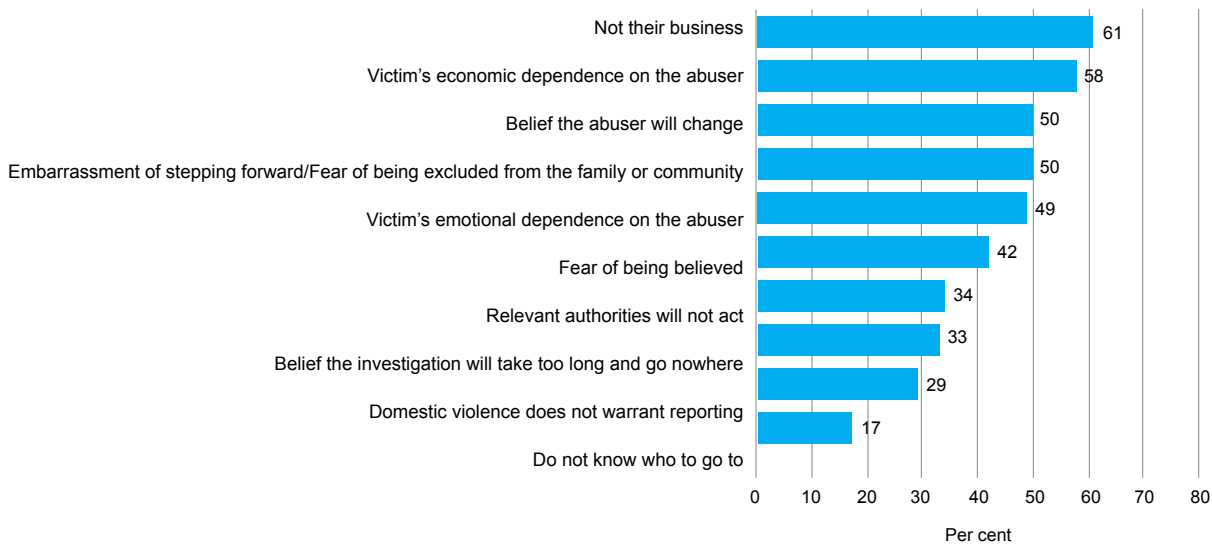


**Source:** CADRES, Social Survey Report, 2019.

Although respondents were not asked what they would do if they had knowledge of domestic violence, they were asked what their reasons would be for not reporting incidents of domestic violence. *Chart 5.6* shows that in the ECA, on average, the most common reasons given for not reporting incidents of domestic violence are because it is not their business (61 per cent) and the victim's economic dependence on the abuser (58 per cent). A large proportion of respondents also maintained they would not report an incident of domestic violence because of the belief that the abuser will change (50 per cent); the embarrassment of stepping forward and/or fear of being excluded from the family or community (50 per cent); the victim's emotional dependence on the abuser (49 per cent); the fear of not being believed (42 per cent); the belief that relevant authorities will not act (34 per cent); the belief that the investigation will take too long and go nowhere (33 per cent); and the belief that domestic

abuse does not warrant reporting (29 per cent). Although fewer in number, some respondents maintained they would not report incidents of domestic violence because they do not know where to go (17 per cent).

**Chart 5.6. Reasons for not reporting incidents of domestic violence, ECA average**



**Note:** Data are based upon Barbados, Dominica, Grenada, Saint Kitts, Saint Lucia and Saint Vincent. Data for Anguilla was not available.

**Source:** CADRES, Social Survey Report, 2019.

In order to prevent domestic violence, it is important to address the beliefs and attitudes that prevent victims and family members and friends from reporting incidents to authorities, health workers, and service providers, and from seeking protection and/or shelter from abusive relationships.

These findings are important because it is well documented that exposure to domestic violence in childhood can have long-term and lasting impacts into adulthood. For females, there is a strong relationship between experiencing domestic violence in childhood and subsequent experiences of intimate partner victimization in adulthood. For males, there is a strong relationship between experiencing domestic violence in childhood and being the perpetrator of intimate partner violence in adulthood.<sup>249</sup>

249 Howell, K.H., S.E. Barnes, L.E. Miller & S.A. Graham-Bermann, 'Development variations in the impact of intimate partner violence exposure during childhood', *Journal of Injury & Violence Research*, vol. 8, No. 1, 2016, pp. 43-57; Smith-Marek, E.N. et al., 'Effects of Childhood Experiences of Family Violence on Adults Partner Violence: A Meta-Analytic Review', *Journal of Family & Theory Review*, vol. 7, no. 4, 2015, pp. 498-519.

## Child sexual abuse

The social surveys conducted in 2014 and 2019 also measured adult's perceptions of child sexual abuse, the extent of victim-blaming attitudes, and what they would do if they knew of a child being sexually abused.

In regard to perceptions of child sexual abuse, *Chart 5.7* reveals that, across the ECA, 57 per cent of general public adults maintained that child sexual abuse is a major problem, and 24 per cent described it as a minor problem. Adults in Saint Vincent (77 per cent), Saint Lucia (69 per cent) and Dominica (67 per cent) were the most likely to identify child sexual abuse as a major problem in their countries. In comparison, adults in Antigua (41 per cent) and Saint Kitts (30 per cent) were the most likely to consider child sexual abuse a minor problem in their countries. Adults in Saint Kitts were also more likely than those in other countries to believe child sexual abuse is not a problem (14 per cent).

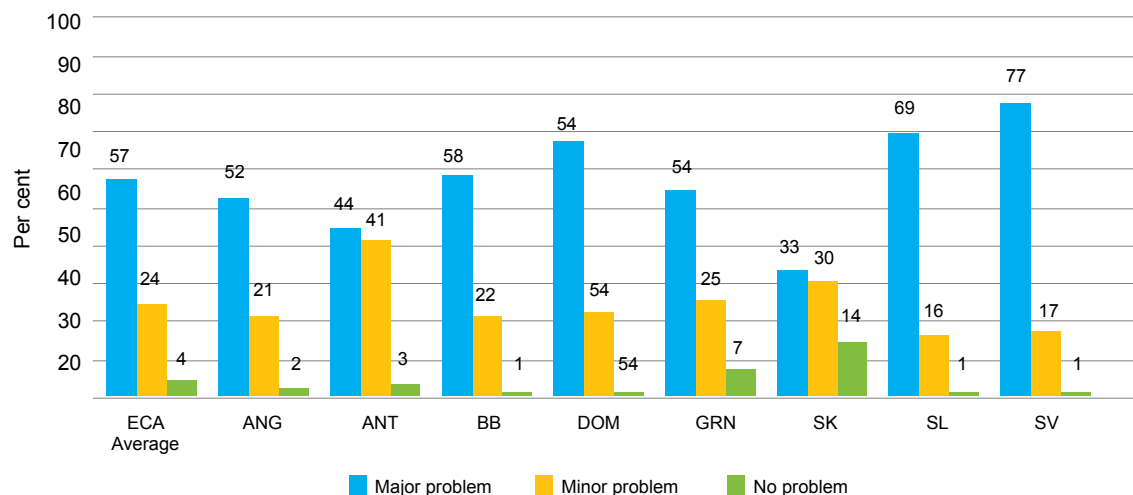
Nearly all adults the 2019 social survey recognized child sexual abuse as:

- Engaging in sexual activities with a child (91 per cent)
- Physical contact of a sexual nature with a child, such as touching or stroking a child's private parts (88 per cent)
- Indecent exposure/showing private parts to a child under the age of 16 (85 per cent)
- Showing pornography to children (83 per cent)
- Asking to see a child's private parts (82 per cent)
- Voyeurism, e.g., peeping/looking at a child's private parts for adult sexual gratification (76 per cent)

One of the myths (false assumptions) about sexual violence against women/girls is that females invite sexual abuse by the way they dress. This myth deflects responsibility for sexual violence away from perpetrators of such violence and places responsibility for the abuse and violence squarely on the victims. This is a victim-blaming belief or attitude.



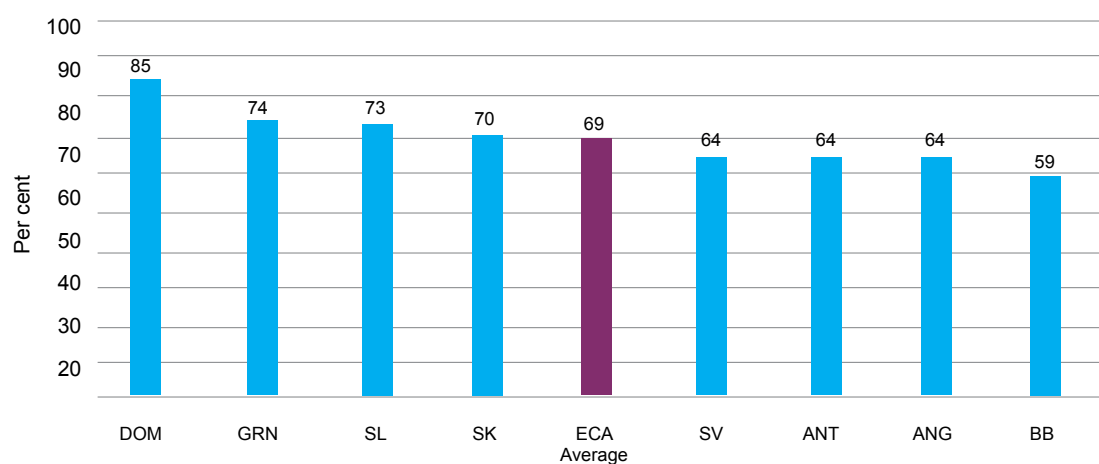
**Chart 5.7. Perceptions of child sexual abuse in one's country by country/territory**



**Source:** CADRES, Social Survey Report, 2019.

Chart 5.8 shows that in the ECA, on average, 69 per cent of adults believe the myth that girls invite sexual abuse by the way they dress. This myth is held by a majority of adults in each of the seven Eastern Caribbean countries. Adults in Dominica (85 per cent), Grenada (74 per cent) and Saint Lucia (73 per cent) were more likely to hold this victim-blaming attitude. Efforts to combat child sexual abuse and sexual violence against girls require communication for development initiatives that change social norms, including victim-blaming attitudes and beliefs related to sexual violence of women and girls.

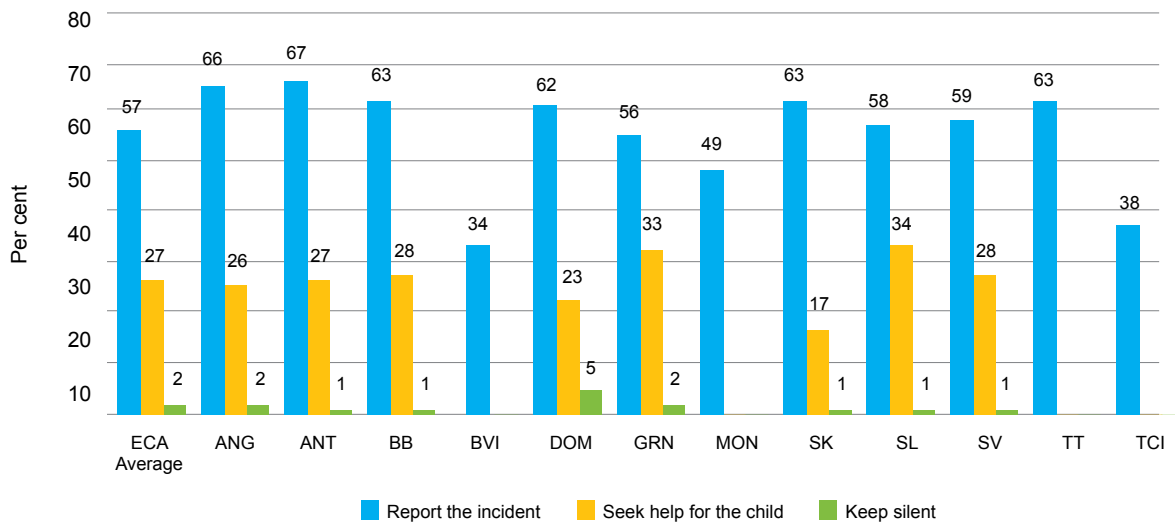
**Chart 5.8. Attitude that girls invite sexual abuse by the way they dress (victim-blaming) by country/territory**



**Source:** CADRES, Social Survey Report, 2019.

Chart 5.9 reveals what adults stated that their reaction would be if they had knowledge of child sexual abuse. Overall, 57 per cent said they would report the incident and 27 per cent of adults would seek help for the child.<sup>250</sup> In countries where the social survey was administered in 2014 and 2019, there was no change over time in adults' reaction to child sexual abuse. When asked about the preferred reporting method, 49 per cent of adults preferred directly reporting the incident to the police or child protection agency, and 37 per cent preferred making the report by telephone.<sup>251</sup>

**Chart 5.9. Reaction when one has knowledge of child sexual abuse (by country/territory)**



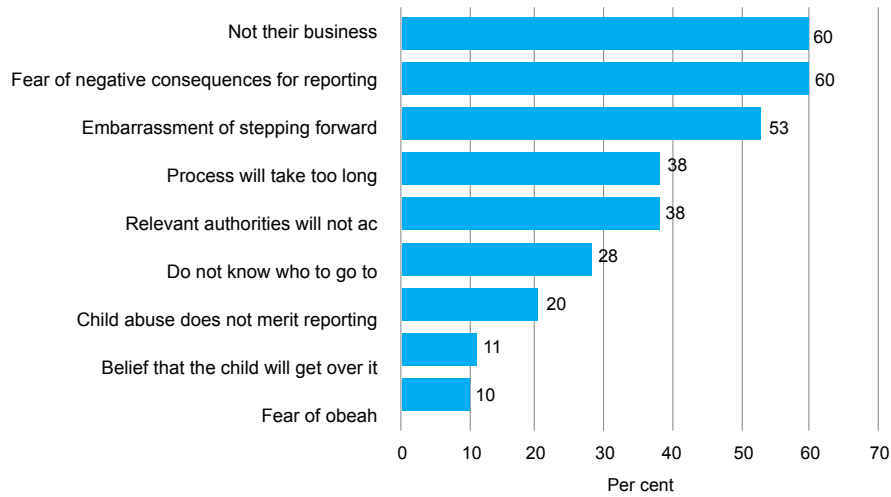
**Source:** CADRES, Social Survey Report, 2019. CADRES, *Knowledge and Attitudes Among Adults and Children on Gender-Based Violence in Trinidad and Tobago*, 2016. Social Survey, Public Opinion Survey on Child Safeguarding in Montserrat, 2017. Social Survey, Public Opinion Survey on Child Safeguarding in British Virgin Islands, 2017.

The reasons for not reporting child sexual abuse were numerous (*see Chart 5.10*). The most common reasons given were the belief that it is none of their business (60 per cent); the fear of negative consequences for reporting (60 per cent); and the embarrassment of stepping forward (53 per cent). In addition, more than one in three adults maintained that the process would take too long (38 per cent) and that relevant authorities would not act (38 per cent). Some respondents also reported they did not know who to go to (28 per cent); the belief that child abuse does not merit reporting (20 per cent); the belief that the child will get over it (11 per cent); and fear of obeah – a type of sorcery (10 per cent).

<sup>250</sup> In Anguilla, British Virgin Islands, Montserrat, and Trinidad and Tobago, respondents were asked only if they would report child sexual abuse to authorities; other response categories (seek help for the child and keep silent) were not included.

<sup>251</sup> CADRES, Social Survey Report, 2019.

**Chart 5.10. Reasons for not reporting child sexual abuse, ECA average**



**Note:** Data is based upon Antigua, Barbados, Dominica, Grenada, Saint Kitts, Saint Lucia and Saint Vincent. Data for Anguilla was not available.

**Source:** CADRES, Social Survey Report, 2019.

## GENDER-BASED VIOLENCE

The 2030 Agenda for Sustainable Development identifies the elimination of violence against women and girls (VAWG) as a crucial priority for achieving gender equality and sustainable development.<sup>252</sup> VAWG is a cause and consequence of gender inequality and a major obstacle to women and girls' enjoyment of all human rights and their full participation in society and the economy. Thus, eliminating VAWG is a cross-cutting priority across the SDGs and is vital for achieving SDGs in areas including poverty eradication, health, education, sustainable cities, and just and peaceful societies.<sup>253</sup> The 2030 Agenda builds on existing international frameworks that address VAWG, particularly the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and the agreed conclusions of the Commission on the Status of Women at its fifty-seventh session.<sup>254</sup>

International instruments, including CEDAW (1992) and the Declaration on the Elimination of Violence Against Women (DEVAW, 1993), as well as general recommendations provided by the Committee on the Elimination of Discrimination and Violence Against Women provide the most comprehensive understanding of VAWG at the international level and define legal obligations of states to eliminate violence against women and girls.

252 UN General Assembly (2016). Intensification of efforts to eliminate all forms of violence against women and girls. Seventy-first session, Item 27 of the provisional agenda, Advancement of Women.

253 Ibid; Asian Development Bank and UN Women, *Gender Equality and the Sustainable Development Goals in Asia and the Pacific: Baseline and pathways for transformative change by 2030*, October 2018, pp. 103-104.

254 Ibid.

In 2018, the first Caribbean VAWG prevalence study was launched in Trinidad and Tobago, with funding from the Inter-American Development Bank. The sample included women and girls age 15-64 years. The study found that 30.2 per cent of ever-partnered women and girls (those who have ever been married and/or lived with a partner) aged 15-64 experienced physical and/or sexual intimate partner violence (IPV) during their lifetime. More specifically, 28.3 per cent of ever-partnered women experienced physical IPV and 10.5 experienced sexual IPV in their lifetime. In addition, 35.4 per cent of ever-partnered women experienced emotional IPV in their lifetime (see Chart 5.11).

VAW is defined as “all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life”.

*1993 Declaration on the Elimination of Violence against Women*

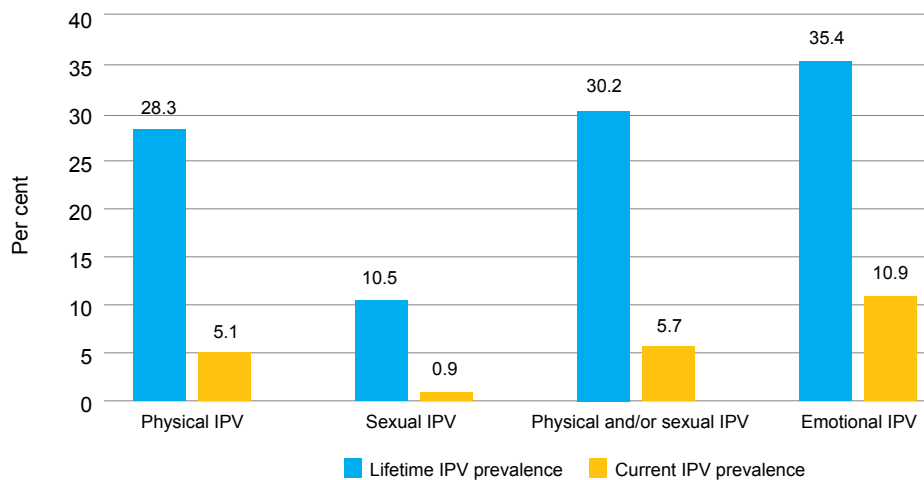
It is important to take into consideration current rates of IPV. As many as 13 per cent of ever-partnered women aged 15-64 experienced one or more types of IPV (physical, sexual and/or emotional violence) in the 12 months prior to the survey. More specifically, 5.7 per cent of ever-partnered women aged 15-64 experienced physical and/or sexual violence in 12 months prior to the interview; 5.1 per cent experienced physical IPV and 0.9 per cent experienced sexual violence in the 12 months prior to the interview. In addition, 10.9 per cent of women were currently experiencing emotional IPV.

It is notable that no girls aged 15-19 were currently experiencing physical IPV, however, 9.1 per cent experienced physical and/or sexual violence during their lifetime. In addition, 29 per cent of girls aged 15-19 experienced emotional violence (the sample of ever-partner girls aged 15-19 years was small).<sup>255</sup>

Women who were married or lived with a partner at age 18 or younger (49 per cent) had a higher prevalence rate for lifetime physical and/or sexual violence than women who were married or lived with a partner at age 19 or older (29 per cent). In addition, women who entered their first union at age 18 or younger were more likely to experience IPV in the 12 months prior to the interview (11 per cent) than women who entered their first union at age 19 and older (5 per cent).<sup>256</sup>

<sup>255</sup> Pemberton, C. & Joseph, J., *National Women's Health Survey for Trinidad and Tobago; Final Report*, Inter-American Development Bank, New York, 2018, p. 63.

<sup>256</sup> Ibid, p. 30.

**Chart 5.11. Prevalence of IPV among ever-partnered women (ages 15-64) in Trinidad and Tobago**

**Source:** Pemberton, C. & Joseph, J., *National Women's Health Survey for Trinidad and Tobago; Final Report*, Inter-American Development Bank, New York, 2018, p. 30.

The *National Women's Health Survey for Trinidad and Tobago* examined sexual violence against women and found that 1 in 3 or 31 per cent, of women in Trinidad and Tobago experienced sexual violence (including forced sexual intercourse, attempted forced intercourse, unwanted touching, and sexual violence before the age of 18) at some point in their lives by a partner and/or non-partner. More specifically, the prevalence of lifetime non-partner sexual violence is 21.3 per cent – four times higher than that of lifetime sexual violence perpetrated by a partner (5.0%).

The proportion of women who experienced non-partner sexual violence (specifically being forced into an unwanted sexual act<sup>257</sup> by anyone other than an intimate partner and not including sexual violence in childhood, before 18 years of age) was 19 per cent over their lifetime and 3 per cent in the 12 months preceding the interview.<sup>258</sup>

Women were also asked about their experiences of sexual violence in childhood. In particular, women were asked whether anyone ever touched them sexually or made them do something sexual that they did not want to do before age 18. Due to the sensitive nature of this question, respondents were allowed to enter this information privately.<sup>259</sup> Among women aged 15-64, 19 per cent indicated that they experienced sexual abuse before the age of 18.<sup>260</sup> More specifically, among women aged 18-29, as many as 1 in 4 or 25 per cent, experienced sexual abuse before the age of 18.

257 Respondents were asked about: being forced into unwanted sexual intercourse (by physical force, threat or being put in a situation where she could not say no); being forced to have sex while too intoxicated to refuse; someone attempting (but not succeeding) in forcing unwanted sexual intercourse; and experiencing unwanted sexual touching or being forced to touch someone else sexually; *Ibid*, pp. 58-59.

258 *Ibid*, pp. 59.

259 Women were shown illustrations of a young girl who was smiling and the same girl crying. They were asked to indicate if someone ever touched them sexually against their will before age 18 by selecting the sad girl if so and the happy girl if not; *Ibid*.

260 *Ibid*, p. 63.

There were significant differences in the prevalence of child sexual abuse across sociodemographic characteristics, namely the respondent's age, main economic activity and the age of first union.<sup>261</sup>

Compared with women from each of the other age categories, those aged 20-24 were more likely to report experiences of child sexual abuse (37 per cent). Rates of child sexual abuse were also high among women aged 35-39 (21 per cent), 40-44 years (22 per cent) and 45-49 years (23 per cent); women aged 50-54 (11 per cent) were less likely to report being sexually abused as a child.<sup>262</sup>

It is also notable that women age 24 and younger were more likely than women from any other age groups to state that they did not want to have their first sexual experience (18 per cent of women aged 15-19 and 18 per cent aged 20-24 said they did not want to have sex during their first sexual experience, but it happened anyway). In addition, 16 per cent of women aged 20-24 reported that their first sexual experience was forced.<sup>263</sup> Women whose first sexual experience occurred before the age of 15 were much more likely to report having been forced into this act, compared with women whose first sexual experience was at age 15 or older. Not surprisingly, the older a woman's first sexual experience, the more likely she was to have wanted to have sex (90 per cent); only 45 per cent of women whose first sexual experience was before the age of 15 indicated they wanted to have sex at the time.<sup>264</sup>

## PEER VIOLENCE

Once children enter schools, friendship and interactions with peers take on an important role in their lives. These relationships have the potential to contribute to a child's sense of well-being and social competence but are also associated with exposure to new forms of violence and victimization.<sup>265</sup>

Peer violence can take many forms, but available data suggests that bullying by peers and/or schoolmates is the most common form of peer violence. Bullying is a reality for a significant proportion of students around the world. Globally, half of students aged 13-15 (around 150 million) report having experienced peer-to-peer violence in and around school. More specifically, about 3 in 10 (around 17 million) young adolescents in 39 countries in Europe and North American admit to bullying others at school.<sup>266</sup> In addition, more than one in three students aged 13-15 have been involved in physical fights.<sup>267</sup>

The Global School-Based Student Health Survey (GSHS) was used to generate the above-mentioned statistics. From 2007 to 2018, the GSHS has been administered in 11 of the 12 Eastern Caribbean

---

261 Ibid, p. 63.

262 Ibid, p. 63.

263 Ibid, p. 65.

264 Ibid, p. 65.

265 Retrieved on 2 October 2019 from: <https://data.unicef.org/topic/child-protection/violence/peer-violence/>

266 Ibid.

267 Ibid.

countries/territories; Turks and Caicos Islands has yet to conduct a GSHS. Anguilla, Saint Lucia and Trinidad and Tobago have administered the GSHS at two different points in time, allowing for over-time comparisons on two violence-related indicators: a) percentage of students who were bullied on one or more days during the past 30 days; and b) percentage of students who were in a physical fight one or more times during the past 12 months. Saint Vincent and the Grenadine administered the GSHS at two different points in time, but comparisons can only be made on the latter violence-related indicator.

## Peer bullying

Peer bullying is unwanted aggressive behaviour among school aged children that involves a real or perceived power imbalance. The behaviour is repeated or has the potential to be repeated overtime. Bullying includes actions such as making threats, spreading rumours, attacking someone physically or verbally, and excluding someone from a group on purpose.

*Chart 5.12* shows that in the ECA, on average, nearly one-quarter, or 24 per cent, of children aged 13-15 had experienced bullying in the 30 days prior to the survey. Children in Saint Vincent and the Grenadines were most likely to experience bullying, and children in Barbados and British Virgin Islands were least likely to experience bullying.

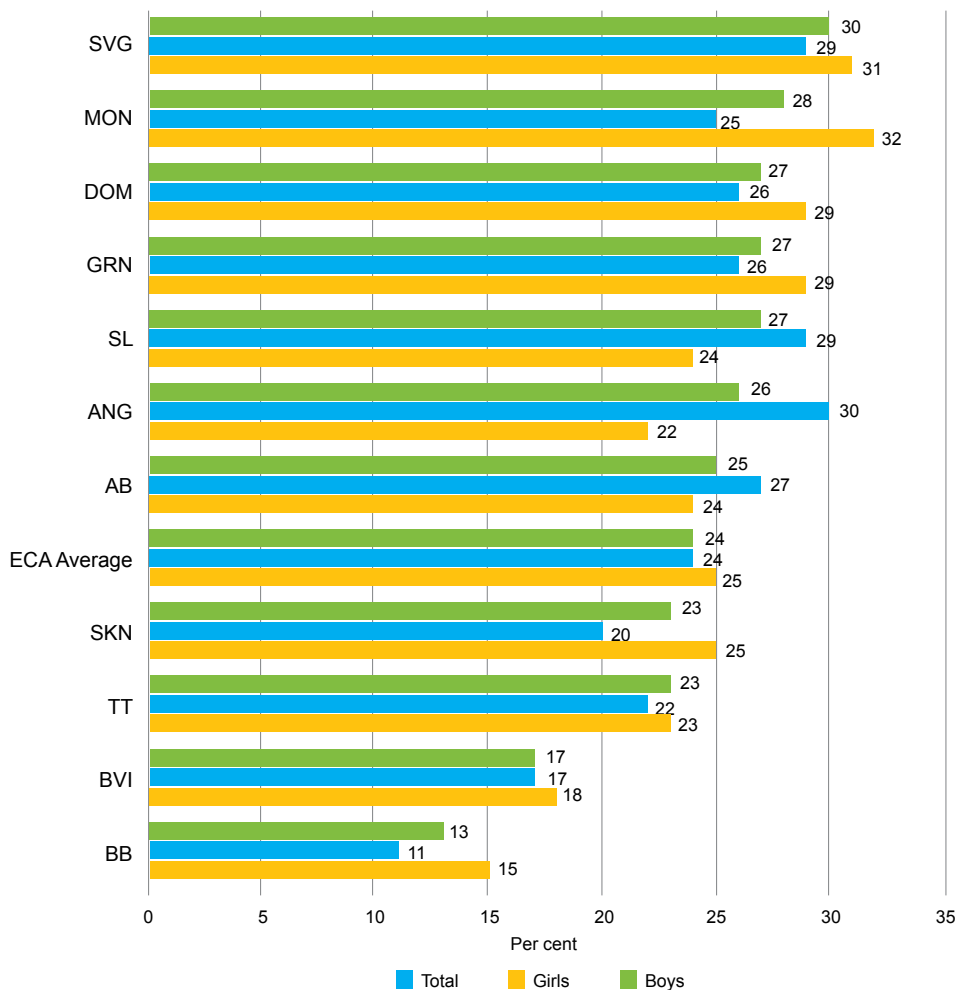
On average, boys (25 per cent) and girls (23 per cent) were nearly equally likely to experience bullying. Only in Anguilla (30 per cent) and Antigua and Barbuda (27 per cent) were girls more likely to experience bullying than were boys (22 and 24 per cent respectively).

Longitudinal comparisons can only be made in Anguilla and Trinidad and Tobago. In Anguilla, there was a 2 percentage point drop from 2009 to 2016 in the number of children aged 13-15 who had experienced bullying in the 30 days prior to the survey. The percentage decrease was most notable among boys; there was no change among girls (*see Annex Chart 10*).

In Trinidad and Tobago, between 2011 and 2017, there was an 8 percentage point increase in the proportion of children (aged 13- 15) who experienced bullying in the 30 days prior to the survey. More specifically, there was a 5 percentage point increase among boys and a 9 percentage point increase among girls who experienced bullying in the 30 days prior to the survey (*see Annex Chart 11*).

In Saint Lucia, there was no change from 2007 to 2018 in the proportion of children aged 13-15 who had experienced bullying in the 30 days prior to the survey (25.1 per cent in 2007; 26.5 per cent in 2018).

**Chart 5.12. Children (ages 13-15) who had experienced bullying in the past 30 days by sex and country/territory**



**Source:** 2016 Anguilla GSHS; 2009 Antigua and Barbuda GSHS; 2011 Barbados GSHS; 2009 British Virgin Islands GSHS; 2009 Dominica GSH; 2008 Grenada GSHS; 2008 Monserrat GSHS; 2011 Saint Kitts and Nevis GSHS; 2018 Saint Lucia GSHS; 2018 Saint Vincent and the Grenadines GSHS; 2017 Trinidad and Tobago GSHS

## Physical fighting

Chart 5.13 shows that in the ECA, on average, 39 per cent of children aged 13-15 had been in a physical fight one or more times during the 12 months prior to the survey. Boys (49 per cent) are significantly more likely to engage in physical fighting than girls (29 per cent). Student engagement in physical fighting was highest in Antigua and Barbuda (48 per cent) and Saint Vincent and the Grenadines (46 per cent), and lowest in Anguilla (35 per cent) and British Virgin Islands (35 per cent), particularly among girls.

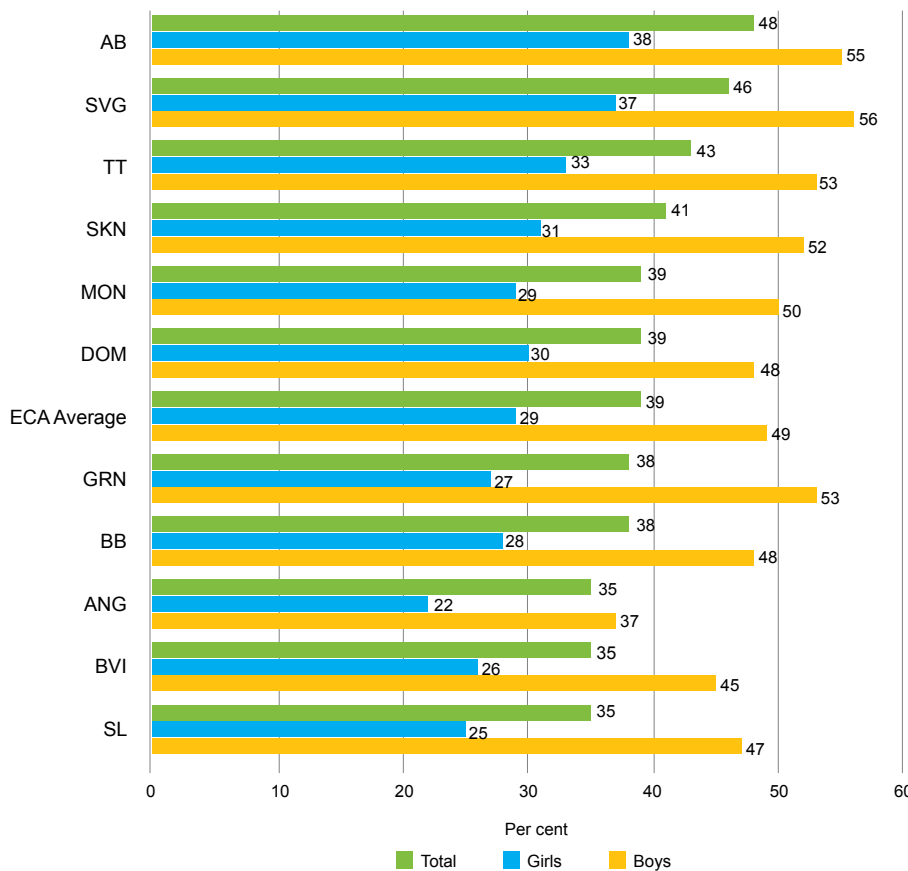
Longitudinal comparisons can be made in Anguilla, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago. There was a decrease in children's engagement in physical fighting in Anguilla, Saint Lucia and Saint Vincent and the Grenadines, but an increase in Trinidad and Tobago.



More specifically, in Anguilla, there was a decrease by 6 percentage points from 2009 to 2016 in the proportion of children who had been in a physical fight in the 12 months prior to the survey. The percentage point decrease was equally notable among boys and girls (see Annex Chart 12).

In Saint Lucia there was a 5 per cent decrease in the proportion of children aged 13-15 who had been in a physical fight in the 12 months prior to the survey – from 40.7 per cent in 2007 to 35.4 per cent in 2018. There was a notable decline in physical fighting over this period for both boys and girls (see Annex Chart 13).

**Chart 5.13. Children (ages 13-15) in a physical fight in the past 12 months by sex and country/territory**



**Source:** 2016 Anguilla GSHS; 2009 Antigua and Barbuda GSHS; 2011 Barbados GSHS; 2009 British Virgin Islands GSHS; 2009 Dominica GSHS; 2008 Grenada GSHS; 2008 Monserrat GSHS; 2011 Saint Kitts and Nevis GSHS; 2018 Saint Lucia GSHS; 2018 Saint Vincent and the Grenadines GSHS; 2017 Trinidad and Tobago GSHS.

In Saint Vincent and the Grenadines there was a 12 percentage point decrease from 2007 to 2018 in the proportion of children aged 13-15 who had been in physical fights in the 12 months prior to the survey. There was a decrease among both boys and girls (see Annex Chart 14).

In Trinidad and Tobago there was a 7 percentage point increase from 2011 to 2017 in the proportion of children aged 13-15 who had been in physical fights in the 12 months prior to the survey. There was an 8 percentage point increase for boys and a 6 percentage point increase for girls (see Annex Chart 15).

## CHILD TRAFFICKING

There is a lack of data and information about child trafficking and exploitation in the ECA. A review of country profiles in the *2019 US Department of State Trafficking in Persons Report* included only Antigua and Barbuda, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago.

In Antigua and Barbuda, sex trafficking occurs in bars, taverns and brothels and includes minor girls. There are also anecdotal reports of parents and caregivers subjecting children to sex trafficking.

In Saint Lucia, government officials, civil society groups, and educators report that children from economically disadvantaged families are vulnerable to unorganized commercial sexual exploitation. Some children are encouraged or forced by parents/caretakers to exchange sex for goods or services. Civil society groups also reported that women, in some cases older teenagers, are recruiting younger adolescents to provide commercial sex with adults at street parties. Disadvantaged young women from rural areas are especially vulnerable to sex trafficking in Saint Lucia.<sup>268</sup>

In Saint Vincent and the Grenadines, children are vulnerable to forced labour, primarily in the agriculture sector. For instance, government officials and civil society groups suspect that drug traffickers subject workers to forced labour in the production of marijuana. There are also reports indicating that child sex trafficking, facilitated by parents/caregivers, is a problem in the country.<sup>269</sup>

In Trinidad and Tobago, traffickers reportedly lure women and girls from the Dominican Republic, Venezuela and Colombia with offers of employment and then subject them to sex trafficking in brothels and clubs. Traffickers are increasingly targeting vulnerable foreign young women and girls aged 15-21. Because of deteriorating economic conditions in Venezuela, Venezuelans are particularly vulnerable to trafficking, and there has been a large influx of Venezuelans to Trinidad and Tobago in recent years, particularly women and children. Migrants from the Caribbean region, as well as Asia (particularly those lacking legal status) are also vulnerable to forced labour in domestic service and the retail sector.<sup>270</sup>

## CHILD PROTECTION AND JUSTICE FOR CHILDREN

Governments across the Caribbean, including the OECS region, have stepped up efforts to improve responses to child protection, particularly for children who are vulnerable and at risk of violence, abuse and neglect, as well as children in conflict with the law. All Eastern Caribbean countries/territories have ratified the Convention on the Rights of the Child, but in several cases, they did not pass the Optional Protocols needed for an efficient child protection environment.<sup>271</sup>

The OECS Commission commissioned an assessment of child protection and justice systems across

---

268 Ibid.

269 Ibid.

270 Ibid.

271 Sealy-Burke, J., *OECS Assessment of Child Protection Services*.

the nine OECS Member States. The assessment was based on the premise that OECS member states must recognize their responsibilities and human rights obligations to children in order to be effective and to comply with international standards.<sup>272</sup> This assessment revealed that several governments have passed national legislation and developed policies, and in some cases action plans, to protect children from violence, abuse, neglect and exploitation. Some governments have implemented child protection laws and policies, but face challenges when it comes to implementing legislation.<sup>273</sup>

## National legislation

The OECS Family Law Reform Project reflects the commitment by the OECS Governments to develop harmonized model Family Legislation for the Member States in compliance international human rights standards. *Table 5.2* shows the status of national child protection legislation among Eastern Caribbean countries/ territories as of December 2019. Ten countries/territories passed domestic violence bills and status of children bills, nine countries/territories passed children's care and adoption bills and status of children bills; eight countries/territories passed child justice bills and child maintenance bills; and six countries/territories passed guardianship, custody and access bills. While these efforts are positive and demonstrate a commitment to improve child protection, there are concerns about the implementation and delivery of child protection and social welfare services.<sup>274</sup>

Most countries/territories face either delays in passing bills and/or difficulties in implementing passed legislation. Barriers to passing legislation include: slow action by legal drafting departments; lack of resources; ambivalence on how to proceed in relation to existing legislation; and other priorities and loss of momentum. Difficulties implementing passed legislation include: no physical infrastructure in place to support implementation; lack of resources, skills and staff or dedicated personnel; and weak adaptation of model bills to local conditions before passing bills.<sup>275</sup>

In Saint Lucia, the Government passed the Child Justice Bill and the Children's Care, Protection and Adoption Bill. The passage of these bills was an important step towards operationalizing the Convention on the Rights of the Child and other international instruments for the care, protection and rights-based treatment of children through national legislation. The Child Justice Bill is important for children in conflict with the law and introduces a new mandatory process called the 'initial inquiry'. The Children's Care, Protection and Adoption Bill sets out a more comprehensive way to address neglect, abuse and violence that affects children.<sup>276</sup>

272 Ibid, pp. 1-2.

273 Sealy-Burke, J., *OECS Assessment of Child Protection Services: Country Report for Saint Lucia*, OECS, 2016, pp. 1-2.

274 Ibid, pp. 1-2.

275 Sealy-Burke, J., *OECS Assessment of Child Protection Services*, 2017.

276 *UNICEF Country Office Annual Report 2018: Eastern Caribbean Multi-Country Program*, UNICEF Office for the ECA, pp. 2-3.

Country/Territory	Domestic Violence Bill	Child Care and Adoption Bill	Child Justice Bill	Status of Children Bill	Child Maintenance Bill	Guardianship, Custody and Access Bill	
Anguilla	Passed, taken effect	Passed, not taken effect	In progress	Passed, taken effect	Passed, taken effect	Not passed	
Antigua & Barbuda	Passed, taken effect	Passed, taken effect	Passed, taken effect	Passed, taken effect	Passed, taken effect	In progress	
Barbados	Passed, taken effect	Not passed	In progress	Passed, taken effect	Passed, taken effect	Passed, taken effect	
British Virgin Islands	Passed, taken effect	Not passed	Not passed	Passed, taken effect	Passed, taken effect	Not passed	
Dominica	Passed, taken effect	In progress	In progress	In progress	In progress	In progress	
Grenada	Passed, taken effect	Passed, taken effect	Passed, taken effect	In progress	Not passed	Not passed	
Montserrat	In progress	Passed, taken effect	In progress	Passed, taken effect	In progress	In progress	
Saint Kitts and Nevis	Passed, taken effect	Passed, taken effect	Passed, taken effect	Passed, taken effect	Passed, taken effect	Passed, taken effect	
Saint Lucia	In progress	Passed, taken effect	Passed, taken effect	In progress	In progress	In progress	
Saint Vincent and Grenadines	Passed, taken effect	Passed, taken effect	In progress	In progress	Not passed	Not passed	
Turks and Caicos Islands	In progress	In progress	Passed, taken effect	In progress	Not passed	Passed, taken effect	
<b>Key:</b>						Passed, taken effect	Passed, taken effect
						Passed, not taken effect	In progress
						In progress	In progress
						Not passed	Not passed

**Source:** UNICEF, 2019.

The Model Child Justice Bill criminalizes corporal punishment in the context of sentencing for children in the criminal justice system. However, many countries/territories that have adopted the Bill retain the use of corporal punishment in educational institutions. In Barbados, high-level advocacy with relevant ministers has resulted in policy decisions for criminalizing the use of corporal punishment in education and penal institution settings.<sup>277</sup>

Table 5.3 shows the status of legal abolition of corporal punishment across settings. Nine countries/territories have legally abolished corporal punishment in sentencing and four have abolished corporal punishment in penal institutions. Only two countries have legally abolished corporal punishment in schools and one country has legally abolished corporal punishment in alternative care and day care settings (a few countries have implemented partial bans on corporal punishment in day care and alternative care). No countries/territories have legally abolished corporal punishment in the home.

<sup>277</sup> UNICEF Country Office Annual Report 2018 – Eastern Caribbean Multi-Country Programme, p. 7.

**Table 5.3. Status of legal abolition of corporal punishment**

Country/Territory	Home	Alternative care	Day care	Schools	Penal institutions	Sentencing
Anguilla						
Antigua & Barbuda						
Barbados						
British Virgin Islands						
Dominica						
Grenada						
Montserrat						
Saint Kitts and Nevis						
Saint Lucia						
Saint Vincent and the Grenadines						
Trinidad and Tobago						
Turks and Caicos Islands						
<b>Key:</b>	Abolished in law					
	Existing law providing partial abolition					
	Stated policy, ministerial statement or draft law under consideration for abolition					
	Not abolished					

**Note:** Status as of 15 November 2019. **Source:** UNICEF, 2019.

Delays in passing and implementing legislative reforms related to child protection and justice for children mean that old legislation is still operational, meaning low ages of criminal responsibility, limited sentencing options for children in conflict with the law, and treatment of 16- and 17-year olds as adult offenders. *Table 5.4* reveals the age of criminal responsibility by country/territory.<sup>278</sup>

Regarding the age of responsibility, it has been argued there is a loophole in the model Child Justice Bill which makes it possible for children to be criminally responsible at a lower age than the stated age of criminal responsibility if it can be “proven that s/he had the capacity to know at the time that s/he ought not to do the act or make the omission.” OECS maintains that, where this is the case, amendments should be made to close that loophole.<sup>279</sup>

Other important age stipulations include age of sexual consent and age for marriage. In most countries the age of sexual consent is 16, except in Saint Vincent and the Grenadines where the age of sexual consent is 15 for boys, and in Trinidad and Tobago where the age of sexual consent is 14 for boys and 16 for girls.<sup>280</sup> Similarly, the minimum age for marriage is 18 years in most countries/territories, except in Saint Kitts and Nevis where it is 15 for boys and 16 for girls, and in Trinidad and Tobago where it is 14 for boys and 18 for girls (except in the event of parental consent, when the age for marriage can be as low as 12 or 14 years of age).<sup>281</sup>

278 Ibid.

279 Ibid.

280 UNICEF, *The Convention on the Rights of the Child Fifteen Years Later: The Caribbean*, UNICEF Regional Office for Latin America and the Caribbean, pp. 54-55.

281 Ibid, pp. 54-55.

<b>Country/territory</b>	<b>Minimum age of criminal responsibility</b>
Anguilla	12 years
Antigua and Barbuda	12 years
Barbados	11 years
British Virgin Islands	10 years
Dominica	12 years
Grenada	12 years
Montserrat	10 years
Saint Kitts and Nevis	12/10 years
Saint Lucia	12 years
Saint Vincent and Grenadines	8 years
Trinidad and Tobago	7 years

**Source:** Sealy-Burke, J., *OECS Assessment of Child Protection Services*, 2017.

### **National policies and action plans**

Although child protection and juvenile justice policy development has been generally weak and inconsistent among Eastern Caribbean countries and territories, most can point to having some form of written policy that shapes their child protection systems.

Some OECS countries/territories, including Anguilla, British Virgin Islands, Grenada and Saint Vincent and the Grenadines, have made progress towards creating policies for both child protection and juvenile justice (see *Table 5.5*).<sup>282</sup> In addition, Grenada, Saint Kitts and Nevis and Saint Vincent and the Grenadines have prioritized protocols for handling child abuse cases. Countries and territories including Antigua, Dominica, Saint Lucia and Saint Vincent and the Grenadines have gone one step further and adopted dedicated family/youth courts and child-friendly approaches.<sup>283</sup>

One identified challenge, however, is that existing policies are not well disseminated. In some countries/territories, stakeholders have little knowledge of the child protection policies. For this reason, effective implementation of existing policies and guidelines remains a challenge.

---

<sup>282</sup> Ibid.

<sup>283</sup> Ibid.

**Table 5.5. National child protection policies and practices by country/territory**

Country/Territory	There are national plans of action on . . .		Child protection system has both preventative and responsive services	Youth/ family court established	Legal aid for juveniles provided
	child protection issues	juvenile justice issues			
Anguilla	Green	Red	Yellow	Yellow	Red
Antigua & Barbuda	Red	Red	Red	Green	Red
British Virgin Islands	Green	Red	Yellow	Yellow	Red
Dominica	Red	Red	Yellow	Yellow	Red
Grenada	Green	Green	Yellow	Yellow	Red
Montserrat	Green	Red	Yellow	Red	Red
Saint Lucia	Red	Red	Yellow	Green	Red
Saint Kitts and Nevis	Red	Red	Yellow	Yellow	Red
Saint Vincent and the Grenadines	Green	Green	Yellow	Green	Red
<b>Key:</b>				Passed, taken effect	Green
				Passed, not taken effect	Yellow
				Not passed	Red

Source: Sealy-Burke, J., *OECS Assessment of Child Protection Services*, 2017.

### Structural and institutional arrangements

All OECS countries/territories have some form of structural and institutional arrangement for addressing children in need of care and children in conflict with the law. Some countries, such as Grenada, have specific child protection agencies, whereas other countries, such as Montserrat, bring child protection and juvenile justice under one unit (e.g., the Ministry responsible for Social Development). Anguilla has a totally separate Probation Department for juvenile offenders.<sup>284</sup>

Regardless of the structural and institutional arrangements, most countries recognize the value of being able to offer specialized services for children in need of protection and children in conflict with the law, even if they cannot currently afford to do so.<sup>285</sup> Some countries have established specialist services, such as the special victim units in police forces in Anguilla, Antigua and Saint Kitts and specialist family courts in Antigua, Saint Lucia and Saint Vincent and the Grenadines.<sup>286</sup>

Despite such progress, significant gaps remain in coordination and in the institutional arrangements needed to ensure children’s protection as well as proper responses to VAC and to children who commit offences and interact with the juvenile justice system. Solutions to gaps that exist include moving towards a more coordinated, multi-sectoral system-based approach to preventing and protecting children from all forms of violence, abuse, neglect and exploitation.<sup>287</sup> In the ECA, more

284 Sealy-Burke, J., *OECS Assessment of Child Protection Services*, OECS, 2017.

285 Ibid.

286 Ibid.

287 Sealy-Burke, J. (2016). *OECS Assessment of Child Protection Services: Country Report for Saint Lucia*. OECS Commission, pp. 1-2.

needs to be done to integrate child protection protocols into health, education, justice and broader social welfare services. These services should be designed and delivered in a manner to strengthen child protection.<sup>288</sup>

System-strengthening requires:

- more attention to legal and policy reforms
- fortifying collaboration and interactions between community-based child protection mechanisms and national child protection systems
- enhanced case management and information management systems
- institutional capacity development, planning and budgeting
- monitoring and evaluation.<sup>289</sup>

Building and strengthening this collaboration and coordination represents a holistic, inclusive, sustainable way to protect all children, while addressing the specific needs of particular groups of vulnerable children and children in need.<sup>290</sup>

The OECS Commission and USAID have a formal initiative focused on strengthening the existing juvenile justice systems in six independent OECS states (Antigua and Barbuda, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines) by reform measures applied both nationally and sub-regionally. The OECS/USAID Juvenile Justice Reform (JJRP) initiative aims to accelerate national juvenile justice reform in order to improve the life circumstances of young people in conflict with the law, enhance public safety and advance a rehabilitative approach while ensuring that young offenders are held accountable for their actions. The OECS Commission has been working with UNICEF to extend the reach of the JJRP to the Caribbean Overseas Territories of Anguilla, Montserrat, and British Virgin Islands and in complementary actions within the independent member states.<sup>291</sup>

Still, however, challenges remain, including:

- insufficient programmes with a rehabilitative focus
- lack of after-care programming and pre- and post-charge diversion services
- inadequate probation service
- ill-equipped national legal aid systems to meet the needs of children in conflict with the law, even when stipulated in the law<sup>292</sup>

Another key partnership between the United Kingdom (UK) National Crime Agency, the Government of Turks and Caicos Islands, and UNICEF ECA was created to respond to the ongoing challenge of providing timely, sensitive support for people with concerns about or actual cases of sexual abuse.

288 UNICEF Country Annual Report 2018 – Eastern Caribbean Multi-Country Programme, p. 7.

289 Sealy-Burke, J., *OECS Assessment of Child Protection Services: Country Report for Saint Lucia*, OECS, 2016, pp. 1-2.

290 UNICEF Country Annual Report 2018 – Eastern Caribbean Multi-Country Programme, p. 7.

291 Sealy-Burke, J., *OECS Assessment of Child Protection Services: Country Report for Saint Lucia*, OECS, 2016, pp. 1-2.

292 Sealy-Burke, J., *OECS Assessment of Child Protection Services*.



These entities collaborated in 2018 to open the Ethel Ingham Centre – an inter-agency sexual assault referral centre for victims of rape and sexual assault, which aims to improve the mental and physical health of survivors of sexual violence, as well as the criminal justice outcomes of their cases. The Ethel Ingham Centre has the potential to become a centre of excellence for the sub-region.<sup>293</sup>

### Administrative data on VAC

In order to facilitate evidence-based decision-making and to advocate for strengthening national child protection systems, governments and their partners require accurate, regular and up-to-date data and information about how such systems are functioning, including the quality of services and the number of persons served by sex and age. Data can also be used to inform policy and programme planning.<sup>294</sup>

In most countries/territories, efforts have been made to collect and compile administrative data related to child protection and children in conflict with the law, yet data are not consistent or readily disaggregated. In the ECA, the lack of regularly collected and analyzed administrative data on child protection is notable (e.g., Dominica keeps no records on arrest rates of children). Data that are collected are often outdated and not validated, thus, administrative data do not adequately reflect national progress achieved in child protection.<sup>295</sup> In addition, dissemination and coordination of data among relevant ministries/agencies and service providers is generally poor.

Comparability of data is not possible across sectors and ministries/agencies or across countries/territories.<sup>296</sup> Comparability is only possible when standardized data sets are established and there are agreed definitions and indicators across sectors and ministries/agencies within a country, and across countries and territories.<sup>297</sup>

The best practice would be to implement a comprehensive administrative data management system in each country/territory that can support relevant ministries/agencies to regularly collect, update and maintain data on child abuse and neglect, child protection and children in conflict with the law.

Capacity-building of ministry/agency personnel is often required to strengthen their understanding, collection and utilization of this type of administrative data. One of the mistakes often seen among ministry/agency personnel is the tendency to treat administrative data as prevalence data. Administrative data cannot be interpreted as a sign of prevalence, but do reflect the number of reported cases of child abuse and neglect, and can reflect the points of entry (e.g., health care facilities, social welfare, child protection, police).

<sup>293</sup> UNICEF Country Annual Report 2018 – Eastern Caribbean Multi-Country Programme, p. 7.

<sup>294</sup> Ibid, pp. 1-2

<sup>295</sup> Ibid, pp. 1-2

<sup>296</sup> Sealy-Burke, J., *OECS Assessment of Child Protection Services*.

<sup>297</sup> Ibid.

For instance, *Table 5.6* reveals that the most common forms of VAC reported to authorities are child sexual abuse and neglect; these are not necessarily the most prevalent forms of VAC in the ECA. Prevalence rates can only be determined with national population-based surveys of VAC.

**Table 5.6. Cases of physical, sexual and emotional violence and neglect by country/territory**

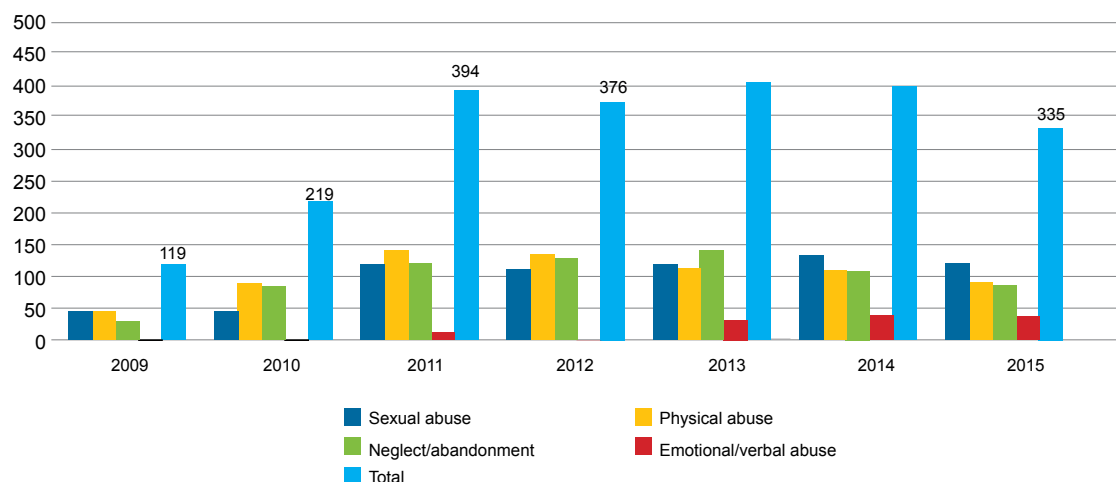
Country/territory	Physical violence	Sexual violence	Emotional violence	Neglect	Total
Anguilla	7	15	0	6	28
Antigua and Barbuda	37	34	1	92	164
British Virgin Islands	25	32	1	28	86
Dominica	45	129	6	9	189
Grenada	91	121	37	86	335
Montserrat	30	38	0	48	116
Saint Lucia	73	84	12	61	230
Saint Kitts and Nevis	32	44	29	109	214
Saint Vincent and the Grenadines	50	42	10	80	182

**Source:** Sealy-Burke, J., *OECS Assessment of Child Protection Services* (2016-2017 data).

*Chart 5.14* shows the number of cases of child abuse reported to the Child Protection Authority in Grenada from 2009 to 2015. This data demonstrates possible improvements made to collecting administrative data on child protection, which can account for the increase in number of documented cases from 2009 to 2015, and the increase in the number of reported and handled cases of child abuse by the Child Protection Authority. Bear in mind, these data do not reflect changes in prevalence from year-to-year; they reflect *only* changes in reporting and in the number of cases handled by the Child Protection Authority.



**Chart 5.14. Cases of child abuse reported to the Child Protection Authority in Grenada**



**Source:** Sealy-Burke, J., *OECS Assessment of Child Protection Systems: Country Report for Grenada*, OECS, 2016.

Table 5.7 shows the number of children in alternative care by country/territory. In a majority of countries, the largest proportion of these children are in foster care. However, in Trinidad and Tobago there is an especially large number of children in institutional care.

Country/territory	Detention	Foster care	Institutional care
Anguilla	1	21	4
Antigua and Barbuda	1	114	27
Barbados	61	8	83
British Virgin Islands	6	21	2
Dominica	2	81	22
Grenada	37	112	50
Montserrat	n/a	n/a	n/a
Saint Lucia	5	176	50
Saint Kitts and Nevis	6	23	15
Saint Vincent and the Grenadines	n/a	98	47
Trinidad and Tobago	64	31	565
Turks and Caicos Islands	5	22	12

**Source:** UNICEF, 2019 (based upon government data).

Table 5.8 shows, for most countries/territories, the number of children arrested in the ECA. In the case of Saint Vincent and the Grenadines, the table shows the number of children charged and, for Saint Lucia, it shows the number of children in conflict with the law. Saint Vincent and the Grenadines data are not disaggregated by sex.

There are low numbers of children arrested in each country/territory, except Grenada. It is unclear why Grenada has such a high number of children arrested, compared with the other countries/territories. Surprisingly, Saint Kitts and Nevis has a proportion of girls arrested than other countries/territories.

Country/territory	Boys	Girls	Total
Anguilla	40	2	42
Antigua and Barbuda	16	2	18
British Virgin Islands	45	4	49
Dominica	47	9	56
Grenada	245	38	283
Montserrat	2	0	2
Saint Lucia	28	2	30
Saint Kitts and Nevis	30	15	45
Saint Vincent and the Grenadines	n/a	n/a	28

**Source:** Sealy-Burke, J., *OECS Assessment of Child Protection Services* (2016-2017 data).

## CHILD PROTECTION IN EMERGENCIES

In the ECA, concerted efforts have been made to learn lessons from 2017 Hurricanes Irma and Maria with respect to protecting children in emergencies. These efforts have included strengthening capacities to deliver psycho-social support to children in emergencies. In 2018, ministries of education and social affairs across Eastern Caribbean countries and territories decided that teachers, rather than child protection workers, should lead the implementation of the Return to Happiness (RTH) programme<sup>298</sup>, given the sector's ability to reach a wider number of children requiring assistance. The RTH programme is currently being extended to target children under five and adolescents, and to consider the specific needs of vulnerable children (e.g., children with disabilities).<sup>299</sup>

In addition, Caribbean Disaster Emergency Management Agency (CDEMA) is developing a model national protocol for child protection in emergencies, to be implemented in countries/territories in the ECA. The protocol will give specific consideration to gender-based violence, children with disabilities and those suffering from chronic diseases. CDEMA is also developing a safeguarding policy which will outline elements for post-disaster deployment teams, including a code of conduct, formal vetting

298 The Rth programme is designed to provide children with psycho-social support in a safe environment through creative play and performance, while helping to decrease anxiety and increase a sense of security, satisfaction, well-being and hope for the future. Pegram, J. & Knaute, D., *Caribbean Children Facing the Climate Crisis: UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children: Eastern Caribbean*, UNICEF Office for the ECA, 2019.

299 Ibid.

processes and training of teams. The model national protocol is aligned with many of the efforts and activities embedded in the framework of the Caribbean Safe School Programme; recognizing that resilience-building necessitates a comprehensive and intersectoral approach.<sup>300</sup>

## PROTECTION OF CHILDREN ON THE MOVE IN TRINIDAD AND TOBAGO

In the ECA, efforts are under way to strengthen child protection systems and to promote inter-agency coordination on child protection issues, including within the context of migration. The focus is on strengthening national child protection systems and community-based mechanisms in early identification, referral, best interest determination and case management of protection needs of children on the move. Special attention has been placed on developing Standard Operating Procedures and establishing a best-interest determination panel for unaccompanied and separated children, scaling-up national efforts to improve family-based and community based alternative care arrangements, and where necessary, supporting family reunification.

<sup>301</sup> Ongoing actions under the child protection umbrella include advocacy and capacity-development of child protection service providers and community based actors to address the protection needs of children on the move.<sup>302</sup> The focus is also on provision of psycho-social support services to migrant and refugee children and families through existing social services and community-based protection mechanisms.

In collaboration with local implementing partners, Living Water Community and Freely Give Foundation, and through the support of community and faith-based organisations, UNICEF established ten child-friendly spaces (CFS) throughout Trinidad, which support children's access to intersectoral programming including education, early childhood development, child protection, life-saving messages, and social integration.

At the CFS, children have access to psychosocial support and are given time and space to restore their normal development flow; process and reduce harmful levels of stress; learn and share positive coping strategies in a supportive environment with peers; and learn valuable information about personal safety (In September 2019, the CFSs began supporting the e-learning platform, Equal Place. Equal Place is a temporary intervention that aims to help asylum seekers, refugees and other eligible children (including Trinidad and Tobago nationals) in need of access to accredited education.<sup>303</sup> CFS' standard operating procedures were developed to ensure child protection mainstreaming, feedback mechanisms, and strategies for prevention of sexual exploitation and abuse (PSEA). A CFS coordination group brought together UNICEF-supported and other community-based CFS operators in December, 2019, to streamline and strengthen programming across all spaces. Through, partnership with ChildLine, mobile counselling services are provided to both host and migrant communities in

<sup>300</sup> Ibid.

<sup>301</sup> *Migration flows in Latin America and the Caribbean – Situation Report*. UNICEF, January-February 2019.

<sup>302</sup> *Migration flows in Latin America and the Caribbean – Situation Report*. UNICEF, October 2018.

<sup>303</sup> Ibid.

rural areas with limited access to protection services and support is provided to all CFSs with PSS interventions. The ChildLine 24hr Hotline also provides counselling services to children and caregivers needing counselling and guidance.

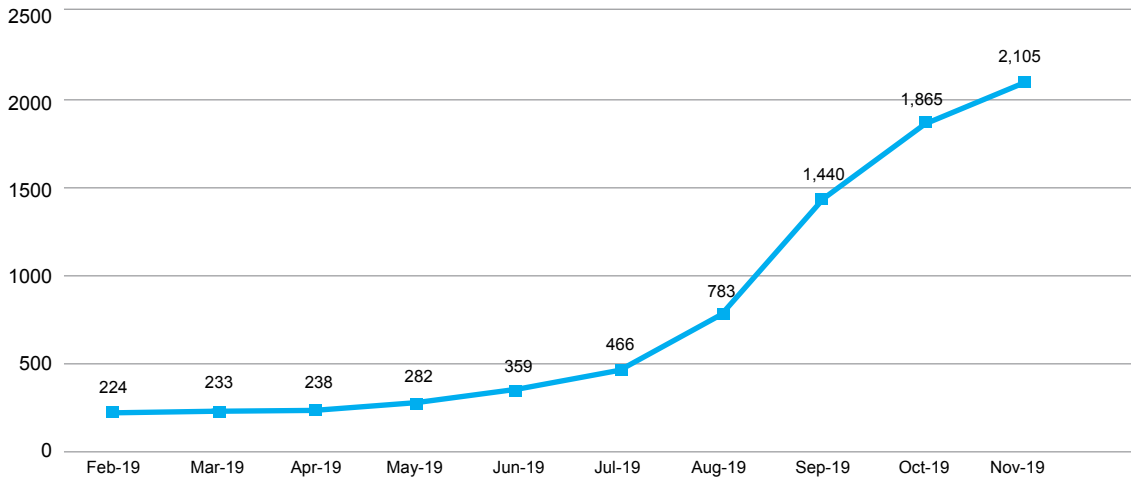
In 2018, a Child Protection Working Group (CPWG) comprising national child protection agencies, LWC, UNHCR and UNICEF was established to strengthen the inter-agency coordination and referral pathways for case management and support of unaccompanied, separated and trafficked children. In May 2019, a Child Protection Case Management Working Session for Children on the Move brought together UN agencies and local leading child protection agencies and service providers to discuss child protection of children on the move. The meeting yielded a road map for addressing areas in need of additional support and improvement, namely capacity development, additional alternative care options for children on the move, information-sharing, and the need for UN agencies and national child protection authorities to understand each other's case management procedures in order to integrate and streamline processes. The meeting resulted in a draft Inter-Agency Child Protection Referral Pathway, for children on the move, that highlights key organizations' roles and services, and identifies focal points within each organization for effective case management referrals and follow-up. The Child Protection Working Group continues to work on developing SOPs and strengthening family and community-based alternative care mechanisms for unaccompanied and separated children and child survivors of trafficking.

In 2019, UNICEF, UNHCR, IOM and UNFPA established a Protection Coordination Group to ensure the coordination of the protection response with the aim of delivering as one, by fostering synergies, avoiding duplication and facilitating a common approach to case management for child protection, trafficked persons, GBV and persons with specific needs.

*Chart 5.15* shows the number of girls and boys provided with psychosocial support, including access to CFSs in Trinidad and Tobago from February 2019 to November 2019. There has been a steady increase in the numbers, from 224 in February to 2,105 in November 2019.



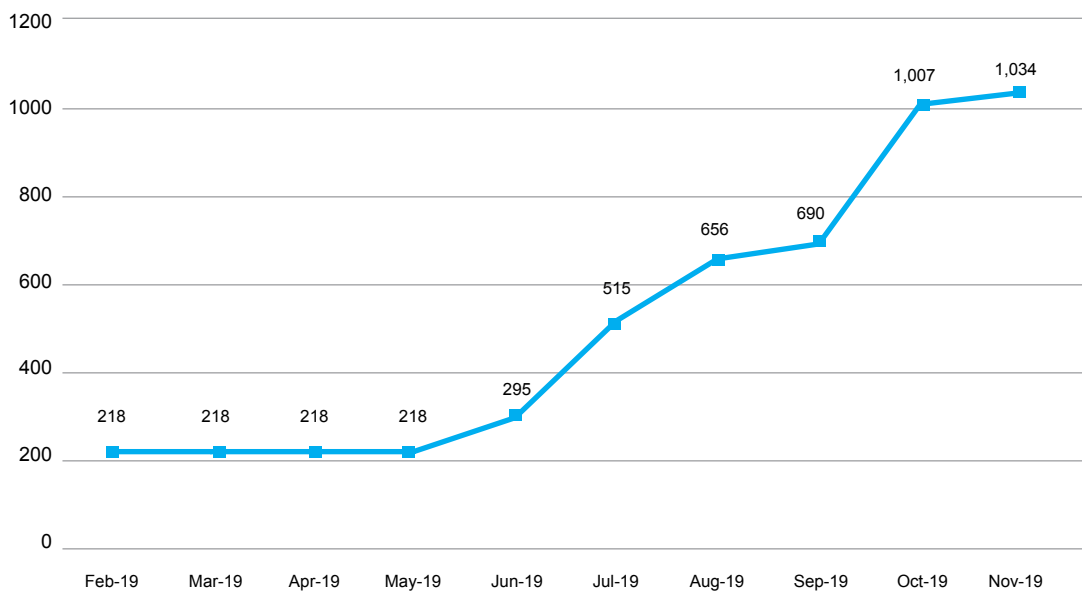
**Chart 5.15. Children on the move provided with psychological support, including access to CFSs, in Trinidad and Tobago**



**Source:** Humanitarian Performance Monitoring Matrix, November 2019.

Chart 5.16 shows the number of children reached with programmes to prevent and address violence, abuse and exploitation, including GBV.

**Chart 5.16. Children on the move reached with programmes to prevent and address violence, abuse and exploitation in Trinidad and Tobago**



**Source:** Humanitarian Performance Monitoring Matrix, November 2019.

## ROLE OF THE PRIVATE SECTOR

In the ECA, the private sector may not consider ending VAC to be a strategic priority due to a lack of knowledge and understanding of the issue and of child rights. The private sector does, however, show concern for the security situation in the sub-region and the countries/territories. A survey of companies in eight ECA countries/territories reported losing over 2 per cent of their entire sales due to different forms of crime, and another survey found that crime and lack of security are one of the leading barriers for the growth of their businesses.

There is an opportunity for private sector organisations to raise awareness and implement a C4D strategy in workplace settings where parents can access positive parenting training. This would be helpful, considering the long periods of time that parents/caregivers spent in the workplace (offices, factory and plants) and the challenges of childcare and balancing work and family for many parents/caregivers.





@UNICEF/2019/John

## CHAPTER 6

# Every child lives in a safe and clean environment

Children need a safe and clean environment to survive, grow and thrive (Article 24, Convention on the Rights of the Child). The availability of safe and clean water, sanitation and hygiene (WASH) services, and the quality of the physical environment in which children live, are important determinants of their health and well-being, learning, safety and ability to take advantage of opportunities to reach their full potential.<sup>304</sup>

In the ECA, the environment is increasingly under threat from the impacts of climate change (e.g., more frequent and severe storms, rising sea levels, warming water temperature at the ocean's surface) and natural disasters (e.g., tropical storms, hurricanes, floods, volcanic activity) and other emergencies. These and other deteriorating environmental conditions threaten the services on which children rely in the areas of WASH. Thus, strengthening the capacity and resiliency of communities and government systems to maintain safe and clean environments is critical to the environmental and resiliency components of the 2030 Agenda for Sustainable Development, in particular, SDG 6 on clean water and sanitation, SDG 11 on sustainable cities and communities, SDG 13 on climate action, and SDG 5 on gender equality.<sup>305</sup>

## WATER, SANITATION AND HYGIENE

Access to safely managed drinking water and sanitation services, and good hygiene practices are considered core socioeconomic and health determinants and are key for child survival, maternal and child health and family well-being.<sup>306</sup> SDG indicators focus on the proportion of the population with safely managed drinking water (6.1.1) and sanitation services (6.2.1). In addition, SDG 3.9.2 focuses on mortality rates attributed to exposure to unsafe WASH services.



304 Goal Area 4 – Every child lives in a safe and clean environment, *UNICEF Global Annual Results Report*, 2018, p. 2.

305 Ibid, p. 3.

306 Ministry of Equity and UNICEF, *Adolescent Well-being and Equity in Saint Lucia*, 2019; see also *Survey of Living Conditions and Household Budgets, 2006 and 2016*.

Figure 6.1. SDG service ladders for water and sanitation

Water		Sanitation	
SURFACE LEVEL	DEFINITION	SURFACE LEVEL	DEFINITION
<b>SAFELY MANAGED</b>	Drinking water from an improved water source that is located on premises, available when needed and free from faecal and priority chemical contamination	<b>SAFELY MANAGED</b>	Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite
<b>BASIC</b>	Drinking water from an improved source, provided collection time is not more than 30 minutes for a round trip, including queuing	<b>BASIC</b>	Use of improved facilities that are not shared between two or more households
<b>LIMITED</b>	Drinking water from an improved source, provided collection time exceeds 30 minutes for a round trip, including queuing	<b>LIMITED</b>	Use of improved facilities shared between two or more households
<b>UNIMPROVED</b>	Drinking water from an unprotected dug well or unprotected spring	<b>UNIMPROVED</b>	Use of pit latrines without a slab or platform, hanging latrines or bucket latrines
<b>SURFACE WATER</b>	Drinking water directly from a river, dam, lake, pond, stream, canal or irrigation canal	<b>OPEN DEFECACTION</b>	Disposal of human faeces in fields, forests, bushes, open bodies of water, beaches or other open spaces, or with solid waste

Source: JMP (2017).<sup>18</sup>

Source: Goal Area 4 – Every child lives in a safe and clean environment, *UNICEF Global Annual Results Report 2018*, p. 18.

The WHO-UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene defines safely managed water and sanitation services (see Figure 6.1) and provides WASH data for households, schools and health care facilities.<sup>307</sup>

## Water

Sustainability of safe water supplies is one of the most serious challenges facing Eastern Caribbean countries/territories. In fact, six of the 16 most water-stressed countries in the world are located in the ECA (i.e., Antigua and Barbuda, Barbados, Dominica, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago), meaning these small island states withdraw more than 80 per cent of available water supplies for agricultural, domestic and industrial use annually. This is due to a lack of fresh water ecosystems, combined with poor management of resources in many islands, leading to near total reliance on rainfall and, by extension, a stable climate.<sup>308</sup> For instance, in Dominica, decreased stream flows have resulted in water supply deficits that are particularly apparent during the dry season.<sup>309</sup>

307 *Progress on household drinking water, sanitation and hygiene 2000-2017: Special focus on inequalities*, UNICEF and WHO, New York, 2019.

308 *World's 36 Most Water-Stressed Countries*, World Resources Institute, 2013.; Pegram, J. & Knaute, D., *Caribbean Children Facing the Climate Crisis: UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children: Eastern Caribbean*, UNICEF Office for the ECA, 2019.

309 Pegram, J. & Knaute, D., *Caribbean Children Facing the Climate Crisis: UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children: Eastern Caribbean*, UNICEF Office for the ECA, 2019; Cashman, A., 'Water Security and Services in the Caribbean', *Water*, vol. 6, no. 5, (2014), pp. 1187-1203.

Increasing severe weather events in the ECA also inflict serious damage to water and sanitation infrastructure. For instance, in 2017, Hurricanes Irma and Maria destroyed 90 per cent of water supply systems in Barbuda, and damaged 43 of the 44 water systems in Dominica.<sup>310</sup> In British Virgin Islands, where desalination is the sole source of public water supplies, production ceased due to lack of electricity and hurricane damage to plants and contamination of storage cisterns.<sup>311</sup> Potable water was also unavailable in Turks and Caicos Islands.<sup>312</sup>

Unsustainable extraction of public water supplies, particularly for the tourism industry, along with contamination and inefficient water supply systems, represent additional threats to safe drinking water supplies. Poor infrastructure in existing water distribution networks is estimated to result in 75 per cent water losses due to damaged pipelines.<sup>313</sup> In addition, wastewater from the agricultural sector (particularly due to increased use of agrochemicals) and industrial sites, inadequate sewage and solid waste management, and stormwater run-off are significant sources of contamination. Studies suggest that about 85 per cent of wastewater entering the Caribbean Sea is untreated; in the ECA, this figure rises to 92 per cent because only 8 per cent of domestic wastewater is treated and less than 2 per cent of urban sewage is treated in the sub-region.<sup>314</sup>

Due to unique circulation patterns in the Caribbean Sea, coastal zones experience a concentration of pollution and run-off near human settlements, posing a major threat to children's health in these highly-populated areas.<sup>315</sup> While countries are increasingly investing in costly and energy-intensive desalination to increase water security, brine and other by-products from this process contribute to further pollution and harm to coastal ecosystems.<sup>316</sup>

*Chart 6.1* reveals that only Grenada had a proportion of the population (87 per cent) with safely managed household drinking water from an improved water source that is located on premises (available when needed and free from faecal and chemical contamination) in 2017. Other countries, however, do not have data on all components of the safely managed indicator (e.g., accessible when needed and free from contamination). Given lack of data to properly assess the proportion of the population with safely managed water in households, schools and health facilities, the WHO-UNICEF JMP reported the proportion of the population with access to basic water services from an improved water source. For countries with available data, all schools had basic water supplies.

310 Ibid, p. 17; *Overview of Situation: Hurricanes Irma and Maria*, UNICEF ECA, October 2017.

311 Ibid, p. 17; *Recovery to Development Plan of the Virgin Islands*, Government of British Virgin Islands, 2018.

312 Ibid, p. 17; *Overview of Situation: Hurricanes Irma and Maria*, UNICEF ECA, October 2017.

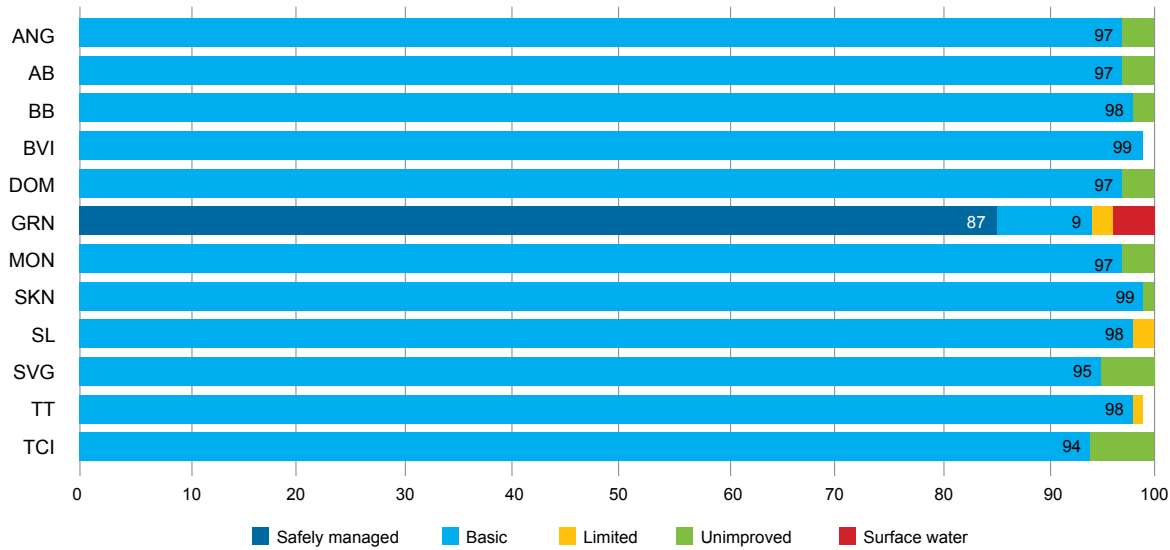
313 Pegram, J. & Knaute, D., *Caribbean Children Facing the Climate Crisis: UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children: Eastern Caribbean*, UNICEF Office for the ECA, 2019; OPCS, UK Foreign and Commonwealth Office, Climate Analytics (2018), *Eastern Caribbean Regional Climate Change Implementation Plan*.

314 Pegram, J. & Knaute, D., *Caribbean Children Facing the Climate Crisis: UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children: Eastern Caribbean*, UNICEF Office for the ECA, 2019.

315 Ibid; Lewsey, C., G. Cid and Kruse, E., 'Assessing climate change impacts on coastal infrastructure in the Eastern Caribbean', *Marine Policy*, vol. 28, no. 5, 2004, pp. 393-409.

316 Pegram, J. & Knaute, D., *Caribbean Children Facing the Climate Crisis: UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children: Eastern Caribbean*, UNICEF Office for the ECA, 2019.

**Chart 6.1. Proportion of population using safely managed drinking water by country/territory**



**Source:** UNICEF and WHO, *Progress on household drinking water, sanitation and hygiene 2000-2017: Special focus on inequalities*, 2019. 2015 data retrieved on 11 October 2019 from: <https://washdata.org/>

### Sanitation and hygiene

Chart 6.2 reveals that, in 2016, the majority of the population in each country/territory used basic sanitation services (i.e., use of improved facilities that are not shared with other households). Dominica and Turks and Caicos Islands had a proportion of households (15 per cent and 10 per cent respectively) with unimproved household sanitation services.

Data related to hygiene was available for only 3 of the 12 Eastern Caribbean countries/territories for 2015. Table 6.1 shows that, among the three countries, 87 to 89 per cent of the population was using a hand-washing facility with soap and water.

**Table 6.1. Proportion of population using a hand-washing facility with soap and water**

Country/territory	%
Barbados	88 (basic)
Saint Lucia	87 (basic)
Trinidad and Tobago	89 (basic)

**Source:** WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP). Retrieved on 3 October 2019 from: <https://washdata.org/>

## MORTALITY ATTRIBUTED TO UNSAFE WASH SERVICES

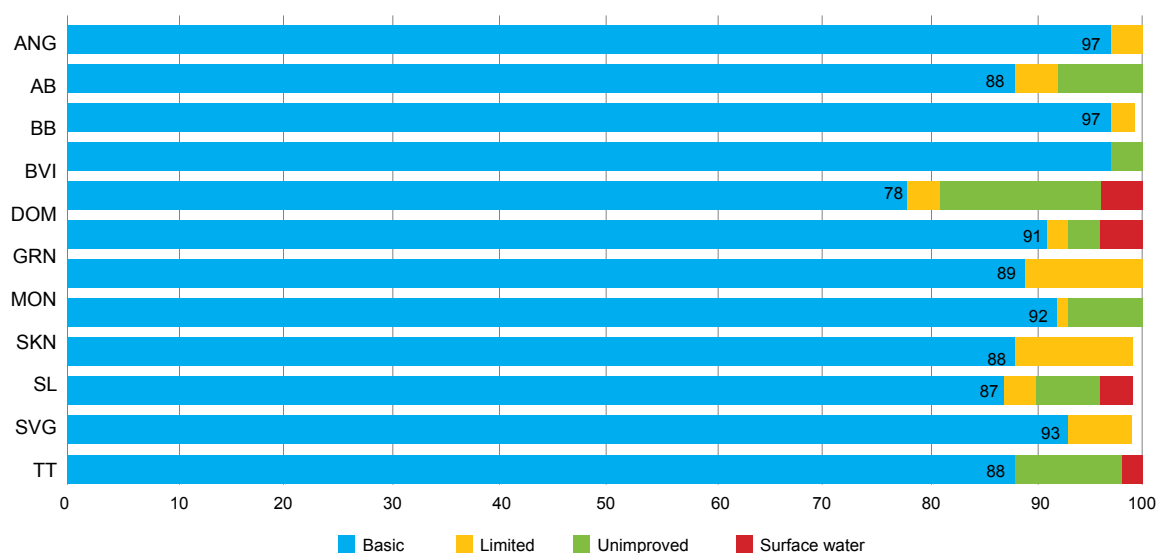
Globally, inadequate WASH presents a significant risk to health, particularly in low- and middle-income countries. The impact of unsafe WASH on the death rates of children under five and mothers in the year after childbirth is important to understand; unfortunately, these data are not available. Data are available, however, relating to SDG 3.9.2 – the mortality rate attributed to exposure to unsafe WASH (see Table 6.2). On average, Caribbean Small States have a very low rate of mortality attributed to exposure to unsafe WASH, at 0.9 per 100,000 population. Saint Vincent and the Grenadines reported the highest mortality rate attributed to exposure to unsafe WASH at 1.3 per 100,000 population; still this rate is very low.

**Table 6.2. Mortality rate attributed to exposure to unsafe WASH per 100,000 population**

Country/territory	Rate per 100,000 population
Antigua and Barbuda	0.1
Barbados	0.2
Grenada	0.3
Saint Lucia	0.6
Saint Vincent and the Grenadines	1.3
Trinidad and Tobago	0.1
<b>Caribbean Small States</b>	<b>0.9</b>

**Source:** World Health Organization, Global Health Observatory Data Repository. Retrieved on 3 October 2019 from: <http://apps.who.int/gho/data/>

**Chart 6.2. Proportion of population using safely managed sanitation services by country/territory**



**Source:** UNICEF and WHO, *Progress on household drinking water, sanitation and hygiene 2000-2017: Special focus on inequalities*, 2019. 2015 data retrieved on 11 October 2019 from: <https://washdata.org/>

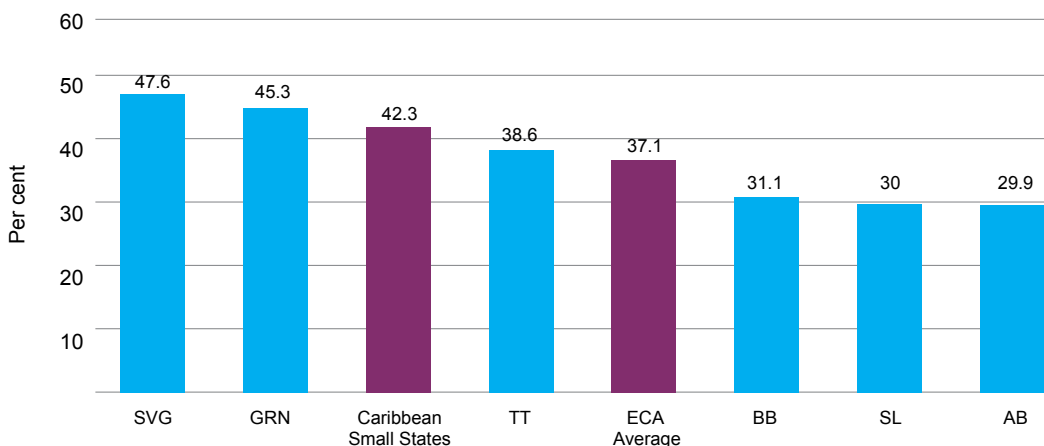
## MORTALITY ATTRIBUTED TO AIR POLLUTION

As part of a broader project to assess major risk factors to health, the mortality resulting from exposure to ambient (outdoor) air pollution and household (indoor) air pollution is assessed. Ambient air pollution results from emissions from industrial activity, households, cars and trucks, which are complex mixtures of air pollutants, many of which are harmful to health. Of all of these pollutants, fine particulate matter has the greatest effect on human health. Indoor air pollution results from polluting fuel used for cooking. Polluting fuels are solid fuels, such as wood, coal, animal dung, charcoal, crop wastes and kerosene.<sup>317</sup>

Air pollution affects all regions of the world, however, populations in low- and middle-income cities are most impacted. According to the latest air quality database, 97 per cent of cities in low- and middle-income countries with more than 100,000 inhabitants do not meet WHO air quality guidelines. In high-income countries, that percentage decreases to 49 per cent. As air quality declines, the risk of stroke, heart disease, lung cancer, and chronic and acute respiratory diseases, including asthma, increases for residents.<sup>318</sup>

In the ECA, relevant mortality rate data attributed to household and ambient air pollution is available for only 6 of the 12 countries/territories. *Chart 6.3* shows that mortality rates attributed to air pollution were 42.3 per 100,000 population in the Caribbean Small States. Saint Vincent and the Grenadines and Grenada had mortality rates attributed to household and ambient air pollution higher than the regional average (47.6 and 45.3 per 100,000 population respectively). In comparison, Antigua and Barbuda, Saint Lucia and Barbados reported lower than average mortality rates attributed to household and ambient air pollution.

**Chart 6.3. Mortality rate attributed to household and ambient air pollution per 100,000 population**



**Source:** World Health Organization, Global Health Observatory Data Repository. Retrieved on 3 October 2019 from the World Bank Group: <https://data.worldbank.org/indicator/SH.STA.WASH.P5?locations=S3>

317 Retrieved on 12 October 2019 from: <http://apps.who.int/gho/data/node.wrapper.imr?x-id=3793>

318 Ibid.

## ROLE OF THE PRIVATE SECTOR

In the ECA, the private sector, including the tourism industry, is reacting to climate change and thinking about safe and clean environments. A 2019 study from the World Travel and Tourism Council estimated losses of US\$741 million in visitor spending in 2017, which would have generated US\$292.5 million in GDP and supported 11,005 jobs in the Caribbean. There is an opportunity for the private sector and the public sector to work together to develop a road map that integrates the child rights perspective as a cornerstone of sustainability efforts. The effects of climate change will be felt not only by children, but also directly by the tourism economy in ECA.





@UNICEF/2019/Zachariah

## CHAPTER 7

# Every child has an equitable chance in life

Every child has a right to fulfil his or her full potential. Living with social, political and economic deprivations, facing geographical barriers in accessing essential services, and experiencing social discrimination all have lifetime consequences for the child. These conditions also impede the opportunity for the child to achieve his or her full potential.

Children are more likely to live in poverty than adults. They are also more vulnerable to its effects.<sup>319</sup> Ending poverty is the first of the 17 SDGs with the aim to “end poverty in all its forms everywhere.”<sup>320</sup> The goal recognizes not only the transient nature of monetary poverty, but also the links between various deprivations – the multidimensional nature of poverty.

Growing up in poverty has a detrimental impact on the physical, emotional and social development of children, threatening their life chances and risking the establishment of intergenerational poverty. More specifically, children suffer from poor living standards, no or limited workforce skills and earn lower wages than adults.<sup>321</sup>

Social protection refers to a collection of programmes and policies that address the lifelong consequences of poverty and exclusion.<sup>322</sup> It includes social assistance (such as cash transfers), social insurance (e.g., health insurance), employment and education support. Such programmes and policies reduce child poverty and improve access for children and their families to nutritious and sufficient food, health care and education, improving overall physical, emotional and social development.

Governments have a major role to decide how public resources can be invested to break the cycle of poverty. Public finance for children is one of the main strategies that contributes to reducing multidimensional child poverty, as it’s focused on tackling the full range of needs of children across social sectors.<sup>323</sup>

This chapter focuses on child poverty and social protection and presents evidence about what type of social and cash transfers exist to support the well-being of children and their families.

It also analyzes public finance for children and explores how a better understanding of social sector expenditure can provide the first step to effective, efficient and equitable use of national resources. The role of the private sector is also captured here, identifying how businesses can support equitable life chances for children. Many other issues relating to inequities and vulnerability are included in previous chapters.

319 Retrieved on 16 December, 2019 from: <https://www.unicef.org/social-policy/child-poverty>

320 Retrieved on 16 December, 2019 from: <https://www.globalgoals.org/1-no-poverty>

321 Ibid.

322 Retrieved on 16 December, 2019 from: <https://www.unicef.org/social-policy/social-protection>

323 Retrieved 16 December, 2019 from: <https://www.unicef.org/social-policy/public-finance>

## CHILD POVERTY

It is well documented that children often bear the burden of poverty; children living in poverty are frequently left behind when it comes to fulfilling their rights. Child poverty limits children's access to vital resources, including safe, nutritious and sufficient food, water and sanitation; early childhood care and development programmes; quality education; and health care and social services. This limited access can prevent children from achieving their full potential.

The Convention on the Rights of the Child entitles children (ages 0-17) to an adequate standard of living, reiterating that growing up in poverty violates their rights. It highlights multiple dimensions of well-being related to survival, development, protection and participation.

A report from the OECS Commission and UNICEF found that, based on monetary measurements, one in three or 32.9 per cent of children in the ECA live in poverty (see Chart 7.1).<sup>324</sup> Grenada (50.9 per cent) and Montserrat (46.9 per cent) have the highest child poverty rates; the lowest child poverty rates are in Anguilla (7.2 per cent) Across the region, child poverty rates are almost 60 per cent higher than adult poverty rates, with differentials exceeding 10 percentage points in 8 of the 11 Eastern Caribbean countries/territories, excluding Trinidad and Tobago.<sup>325</sup>



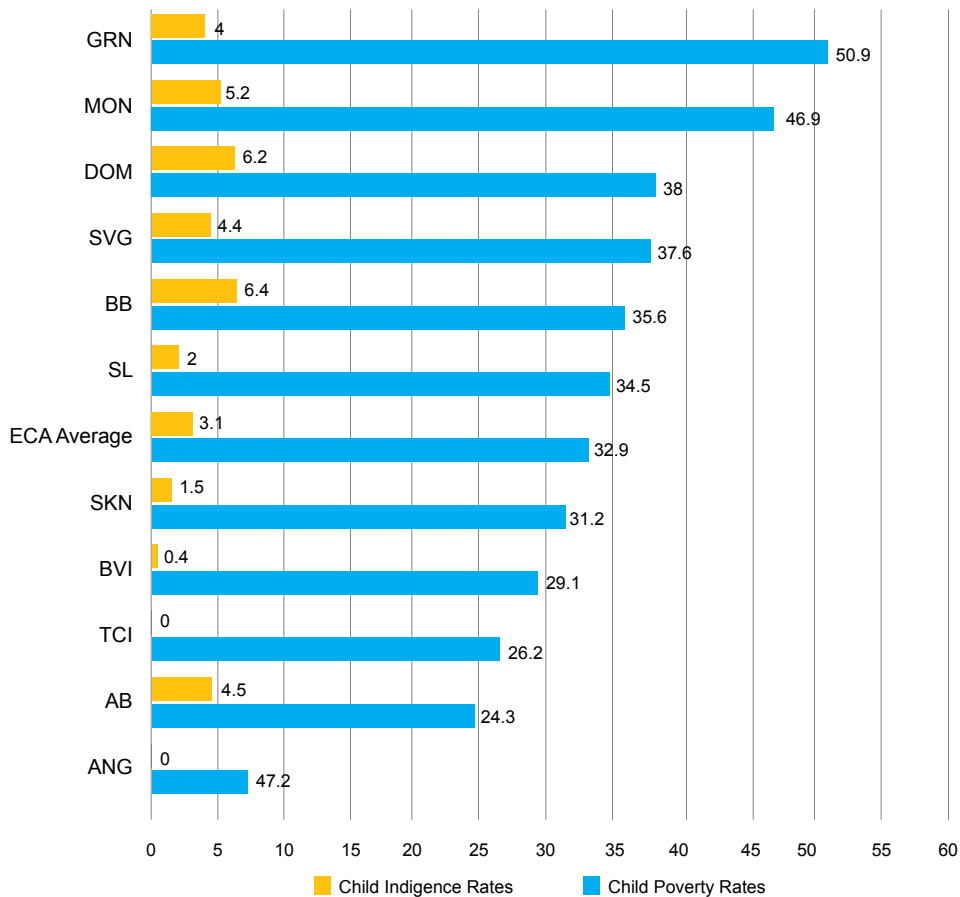
@UNICEF/2019/John

324 OECS Commission and UNICEF, *Child Poverty in the Eastern Caribbean Area, Final Report*, Saint Lucia, 2017.

325 Ibid, p.21.

In contrast to child poverty rates, child indigence rates<sup>326</sup> (i.e., children living in a level of severe poverty in which real hardship and deprivation are experienced and comforts of life are wholly lacking) are generally low in the ECA, averaging 3.1 per cent, with only a few countries exceeding this average. The child indigence rate is 6.4 per cent in Barbados and 6.2 per cent in Dominica.

**Chart 7.1. Child poverty rates in Eastern Caribbean countries/territories**

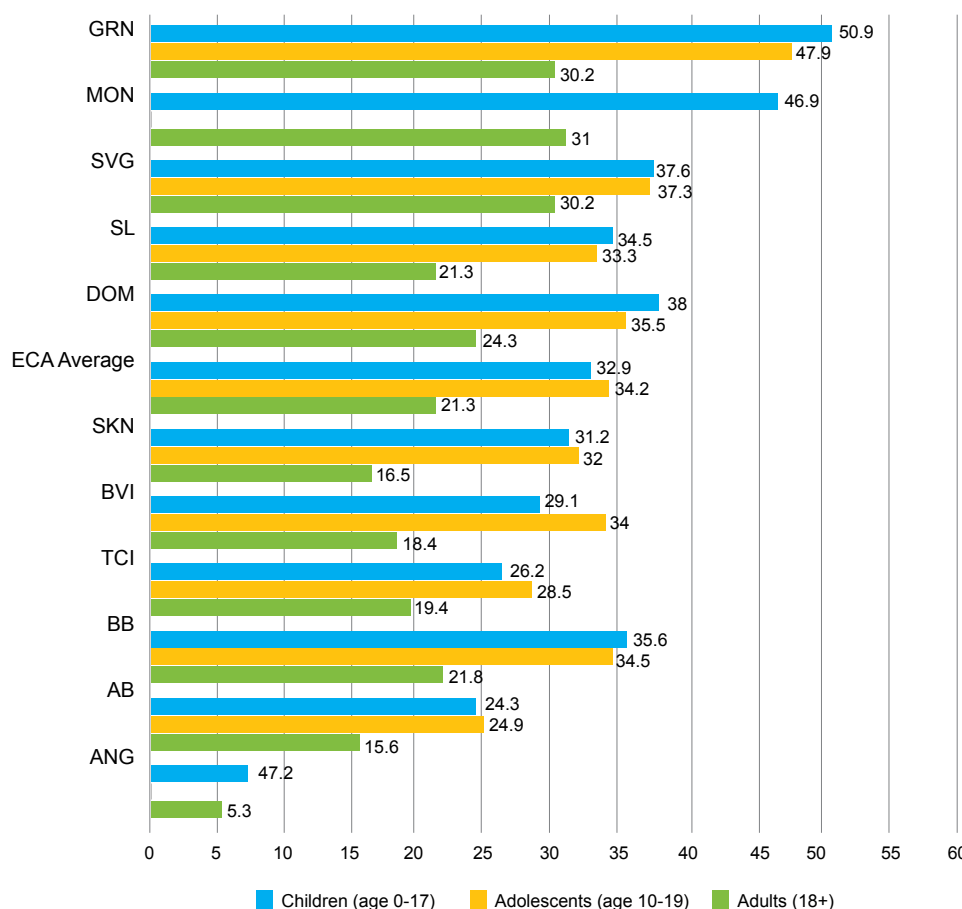


**Source:** OECS Commission and UNICEF, *Child Poverty in the Eastern Caribbean Area, Final Report*, 2017, p.15. Saint Lucia Survey of Living Conditions and Household Budgets, 2016. Barbados Survey of Living Conditions and Household Budgets, 2006 and 2016.

In all Eastern Caribbean countries/territories, adolescent poverty rates are also noticeably higher than adult poverty rates. *Chart 7.2* shows how child and adolescent poverty rates compare with those of adults. On average in the ECA, there was little difference between child poverty rates (32.9 per cent) and adolescent poverty rates (34.2 per cent), both being significantly higher than adult poverty rates (21.3 per cent).

326 The indigence poverty line is defined as the minimum cost of the food basket necessary to provide a person with a healthy diet. The general poverty line adds an allowance for essential non-food expenditures (housing, transport, clothing, etc.); OECS Commission and UNICEF, *Child Poverty in the Eastern Caribbean Area: Final Report*, Saint Lucia, 2017, p.10 - 11.

**Chart 7.2. ECA poverty rates for children, adolescents and adults**



**Note:** Poverty rates for adolescents are not available for Anguilla and Montserrat.

**Source:** OECS Commission and UNICEF, *Child Poverty in the Eastern Caribbean Area, Final Report*, 2017, p.15. Saint Lucia Survey of Living Conditions and Household Budgets, 2016. Barbados Survey of Living Conditions and Household Budgets, 2006 and 2016.

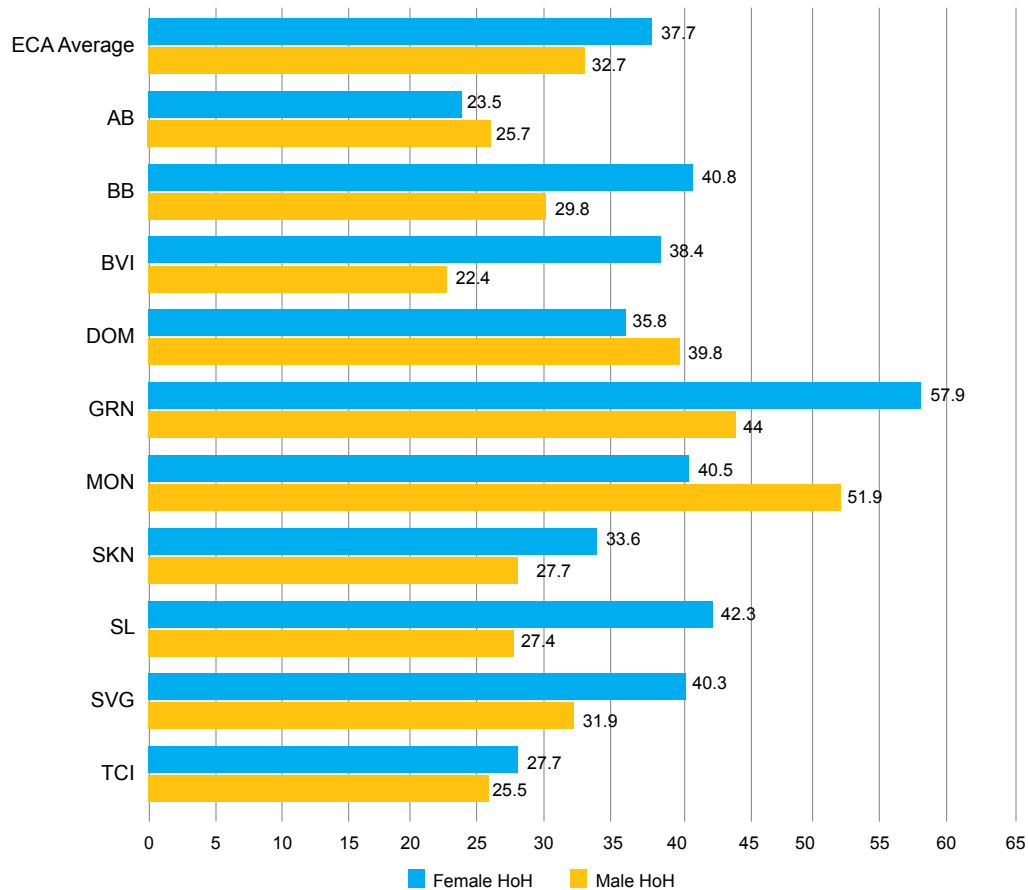
Children account for a significantly higher proportion of the population living in poverty, at about 42 per cent on average. The proportion of children living in poverty is noticeably higher than their proportion in the overall population.<sup>327</sup>

The OECS Commission and UNICEF report also revealed that child poverty rates varied depending on the number of children in the household. Households with four or more children had poverty rates averaging 80 per cent higher than the overall child poverty rate; whereas, households with one or two children had poverty rates below or close to adult and overall poverty rates. In seven out of the nine countries for which data was available, large households accounted for more than 40 per cent of all children living in poverty (rising to almost 60 per cent in some countries/territories).

<sup>327</sup> OECS Commission and UNICEF, *Child Poverty in the Eastern Caribbean Area: Final Report*, Saint Lucia, 2017, p. 21.

Chart 7.3 shows that, in seven out of 10 ECA countries/territories, children in female-headed households were more likely to live in poverty (37.7 per cent) than those in male-headed households (32.7 per cent). The proportion of children in female-headed households exceeded those in male-headed households except in Antigua and Barbuda, Dominica and Montserrat.

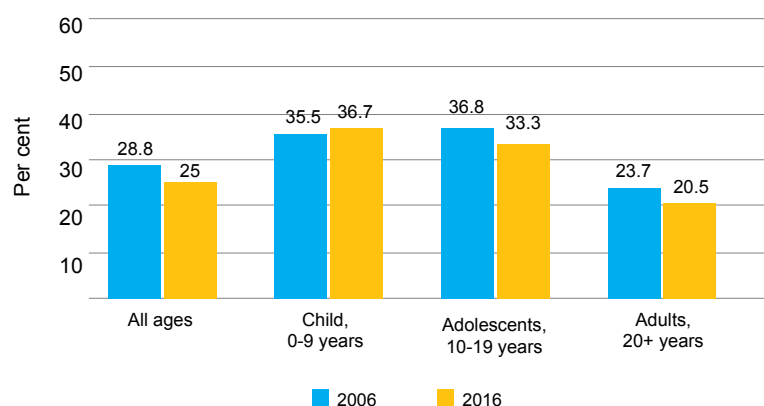
**Chart 7.3. Child poverty rates by sex of head of household by country/territory**



**Source:** OECS Commission and UNICEF, *Child Poverty in the Eastern Caribbean Area, Final Report, 2017*, p.15. Saint Lucia Survey of Living Conditions and Household Budgets, 2016. Barbados Survey of Living Conditions and Household Budgets, 2006 and 2016.

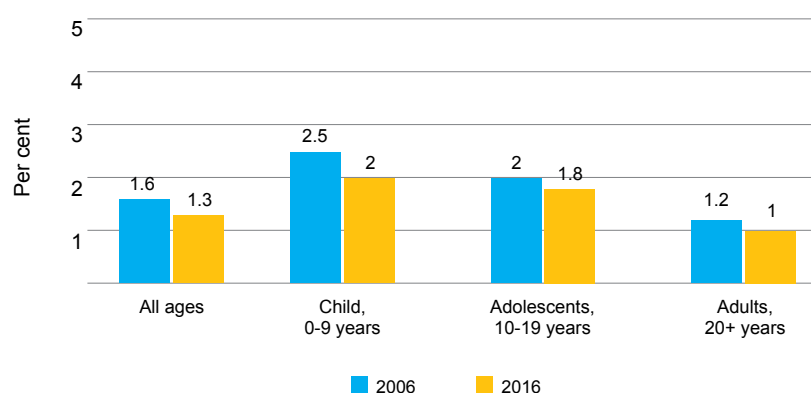
In recent years, Saint Lucia and Barbados have collected data that allow for comparisons in poverty and indigence rates over time. Saint Lucia was the first Eastern Caribbean country to conduct the Enhanced Country Poverty Assessment (E-CPA) in 2016. *Chart 7.4* shows that Saint Lucia experienced an overall reduction in the poverty rate, from 28.8 per cent in 2006 to 25 per cent in 2016. This reduction affected adolescents aged 10-19 and adults (aged 20+), but children aged 0-9 did not experience a decrease in poverty (see *Annex Table 6*).<sup>328</sup>

<sup>328</sup> Ministry of Equity and UNICEF, *Adolescent Well-being and Equity in Saint Lucia, 2019*.

**Chart 7.4. Saint Lucia poverty rates by age group and year**

**Source:** Ministry of Equity and UNICEF, *Adolescent Well-being and Equity in Saint Lucia*, 2019. Saint Lucia Survey of Living Conditions and Household Budgets, 2006 and 2016.

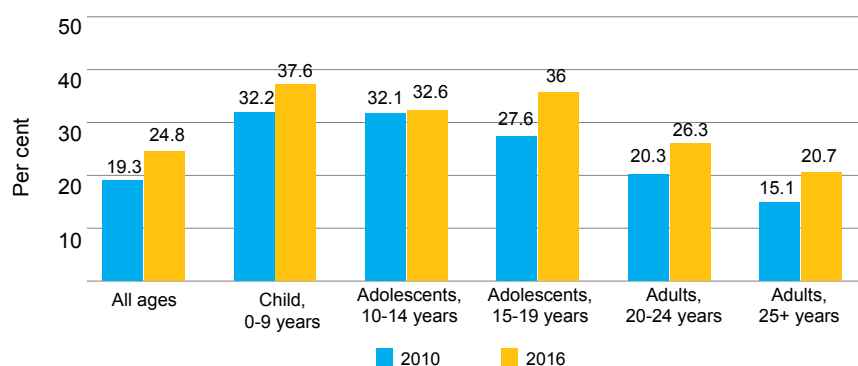
Indigence rates are low in Saint Lucia among both children and adults. In 2016, Saint Lucia's overall indigence rate was only 1.3 per cent (see Chart 7.5). Changes in indigence rates mostly mirror changes in poverty rates, but there was a decrease in the proportion of children aged 0-9 living in indigence. This explains the slight increase in the proportion of children aged 0-9 living in poverty.<sup>329</sup>

**Chart 7.5. Saint Lucia indigence rates by age group and year**

**Source:** Ministry of Equity and UNICEF, *Adolescent Well-being and Equity in Saint Lucia*, 2019. Saint Lucia Survey of Living Conditions and Household Budgets, 2006 and 2016.

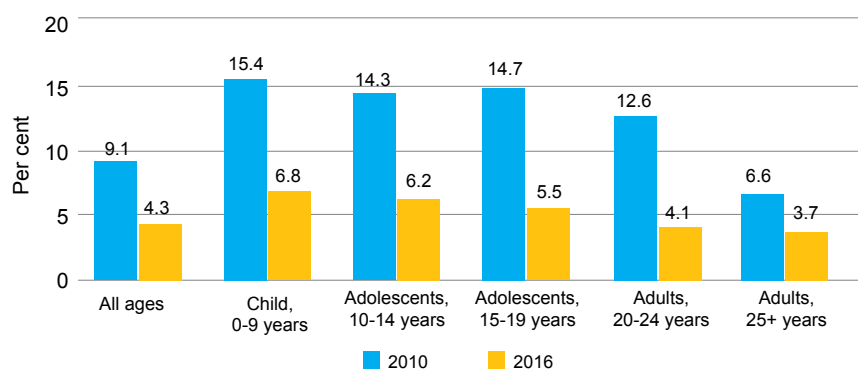
In 2016, Barbados conducted a Survey of Living Conditions (SLC) that allowed for a comparison of poverty rates with the 2010 Country Poverty Assessment (CPA). Chart 7.6 shows an increase in poverty rate from 19.3 per cent in 2010 to 24.8 per cent in 2016. This increase impacted children aged 0-9, adolescents aged 15-19, and adults age 20-24 and 25+ years (see Annex Table 7).

<sup>329</sup> Ministry of Equity and UNICEF, *Adolescent Well-being and Equity in Saint Lucia*, 2019; see also Survey of Living Conditions and Household Budgets, 2006 and 2016.

**Chart 7.6. Barbados poverty rates by age group and year**

**Source:** UNICEF, *Generation Unlimited: The Well-being of Young People in Barbados, 2020*. Barbados Survey of Living Conditions and Household Budgets, 2006 and 2016.

At the same time, Barbados also reported a two-fold decrease in its indigence rate, from 9.1 per cent in 2010 to 4.3 per cent in 2016 (see Chart 7.7). All age groups experienced a decrease in indigence rates.

**Chart 7.7. Barbados indigence rates by age group and year**

**Source:** UNICEF, *Generation Unlimited: The Well-being of Young People in Barbados, 2020*. Barbados Survey of Living Conditions and Household Budgets, 2006 and 2016.

Against the backdrop of commitments to SDGs, Eastern Caribbean countries/territories started to regularly measure child poverty using standard definitions based on vetted global and regional methodologies, particularly through implementation of the E-CPA and Multiple Indicator Cluster Survey (MICS). The E-CPA uses the SLC to generate child poverty estimates based on regional methodologies. The MICS integrates the multidimensional poverty measurements developed by the United Nations Development Programme (UNDP) and Oxford Poverty and Human Development Initiative (OPHI).<sup>330</sup>

Poverty is at the heart of a considerable amount of vulnerability, social discrimination and exclusion: Households with inadequate income are more vulnerable to changing economic, social and environmental circumstances and to reduced income-earning potential. People in poverty also tend

330 UNICEF ECA Social Inclusion and Child Rights Monitoring Programme Strategy Note 2017-2021.



to live in inadequate and unsanitary housing in less desirable neighbourhoods, which are especially vulnerable to weather-related damage. They are also more prone to live in communities with high rates of crime and violence, which can be unsafe environments for children, adolescents and young people.

The data in this section provide an important national baseline for reporting on SDG 1, for monitoring implementation of the Convention on the Rights of the Child, and for tracking progress towards the 2030 SDG target of reducing poverty by half for all, including children and adolescents.<sup>331</sup> Given the importance of children to the future of Eastern Caribbean countries/territories, it is essential that policymakers address poverty and indigence by strengthening social protection systems, with a focus on increasing coverage to reach those furthest behind, which are often children and their families.<sup>332</sup>

## SOCIAL PROTECTION

Social protection is a right enshrined in the Universal Declaration of Human Rights (1948), and it is recognized in Article 26 of the Convention on the Rights of the Child which states that every child has a right to social security. Increasing coverage of social protection is a crucial element in tackling the various dimensions of child poverty, addressing discrimination (including on the basis of gender, disability and age), and upholding a child's right to a decent standard of living. Social protection can also improve access to education and health and social services.

Social protection systems need to be able to prepare for and respond to environmental, economic and political shocks in a timely manner, with a focus on using cash transfer programmes to help bridge humanitarian and development approaches.<sup>333</sup>

Well-designed social protection systems have a proven positive impact on child poverty. They can tackle the multiple deprivations that children may face and can help families overcome financial and social barriers to accessing social services and employment. Improving social protection is in line with the principles of 'leaving no one behind' and 'reaching the furthest behind', as set out in the UNICEF 'ECA Social Inclusion and Child Rights Monitoring Programme Strategy'.<sup>334</sup>

Social protection systems consist of contributory schemes, such as social insurance and pensions, with labour market interventions, and non-contributory schemes, such as social assistance and cash transfers and public assistance programmes. For the most part, in the ECA, national public assistance programmes make up the flagship cash transfer programmes. They are designed based on dated legislation focused on poor relief, rather than on a universal progressive approach to ensure social protection rights for all.

331 UNICEF Country Office Annual Report 2018: Eastern Caribbean Multi-Country Program, UNICEF Office for the ECA, p. 1.

332 OECS Commission and UNICEF, *Child Poverty in the Eastern Caribbean Area: Final Report*, Saint Lucia, 2017, p. 59.

333 UNICEF ECA Social Inclusion and Child Rights Monitoring Programme Strategy Note 2017-2021.

334 Ibid.

Social protection programmes also includes social transfers which for example, specifically includes school feeding programmes, which have been part of the social development history of the Caribbean region.

There are many other fragmented social and cash transfer schemes in existence but data are not always up-to-date or comprehensive.

### School feeding programmes

School feeding has emerged as a major food security strategy and social protection measure for children in school systems in the ECA. Initially, school feeding was a strategy for combating under-nutrition in targeted students, but it has increasingly adopted a 'healthy eating' approach to deal with aspects of both over- and under-nutrition. The focus on over-nutrition has become more relevant in the Caribbean because of emerging problems of overweight and obesity.<sup>335</sup>

Various systems of school feeding exist, including the School Feeding Programme (SFP), which was first established in 1963 and is administered in 8 of the 12 Eastern Caribbean countries: Antigua and Barbuda, Barbados, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago (see Table 7.2).<sup>336</sup> The SFP aims to provide healthy meals and snacks to children in government infant and primary schools, and in some secondary schools and other educational institutions (implementation varies by country).<sup>337</sup> In Saint Kitts and Nevis and Trinidad and Tobago, small farmers were connected to the SFPs to promote healthy eating.<sup>338</sup>



@UNICEF/2019/Renwick

335 *A Holistic Diagnosis of the School Feeding Programme in 14 Countries of the Caribbean Community*, University of the West Indies at St. Augustine, Trinidad and Tobago, and Food and Agriculture Organization of the United Nations, 2018, p. 3.

336 Ibid.

337 Ministry of Equity and UNICEF, *Adolescent Well-being and Equity in Saint Lucia*, Castries, Saint Lucia, 2019; see also Survey of Living Conditions and Household Budgets, 2006 and 2016; UNICEF, *Generation Unlimited: The Well-being of Young People in Barbados*, UNICEF Office for the ECA, 2020.

338 *State of Public Health in the Caribbean Region 2014-2016*, Caribbean Public Health Agency, 2017, p. 189.

Country/territory	# children in SFP
Anguilla	131
Antigua and Barbuda	4,500
Barbados	20,418
British Virgin Islands	52
Dominica	2,169
Grenada	10,000
Saint Kitts and Nevis	Total: 6,101   Saint Kitts: 5,400   Nevis: 701
Saint Lucia	5,100
Saint Vincent and the Grenadines	7,493
Trinidad and Tobago	86,714

**Source:** *A Holistic Diagnosis of the School Feeding Programs in 14 Countries of the Caribbean Community*, Food and Agriculture Organization of the United Nations, 2018; Anguilla Ministry of Health, Education and Social Development; Ministry of Health and Social Department, Government of Virgin Islands.

In Saint Lucia, the SFP is one of the Government's headline social protection programmes.<sup>339</sup> In addition to data presented in *Table 7.2*, the 2016 *Saint Lucia National Report of Living Conditions* revealed that 95 per cent of children aged 3-16 were attending schools and that the SFP was made available to 54 per cent of those children. Of these, 68.9 per cent benefited from the SFP.<sup>340</sup> The benefit rate was slightly higher for poor children aged 3-16 (76 per cent) than for others (69 per cent) in the same age group (see *Annex Table 9*).

Children aged 3-4 (88.3 per cent) and 5-11 (71.4 per cent) were most likely to benefit from the SFP because they were in primary schools where the SFP was available. In comparison, children aged 12-16 (42.2 per cent) were less likely to benefit as the majority were in secondary schools where the SFP was not available. Among children aged 5-11, poor (59 per cent) and non-poor (54 per cent) children were almost equally likely to benefit from the SFP.

The 2020 UNICEF report *Generation Unlimited: The Well-being of Young People in Barbados* focused on the benefits of the School Meals Programme (SMP) – a variation of the SFP – for adolescents aged 10-16 in Barbados. The SMP was available to 40 per cent of adolescents, of whom 44 per cent benefited from it (equivalent to about 18 per cent of this age group).<sup>341</sup> It is notable, however, that the SMP was available to over 78 per cent of children aged 10-11, and the take-up rate (i.e. those receiving benefits) was 79 per cent among this age group (equivalent to 61 per cent of children aged 10-11); see *Annex Table 9*.

In Barbados, poor children aged 10-16 were more likely to benefit from the SMP (46.2 per cent) than other children (30 per cent). Efforts to strengthen the effectiveness of the SMP could be directed at increasing take-up rates, particularly among those children most in need.

339 Ministry of Equity and UNICEF, *Adolescent Well-being and Equity in Saint Lucia*, Castries, Saint Lucia, 2019; see also Survey of Living Conditions and Household Budgets, 2006 and 2016.

340 *Saint Lucia National Report of Living Conditions 2016: Final Report*, OECS Commission, December 2018, p. 93.

341 UNICEF, *Generation Unlimited: The Well-being of Young People in Barbados*, UNICEF Office for the ECA, 2020.

## Cash transfers

There is no clear consolidated information or data about children covered by a social protection programme. However, it is clear that in many countries/territories, public assistance programmes do not cover the total number of poor children.

*Table 7.3* provides an indicative snapshot of the gaps and coverage. The table includes a list of social and public assistance programmes that use cash transfers.

<b>Country/ Programme</b>	<b>Number of poor children (0-17)**</b>	<b>Number of people/ households covered</b>	<b>Benefit amount</b>	<b>National government</b>
Anguilla				
Public Assistance Programme	239	115 individuals	Between EC\$400-1,000	Ministry of Health, Education and Social Development
Antigua and Barbuda				
Board of Guardian	6,562	553 individuals	Adult: EC\$216.67 Child: EC\$163.50 Visual disability/blind: EC\$238 Other/Leprosy: \$EC268	Ministry of Social Transformation, Human Resource Development, Youth and Gender Affairs
People's Benefit Programme		2,028 individuals	EC\$ 215	Ministry of Social Transformation, Human Resource Development, Youth and Gender Affairs
Barbados				
National Assistance Programme	383	4,980 households (cash) 6,619 (in-kind)	BBS\$1,458 (2016)	Ministry of People Empowerment and Elder Affairs
British Virgin Islands				
Public Assistance Programme	1,773	93 individuals	Up to US\$350	Ministry of Health and Social Development
Financial Assistance Programme		1,076 households 3,274 individuals	Between US\$800 – \$1,200 per month (for 3 months)	Ibid.
Dominica				
Public Assistance Programme	9024	2,200 individuals	EC\$375 Family Allowance EC\$150 Adult Allowance EC\$128 Child Allowance	Ministry of Health and Social Services
Grenada				
Support for Education, Empowerment and Development (SEED) Programme	20,289	9,352 individuals	EC\$50-\$300 varies by need	Ministry of Social Development, Housing and Community Empowerment
Montserrat				
Public Assistance Programme	45	287 individuals	EC\$400 for food package	Ministry of Health and Social Services
Social Welfare Benefits		108 individuals	EC\$525 financial benefit	Ministries of Education, Health and Social Services
Saint Kitts and Nevis				
Unconditional cash transfer/liveable wage	5,690	3,828 households	EC\$500	Ministry of Community Development, Gender Affairs and Social Services

**Source:** Anguilla Ministry of Health, Education and Social Development; Antigua & Barbuda Ministry of Social Transformation, Human Resource Development, Youth & Gender Affairs; Barbados Ministry of People Empowerment and Elder Affairs; Ministry of Health and Social Development, Government of the Virgin Islands; Dominica Ministry of Health and Social Services; Grenada Social Development, Housing & Community Empowerment; Montserrat Ministry of Education, Health, Community and Social Services; Saint Kitts and Nevis Ministry of Community Development, Gender Affairs and Social Services

Country/ Programme	Number of poor children (0-17)**	Number of people/ households covered	Benefit Amount	National Government
Saint Lucia				
Public Assistance Programme	22,380	3,356 individuals 2,600 households	EC\$215-465	Ministry of Social Transformation/ Ministry of Equity Social Justice, Empowerment, Youth, Development, Sport and local government
Child Disability Grant		300 individuals	EC\$200 per child provided to eligible households to support in caring for children with severe disabilities	Department of Community Services of the Ministry of Social Transformation/and local government of the Ministry of Social Justice
Saint Vincent and the Grenadines				
Public Assistance Programme	13,260	About 10,000 individuals	EC\$200-400	Ministry of National Mobilization, Social Development, Family, Gender Affairs, Persons with Disabilities and Youth
Zero Hunger Programme		330 and 1 cohort from Grade K to 6	EC\$300-350	2% levy on communication – Ministry of Economic and Planning
Turks and Caicos Islands				
Social Enhancement Aid	2,416	142 individuals	US\$120 per child US\$150-200 (3 and up)	Department of Social Development / Ministry of Education, Youth, Culture and Library Services
Home Help Aid		98 individuals	US\$150 weekly (part-time) US\$250 (full-time)	Department of Social Development / Ministry of Education, Youth, Culture and Library Services
Rent Assistance		11 individuals	US\$150-500	Department of Social Development / Ministry of Education, Youth Culture and Library Services
Trinidad and Tobago				
Food support programme (Debit Card)	Data not available	23,000 households	Category 1: TT\$510/month Category 2: TT\$650/month Category 3: TT\$800/month	Ministry of Social Development and Family Services
General Assistance Grant		1466 individuals		Ministry of Social Development and Family Services
Disability Grant		23,000 individuals	Adults: TT\$2,000 Children: TT\$1,500	Ministry of Social Development and Family Services
Public Assistance Programme		19,304 individuals	1 person: TT\$1,150-1,300 2 persons TT\$1,400-1,550 3 persons: TT\$1,600-1,750 4 or more: TT\$1,750-1,900	Ministry of Housing and Urban Development

Social Services; Saint Lucia Ministry of Equity, Social Justice, Empowerment, Youth Development, Sports and Local Government; Saint Vincent and the Grenadines Ministry of National Mobilization, Social Development, Family, Gender Affairs, Persons with Disabilities and Youth.

\*\* OECS and UNICEF (2017), *Child Poverty in the Eastern Caribbean Area*.

**Note:** Table includes the key/largest national social assistance programmes using cash in each country/territory; it does not depict a comprehensive list of all social protection programmes in country/territory.

## Social protection in emergencies

The CARICOM 'Building a Caribbean Pathway for Disaster Resilience' document sets out a resilience agenda built around five pillars, which include both 'social protection for the most marginal and most vulnerable' and 'environmental protection'.<sup>342</sup> The framework recognizes the disproportionate impacts of hazards on vulnerable groups, and the deepening inequities across the population groups due to limited coping capacity. This is experienced mostly among people living in poverty and the rest of the population affected that will also require assistance, while also potentially affecting large population groups. The framework proposes broadening social protection mechanisms to reach the most vulnerable, including low-income families and people with disabilities.<sup>343</sup>

Although children are not explicitly addressed in the Pathway document, many of its recommendations will directly benefit them. These include proposals to strengthen poverty alleviation programmes and to promote greater integration of environmental information in informal education. The document also recognizes the need to promote 'life chances' for children, adolescents and youth and to target each of these groups to encourage environmentally-friendly practices.<sup>344</sup>

Building on lessons learned from the World Food Programme (WFP) and UNICEF joint emergency cash programme in Dominica following Hurricane Maria, the Government of Dominica is working to strengthen delivery of the country's public assistance programme – its flagship cash transfer intervention, which covers more than 1,000 children in recipient households.

Across the sub-region, targeted interventions will be provided for children who face multiple social and economic vulnerabilities. More broadly, efforts are under way to build capacity for shock-responsive social protection in the region.<sup>345</sup> This includes recognizing the use and function of the social protection system to identify the poorest and most vulnerable households; putting in place inter- and intra-sectoral arrangements to scale-up cash transfer programmes in the event of an emergency; and building the capacity of social welfare and local government agencies to be prepared to support response efforts.<sup>346</sup>

## PUBLIC FINANCE FOR CHILDREN

Mobilizing national resources for children in the ECA is critical to ensuring a sustainable and equitable impact on the lives of children. This includes influencing national budget processes: the first step to understand how best to leverage resources for children is to take a closer look at social sector spending.

342 CARICOM, *Building a Caribbean Pathway for Disaster Resilience in the CARICOM*, 2018.

343 Pegram, J. & Knaute, D., *Caribbean Children Facing the Climate Crisis: UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children: Eastern Caribbean*, UNICEF Office for the ECA, 2019.

344 Ibid.

345 Ibid.

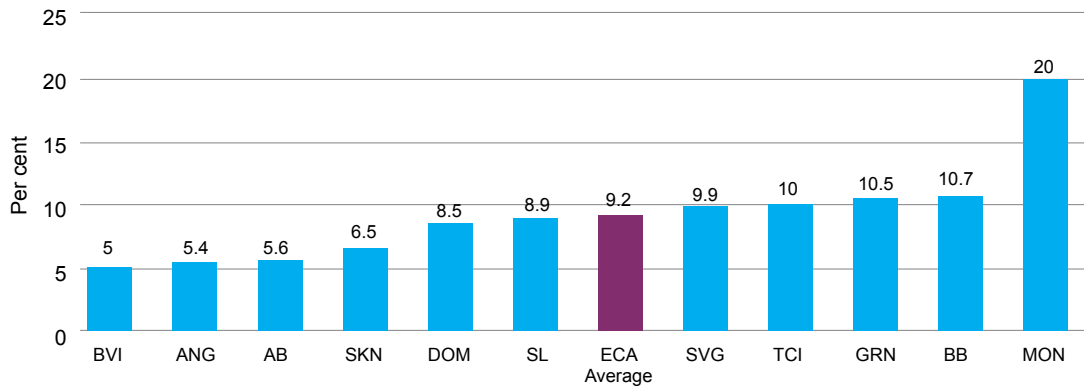
346 Alviar, C., *Joint Emergency Cash Transfer (JECT) Process Review*, Dominica, 2018.

This section uses data obtained from the UNICEF *Review of Social Sector Expenditures in the Eastern Caribbean Area*<sup>347</sup> as well as two budget analyses for investments in children conducted in British Virgin Islands and Montserrat to explore the operational efficiency and effectiveness of social programmes and ministries.<sup>348</sup>

Chart 7.8 presents the 2016-2017 social sector expenditures for the Eastern Caribbean countries and territories.<sup>349</sup> Social sector expenditure refers to the use of government funds to support the well-being of the population, which has an impact on the lives of children and their families. The figures presented are drawn from publicly available expenditure estimates from three spending categories – health, education and social services. Social sector expenditures are presented as a proportion of the GDP and per capita (per person).

On average, Eastern Caribbean countries/territories invested 9.2 per cent of their GDPs in the social sector, which includes health care, education and social services. Five of the 12 countries and territories allocated public expenditures to the social sector that exceeded the ECA average. Montserrat allocated the largest proportion of its GDP to the social sector (20 per cent). Six of the 12 countries and territories allocated less than 9 per cent of their GDP to the social sector. The British Virgin Islands, Anguilla, Antigua and Barbuda, and Saint Kitts and Nevis allocated the smallest proportion of GDP, at less than 7 per cent.

**Chart 7.8. Public expenditures (% of GDP) allocated to the social sector, 2016-2017**



**Source:** Nabinger, S., *Review of Social Sector Expenditures in the Eastern Caribbean Area*, UNICEF Office for the ECA, 2017.

347 Nabinger, S, *Social Sector Expenditures in the Eastern Caribbean*, 2017.

348 Nimeh, Z., Van de Meerendonk, A, Van de Meerendonk, E. and Perinetti, V. *Budget Analysis for Investments in Children in Virgin Islands*, UK, 2016.

349 ???



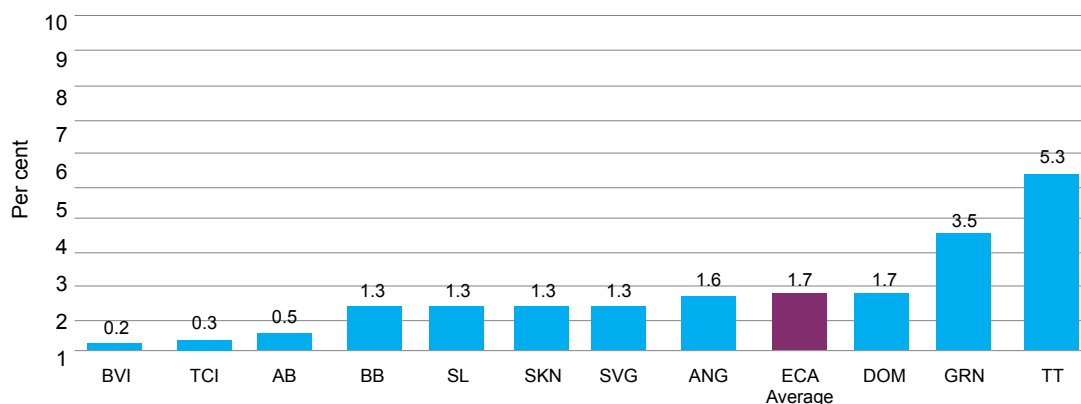
Looking at the individual components of overall social sector expenditure, the Eastern Caribbean countries and territories allocated on average only 4.1 per cent of GDP to education, 4 per cent to health and just over 1 per cent to social services.<sup>350</sup>

Chart 7.9 reveals 2016-2017 public expenditures (% of GDP) on social services, including programmes that aim to strengthen the support system for children in need of care and protection and those in alternate placement, as well as public assistance and social transfer programmes for children and their families. In most territories, social services includes social welfare departments, which are under the ministry that also provide either health and/or education services.<sup>351</sup>

For the Ministry of Health and Social Development in British Virgin Islands, the proportion of the ministry’s budget that can be linked (tagged) to children hovers around 30 per cent. This is in line with the proportion of children in the total population.<sup>352</sup>

Eastern Caribbean countries/territories allocated, on average, only 1.7 per cent of GDP to social services. Only three countries/territories allocated public expenditures to social services that exceeded or equaled this regional average.<sup>353</sup>

**Chart 7.9. Public expenditures (% of GDP) allocated to social services**



**Source:** Nabinger, S., *Review of Social Sector Expenditures in the Eastern Caribbean Area*, UNICEF Office for the ECA, 2017.

350 Nabinger, S. (2017). *Review of Social Sector Expenditures in the Eastern Caribbean Area*, UNICEF Office for the ECA.

351 Ibid.

352 Nimeh, Z., Van de Meerendonk, A, Van de Meerendonk, E. and Perinetti, V. *Budget Analysis for Investments in Children in Virgin Islands*, UK, 2016.

353 Nabinger, S., *Review of Social Sector Expenditures in the Eastern Caribbean Area*, UNICEF Office for the ECA, 2017.

## ROLE OF THE PRIVATE SECTOR

Mobilizing of national resources happens not only by influencing national budget process and cycles but also by working with businesses in the major economic sectors. This can be an alternative way of revenue-making that can support governments to ensure all children achieve their full potential. Below is an analysis of the main economic sectors of key ECA countries/territories.

Tourism and retail industries dominate the employment and GDP of the majority of islands, while Trinidad and Tobago have a significant energy-sector dependence (36.1 per cent of real GDP in 2018 came from petroleum-based industries).<sup>354</sup>

Employment levels are also disparate. While youth unemployment tends to be higher than the overall average (in Trinidad and Tobago, for instance, it reached 2.9% in 2017 versus 0.8% for the 50-64 years age group in the same period).<sup>355</sup> The relatively high number of unemployed youth (14,700 in Trinidad and Tobago, aged 15-29)<sup>356</sup> points to the need to build more opportunities in the transition from school-to-work, as well as to develop key transferable and hard skills through public and private partnerships.

In Trinidad and Tobago, there are employment differences by gender. For example, men are more present in construction (73,500 in total) while women dominate employment in the community, social and personal services (10,300 more than men), retail, restaurants and hotels (14,000 more than males) and finance, insurance, real estate and business service (2,400 more than males). These gender disparities highlight distinct relationships in the labour economy and provide differentiated entry points for UNICEF programming. For example, a female-dominated sector might be instrumental in breastfeeding promotion while a male-dominated sector could help to foster positive parenting and modify traditional gender roles.

Other important agendas are relevant to child rights. Significantly, climate change is prompting a reactive approach from the private sector, particularly the tourism industry. Following heightened hurricane seasons in 2017, a 2018 study from the World Travel and Tourism Council estimated losses of US\$741 million in visitor spending, which would have created US\$292.5 million in GDP and supported 11,005 jobs in the greater Caribbean islands.<sup>357</sup> There is a window of opportunity for the tourism sector and others to develop a road map that integrates the child-rights perspective in disaster risk reduction. These sectors could also work in cooperation with governments on the promotion and adoption of corporate practices and public policies that protect children and their families from the impact of enhanced natural disasters.

---

354 Government of the Republic of Trinidad and Tobago, *Review of the Economy 2018 "Turnaround"*, Port of Spain, 2018, p. 26.

<https://www.finance.gov.tt/wp-content/uploads/2018/10/Review-Of-The-Economy-2018.pdf>

355 Ibid, p. 47.

356 Ibid, p. 48.

357 World Travel & Tourism Council, *Minimizing the impact of the 2017 hurricane season on the Caribbean's tourism sector*, April 2018.



**CHAPTER 8**

@UNICEF/2019/Pirozzi

# Conclusions and recommendations

This situation analysis on children in the ECA has identified several areas in which concerted and sustained action are needed to ensure the rights of all children – girls and boys – are realized in the ECA. These general observations are made with the acknowledgement that a complete equity-based analysis of the situation of children in the ECA depends on the availability of data, particularly disaggregated data on different aspects that might influence children’s lives, including gender, age, nationality and socioeconomic status. Such data, however, are not always readily available for each of the Eastern Caribbean countries/territories. Data that are available are not real-time and in many cases are several years or nearly a decade old. Using outdated data makes it difficult to analyze the current situation of children, as well as changes over time. Another data challenge is the lack of comparable data across countries/territories: in some cases, there is data for only some of the 12 Eastern Caribbean countries/territories.

Although governments in the ECA produce some very meaningful and relevant data related to children’s rights, they do not capture the full range of issues that allow for an in-depth assessment of the situation of children related to health, education, social welfare and child protection among other areas. There appears to be little coordination of effort across ministries/agencies and sectors to maximize data collection, or to collect and use data in a harmonized manner on an agreed set of regional indicators. This has changed recently as agreed indicators have been developed for child protection and justice for children among OECS Member States.

A lack of data not only disrupts proper monitoring and analysis of the situation of children, but also impacts the ability to plan and allocate resources to address the needs of children and advance children’s rights. It also interferes with the ability to do evidence-based policy and programme planning and development, and with the results-based implementation of policies and programmes.

Similarly, sparse historical data limit the ability to conduct trend comparisons and to analyze whether the situation of children has improved over time, in terms of poverty reduction, protection from violence and exploitation, health and nutrition and more. For instance, despite the central role of poverty in determining the realization of children’s rights, most Eastern Caribbean countries/territories do not have recent poverty data. Due to the lack of longitudinal data on poverty, it is not possible to analyze whether the socioeconomic situation of children and other vulnerable groups is better, worse or the same as it was 5 to 10 years ago in each of the countries/territories. In addition, some families may not be characterized as poor, but are still vulnerable in different ways that negatively impacts children.

Government agencies responsible for child protection do not collect real-time data on violence against children (VAC), and data that is collected is disaggregated in general terms – physical violence, sexual violence, emotional violence and neglect – which does not allow for an in-depth assessment of VAC and/or sexual exploitation and abuse (SEA).

Gender is a cross-cutting topic in this situation analysis. In some areas, the differences between girls and boys are reducing, especially in education, while in other areas, gender differences remain. For instance, more girls than boys are finishing secondary education, and boys are more likely to repeat grades and drop out of school, relegating them to accepting low-paying and low-skills jobs, and impacting their earning potential.

There is a need to better assess gender inequalities in various areas, including nutrition and health; exposure to different types of violence; abuse and exploitation; engagement in offending behaviours; and access to protection and social services. Data are needed to create evidence-based policies and programmes to promote child rights, as called for by the Convention on the Rights of the Child, CEDAW, the CRPD and the SDGs.

## LEGAL AND POLICY FRAMEWORKS

The implementation of child protection and child justice legislation is an important step towards operationalizing the Convention on the Rights of the Child and other international instruments for the care, protection and rights-based treatment of children through national legislation.<sup>358</sup> In recent years, Eastern Caribbean countries/territories have drafted and/or adopted legislation and policies that aim to improve children's access to nutrition and health, early childhood education and care, child protection and justice. For instance, seven of the nine OECS member states have passed domestic violence acts; five have passed child protection (care and adoption) bills and status of children legislation bills; and three have passed child justice bills and child maintenance bills.

The Children's Care, Protection and Adoption Bill provides a comprehensive way to address neglect, abuse, exploitation and violence affecting children. The model Child Justice Bill affects children in conflict with the law, introduces a new mandatory process called the 'initial inquiry', and criminalizes corporal punishment in the context of sentencing for children in the criminal justice system.

Although some countries/territories have adopted the Child Justice Bill, they retain the use of corporal punishment in educational institutions. In some countries/territories, education legislation allows for the use of corporal punishment in education settings. The Government of British Virgin Islands, however, has amended its Education Act to ban corporal punishment in schools. In Barbados, high-level advocacy with relevant ministers resulted in policy decisions for criminalizing the use of corporal punishment in education and penal institution settings.

Five of the nine OECS member states have passed and implemented national plans of action on child protection, while only two countries/territories – Grenada and Saint Vincent and the Grenadines – have passed and implemented national plans of action on juvenile justice. All but one country/territory – Antigua and Barbuda – have child protection systems that offer both preventative and

---

<sup>358</sup> UNICEF Country Office Annual Report 2018: Eastern Caribbean Multi-Country Program, UNICEF Office for the ECA, pp. 2-3.

responsive services. Grenada, Saint Kitts and Nevis, and Saint Vincent and the Grenadines have prioritized protocols for handling child abuse cases. Some countries/territories, including Antigua and Barbuda, Dominica, Saint Lucia and Saint Vincent and the Grenadines, have gone one step further and adopted dedicated family/youth courts and child-friendly approaches. No countries provide juvenile offenders with legal aid.

While these efforts are positive and demonstrate a genuine commitment to improving protection of children, concerns continue to be raised in countries/territories that face delays in passing bills and/or difficulties in implementing passed legislation. Barriers to passing legislation include: slow action by legal drafting departments; lack of resources; ambivalence on how to proceed in relation to existing legislation; and other priorities and loss of momentum. Difficulties implementing passed legislation include: no physical infrastructure to support implementation; lack of resources, skills and staff or dedicated personnel; and weak adaptation of the model bills to local conditions before passing bills. Another challenge is that existing legislation and policies are not well disseminated; in some cases, stakeholders have little knowledge of their existence. For these reasons, effective implementation of existing legislation and policies remains a challenge.

In Trinidad and Tobago, the process of passing legislation and policies related to access to education, health care and child protection for migrant children, particularly refugees and asylum seekers from Venezuela has been slow.

To address these concerns, it is recommended that governments in the Eastern Caribbean:

- Adopt and implement national legislation and policies that eliminate gaps in access to health care, education, social protection and child protection services for both nationals and non-nationals.
- Adopt legislation that bans corporal punishment in education and penal institution settings.
- Implement and enforce national legislation and policies that have been adopted, including national policies on gender equality.
- Develop comprehensive social policies and programmes that improve identification of and coverage for the most vulnerable populations; and provide social protection and social services to children and families on the move and in emergency situations, including for all who legally reside in the country/territory, regardless of their nationality.
- Develop social and economic policies that advance cash transfers to vulnerable families during times of need, as well as childcare support for low-income working mothers, especially in the early years of childhood.
- Develop social policies and programmes that encourage positive parenting, including involvement of fathers in childcare and rearing.

## CHILDREN'S RIGHTS TO SURVIVE AND THRIVE

In the ECA, progress has been made towards improving maternal and child health and reducing maternal and child mortality. One issue that has been identified, however, is the decline in immunization coverage of some vaccines. There are also concerns about adolescent mental health, particularly suicidal thoughts and attempts, as well as child nutrition and high rates of child overweight and obesity.

Given these findings, it is recommended that governments in the Eastern Caribbean:

- Continue programming to advance breastfeeding and child nutrition across age groups, including school feeding programmes.
- Create programmes for preventing and controlling child obesity with integral indicators and goals, involving the relevant ministries, such as the ministries of health, education and youth affairs.
- Develop programmes that raise awareness among adolescents, parents/caregivers and health workers about mental health issues in adolescents, and help to end the stigma related to mental health.
- Create programmes that promote life skills and coping skills to manage stressors in life and reduce engagement in risky behaviours and teenage pregnancy.
- Produce and publish annual data on maternal and child health, including mortality rates, prenatal care, delivery care, vaccinations and other basic health indicators.
- Guarantee that national health insurance schemes in countries/territories do not become bottlenecks for families that cannot afford to be part of them.
- Equalize access to health care between nationals and non-nationals, particularly those who live legally in the territory as migrants, refugees and asylum seekers.

## CHILDREN'S RIGHT TO LEARN

Access to, and the quality of, education services are among the main challenges for human development in the ECA. Guaranteeing children under five with access to ECD, particularly quality ECE is crucial. While primary and secondary education are free, enrolment rates show that there are still boys and girls who do not access primary and secondary education. There are also concerns about ensuring children, particularly boys, finish secondary education and advance to tertiary education.

Ensuring vulnerable families, including migrant families and children, have access to quality ECE and primary and secondary education is key. It is also important to ensure that children with special needs or disabilities have access to quality education and to educators who are trained to teach children with special needs and disabilities. Collecting and compiling data on how many children with special needs and disabilities (and types of disabilities) are in school and out of school is crucial.

Due to problems in education systems across Eastern Caribbean countries/territories, grade repetition and school dropout rates are high, particularly among boys. In addition, a low proportion

of adolescents pass five subjects, including English A and Mathematics, at CSEC level, and there are sex disparities in academic achievement.

These realities have long-term impacts for youth, including effects on employability and income-earning potential, that will carry over into adulthood. In the ECA, youth employment is low, and employability is particularly concerning when young people do not have the level of education and skills needed to gain employment in a market driven largely by high-income tourism.

School violence, including peer bullying and physical fights, is also a major concern in the ECA. Some children and adolescents perceive the school environment, especially at secondary level, as unsafe.

Recommendations in this area include:

- Reinforce quality education at all levels, including ECE and primary and secondary education.
- Guarantee access to quality ECE services for all children, including children with special needs or disabilities, migrant children and children from vulnerable families.
- Provide after-school educational spaces and recreational opportunities for children and adolescents.
- Identify the need for English as a second language (ESL) in primary and secondary schools and create a programme to assist children from non-English-speaking countries.
- Address the issue of children lagging behind, including remedial learning to improve retention and graduation rates among adolescents, and to help them transition to tertiary education.
- Identify out-of-school children and their reasons for being out of school and develop effective public policies to reintroduce them to the formal educational system.
- Develop programmes to enable teenage mothers to continue their education during pregnancy and after giving birth.
- Identify the number of children in need of special education and guarantee their access to quality education, whatever their disability.
- Implement evidence-based programmes that prevent and respond to violence in and around schools, and establish schools as safe zones for all children regardless of their identity.
- Schools should make compulsory teaching of the CARICOM-approved health and family life education (HFLE) to children and adolescents in schools, including all grades and forms.

## CHILDREN'S RIGHT TO PROTECTION

VAC is pervasive in the ECA, occurring in families, schools, alternative care institutions, detention centres and communities. Children experience violence and abuse at the hands of adults, including those in positions of authority, and other children and adolescents. Girls are particularly vulnerable to sexual and gender-based violence, including rape/sexual assault, intimate partner violence (dating violence), sexual harassment and exploitation. It is well documented that exposure to violence, abuse and neglect can have a negative impact on children's mental health, social and emotional development and academic performance.



Weak child protection systems in the ECA are a concern. It is important for governments to strengthen these systems, and to enhance the knowledge and skills of social workers and child protection officers to identify and protect children who experience violence, abuse, neglect and exploitation. The case management and service delivery to children in need and their families also need strengthening.

It is also necessary to improve access to social protection for the most vulnerable children and families, including migrants (non-nationals). People who legally have non-national status contribute to countries/territories with their labour and knowledge, pay taxes and contribute to the social security scheme, but are not always able to access social protection systems.

Another issue is the increase in cases of children in conflict with the law and, consequently, the increase in incarcerated adolescents. Concerns include treatment of children in police custody and detention, and the use of corporal punishment by police and justice officials. In general, juvenile justice systems in Eastern Caribbean countries/territories tend to be punitive, rather than rehabilitative, similar to adult criminal justice systems in the sub-region. The model Child Justice Bill promoted by OECS encourages a focus on prevention and rehabilitation rather than punitive punishment for children in conflict with the law; however, not all countries/territories have passed or implemented a child justice bill.

Recommendations in this area include:

- Create a computer-based case management system for social workers and child protection officers to manage cases of violence, abuse, neglect and exploitation of children, which guarantees confidentiality of children and victims in need of protection and support, and allows access to integrated information for the purposes of case management and monitoring.
- Strengthen administrative data management systems for cases of violence, abuse, neglect and exploitation of children, including gender-based violence of women and girls.
- Any effort to prevent domestic violence requires addressing beliefs and attitudes that serve as barrier to the ability of domestic violence victims and other family members and friends to come forward and report incidents of domestic violence to authorities, health workers, and service providers and/or to seek protection and shelters from abusive relationships.
- Enforce privacy and confidentiality in cases where children are victims, witnesses or perpetrators of violence, abuse, neglect and exploitation, and ensure administrative data management systems and case management systems are designed to ensure data security and protection.
- Further develop and strengthen the juvenile justice system, including training prosecutors and the judiciary to ensure they possess the skills to work with child victims and witnesses and to deliver juvenile justice to children who are in conflict with the law, and putting in place child-friendly practices in court proceedings and appropriate mechanisms for dealing with juvenile offenders in accordance with the Convention on the Rights of the Child.
- Abolish discrimination in legislation regarding migrant children and children of migrant parents, including children's right to obtain birth certificates in the country of their birth.
- Institutionalize public policies that empower girls and guarantee their access to information about sexual and reproductive health and rights, including access to contraceptives.

- Involve religious leaders and organizations in preventing and combating VAC and gender-based violence.
- Implement psycho-social services and support for children, adolescents and women who are survivors of violence, abuse and exploitation.
- Implement evidence-based positive discipline programming for parents/caregivers and teachers.
- Promote mandatory reporting of child abuse and neglect by professionals and caregivers.
- All agencies working with and for children to develop and implement safeguarding policies in keeping with international best practices and standards, including regarding child sexual exploitation and abuse. Engage parliamentarians and policymakers on children's rights issues and evidence-based best practices to accelerate legislative and institutional reforms to ensure that every child is assured of their rights and is protected from violence and exploitation.
- Ensure access to coordinated, multi-sectoral, quality essential services for children and women who experience violence and abuse, including in humanitarian situations.

## CHILDREN'S RIGHTS TO AN EQUITABLE CHANCE IN LIFE

To promote children's rights to an equitable chance in life, it is necessary to address child poverty and improve social protection systems and public financing for children. Recommendations to address child poverty include:

- Ensure population-based surveys include indicators relevant for children and analysis of child-specific data on poverty.
- Institutionalize the measurement of monetary and multidimensional child poverty into government-led periodic country poverty assessments.
- Use child poverty analysis to support national development planning and budgeting processes to promote evidence-based policymaking.
- Use monetary and multidimensional analysis to inform enhanced design and implementation of social protection programmes to increase coverage of children, particularly those living in poverty,

Recommendations related to social protection include:

- Address the fragmentation of the various social and cash transfer programmes to improve equitable, efficient and effective use of resources and to increase appropriate coverage for children and their families who face socioeconomic deprivations.
- Systematically and routinely collect and monitor disaggregated administrative data on social and cash transfer programmes to understand the profile of recipient households, especially those with children.
- Many social protection programmes already cover a large proportion of the population but challenges remain with exclusion and inclusion errors of recipients in social and cash transfer programmes. The work should continue towards progressive universal social protection coverage for children and their families. Prioritize the use and the management of information

from social and cash transfer beneficiary lists to be up-to-date and disaggregated to capture household profiles, including children.

- Consider the use of social and cash transfer beneficiary list to be used as part of scaling up to reach the most vulnerable during times of emergency.

Investments in the social sector directly and indirectly impact children at both national and local levels, enabling governments to make better, evidence-informed decisions. Efficient, effective and sustainable investments in policy and programme implementation are essential for achieving the desired outcomes for children's well-being.

Recommendations relating to public finance include:

- Institutionalize the routine measurement of social sector spending patterns and include direct expenditure on child-specific programmes.
- Mobilize and leverage national resources for children through better allocation between programmatic and administrative funds.
- Explore innovative financing options with the business and private sector to channel funds towards investment in children and social development.
- Sustainable investments are most critical during times of economic setback to avoid worsening inequalities especially among more vulnerable groups.

## RESILIENCE TO CLIMATE CHANGE AND ENVIRONMENTAL DEGRADATION

In the ECA, children and youth face significant risks due to environmental degradation and the escalating impacts of climate change. The following recommendations represent a call to action for national governments and regional institutions, with active support and participation of the international community and other partners. The recommendations focus on devoting greater attention and resources to shielding children and youth from these risks, and to enhancing their resilience. As a cross-cutting priority, particular attention must be paid to addressing the magnified risks faced by the most vulnerable children, and to meeting their specific needs.<sup>359</sup>

Recommendations in this area include:<sup>360</sup>

- Urgently address the omission of children and youth in climate, environmental and energy (CEE) and disaster risk reduction (DRR) frameworks, including child-specific and child-sensitive risk and vulnerability reduction strategies in relevant regional policies and plans.
- Scale-up and promote a child rights-based approach across sector-based strategies and interventions that address CEE and DRR issues.
- Foster greater integration between CEE- and DRR-focused institutions and interventions at national and regional levels, with a view to facilitating a holistic and child-inclusive approach to resilience.

359 Pegram, J. & Knaute, D., *Caribbean Children Facing the Climate Crisis: UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children: Eastern Caribbean*, UNICEF Office for the ECA, 2019, pp. 59-60.

360 Ibid, pp. 59-60.

- Address the lack of disaggregated data, research and analysis to heighten awareness among policymakers and other key stakeholders, and inform child-sensitive action on CEE issues.
- Equip children and youth with the knowledge and life skills required for resilience in a changing climate, including sustainable lifestyles.
- Strengthen child and youth engagement and participation with respect to CEE issues and action.
- Mobilize financial resources at national and regional levels to support child-sensitive interventions, and advocate for similar revisions in international climate finance mechanisms.

## STRENGTHENING ADMINISTRATIVE DATA

In recent years, there has been increased interest among governments and development partners in exploring ways to use existing administrative data to monitor and report on children's health, education, social welfare, child protection and access to justice, as well as VAC and GBV. Administrative data are an important source of information that can often be readily accessed and used to complement prevalence studies on a wide range of subjects; in particular, children's access to education, health care, essential services, protection and justice. Administrative data can also be used to measure progress towards SDG targets and indicators that do not require survey data. For instance, administrative data can be used to monitor SDG indicator 16.1.1 (number of victims of intentional homicides per 100,000 population), and indicator 16.2.2 (number of victims of human trafficking per 100,000 population).

VAC administrative data are regularly collected by government agencies and departments (social welfare, child protection, health, police, prosecutors and courts), non-governmental service providers and public and private health care facilities. In some countries and territories, there are already data and information on how women and children are using victim support services, and how service providers respond to women and children when they seek health care, psycho-social support, legal aid, shelter and justice. Yet, the main purpose of administrative data is typically not to research VAC, but to provide information for administrative (e.g., workload, logistics, budget and reporting) and case management purposes. Often administrative data are neither compiled nor shared across sectors, nor analyzed or used to improve service provision to vulnerable children and families, including women and children who are victims/survivors of violence.

This situation analysis revealed administrative data gaps, particularly relating to children's nutrition and health, education, social protection, child protection and conflict with the law. Thus, there is a need for government ministries/agencies and service providers to strengthen administrative data collection on children's issues. Strengthening administrative data is an important and useful investment.

The strengths of administrative data are numerous. For instance, administrative data related to VAC can be used to:

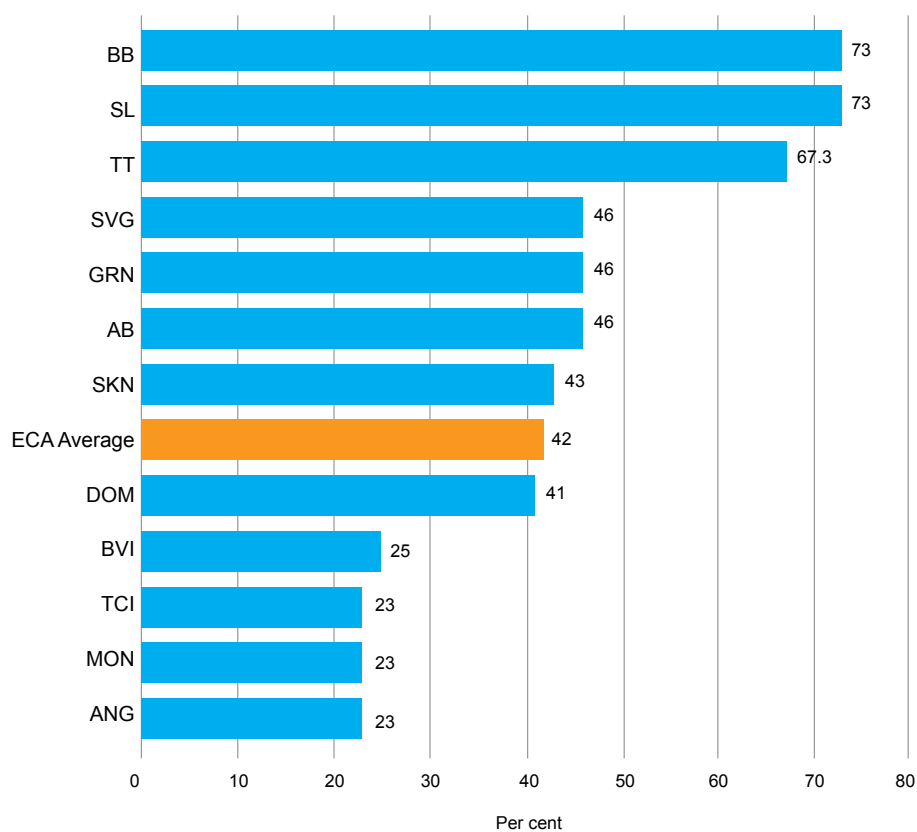
- Explore patterns and trends in identification, reporting and responses
- Estimate the number of child victims who access services and which services are accessed

- Understand the number and type of referrals made to vulnerable children, child victims and their families
- Monitor and assess the outcomes of services
- Inform programme planning and resource allocation
- Inform legislative reform and policy formulation
- Improve the quality of child protection and social services
- Estimate the costs of services

## STRENGTHENING DATA AVAILABILITY ON SDGs

SDGs are a key priority for governments and partners in the ECA. However, as of May 2018, three years after the launch of the 2030 Agenda for Sustainable Development, only 42 per cent of baseline data on child-related SDGs were available among Eastern Caribbean countries and territories. *Chart 8.1* shows data availability for child-related SDGs for each country/territory. Data availability ranges from 73 per cent in Barbados and Saint Lucia to 23 per cent in Anguilla, Monserrat and Turks and Caicos Islands. See *Annex Table 21* for an assessment of data availability by country for each child-related SDG indicator.

**Chart 8.1. Data availability on child-related SDG indicators for the ECA (2018)**



**Source:** UNICEF ECA, May 2018.

In the ECA, SDG data are lacking primarily due to limited human capacities and budget allocations at central statistical offices and ministries. These factors have proved a continuing obstacle for the effective monitoring of and planning for child-related SDGs.<sup>361</sup>

Since 2018, UNICEF ECA has heightened investments in data generation and capacity development in partnership with the OECS Commission, the United Nations Economic Commission for Latin America and the Caribbean (ECLAC), the Caribbean Development Bank (CDB) and governments. In 2020, MICS data are expected to be a key contribution to evidence generation for children and SDG monitoring.<sup>362</sup>

The first step to addressing the needs of children in the Eastern Caribbean countries/territories is to fill the data gaps, particularly those for monitoring SDGs.<sup>363</sup> In line with the recommendations of the Committee on the Rights of the Child, strengthening data systems and monitoring of child rights should be a priority.

## BUSINESS FOR RESULTS: ENGAGING THE PRIVATE SECTOR

The role of the private sector in economies and as an advocate for, or antagonist of, children's rights has been briefly highlighted in this report. To further advance Business for Results (B4R) in the ECA, the following recommendations should be considered:

- Generate evidence on the role that the private sector, such as the tourism industry, can play in advancing children's rights, for example by providing parents/caregivers with access to quality childcare and opportunities to engage with their children during work hours, and developing policies and practices that prevent violence and exploitation.
- Engage the private sector in B4R initiatives that help to curb childhood and adolescent obesity and encourage proper nutrition and healthy choices among children and parents/caregivers alike.
- Vocational and life skills training for adolescents and young people is a point of entry for engaging the private sector, particularly given companies' concerns in the sub-region for an educated, quality workforce.
- Developing a strategic B4R agenda and framework that engages the private sector is crucial. However, it must be coordinated and done in cooperation with both the private and public sectors, including government partners. B4R and engagement with the private sector must be aligned with public policies and national agendas, including national action plans for children's rights.
- Assessments and results-based monitoring are needed to better understand how B4R is implemented in the ECA and how B4R initiatives, including engagement of the private sector, contribute to advancing children's rights and leaving no child behind. This requires understanding how B4R initiatives impact the most vulnerable households and children in the ECA, and how they contribute to improvements in systems of social protection.

361 UNICEF Country Office Annual Report 2018: Eastern Caribbean Multi-Country Program, UNICEF Office for the ECA, p. 3.

362 Ibid, p. 9.

363 Ibid, p. 14.

## RESEARCH

This situation analysis highlights the need for additional research on a wide range of topics and issues, including the following.

- In Saint Vincent and the Grenadines boys were twice as likely as girls to repeat grades in primary and secondary schools. Among all students who repeated primary school grades, 63 per cent were boys in 2016-2017. This proportion rose to 70 per cent in 2017-2018. Among all students who repeated secondary school grades, 65 per cent were boys in 2016-2017, rising to 68 per cent in 2017-2018. Research is needed to understand what is contributing to grade repetition, including the causes of differences between boys and girls.
- In the ECA, most children who drop out of school do so in secondary school grades. The proportion of dropouts from secondary schools was highest in Saint Vincent and the Grenadines, Saint Lucia, Dominica and Grenada. Saint Kitts and Nevis and British Virgin Islands were unique in that they had a larger proportion of children who dropped out of primary school grades (36 per cent and 24 per cent respectively) than secondary school grades. Research is needed to understand school dropout in Saint Kitts and Nevis and British Virgin Islands.
- Additional evidence is needed to understand what is driving the sex disparities in performance in CSEC subjects, including English A and Mathematics.
- Changes were noted across countries/territories in attitudes towards and use of corporal punishment to discipline children. In 2019, parents in Saint Kitts (39 per cent) and Barbados (44 per cent) were least likely to use corporal punishment to discipline their children; while parents in Saint Vincent (54 per cent) were most likely to do so. There was a significant increase in the use of corporal punishment to discipline children in Antigua and Saint Lucia from 2014 to 2019, in contrast to a decrease in Saint Kitts. It will be important to understand what is driving these changes in the use of corporal punishment to discipline and control children.
- In the ECA on average, 19 per cent of adolescents aged 13-15 years old have considered attempting suicide. Girls (24 per cent) were significantly more likely to have done so than boys (14 per cent). The highest proportion of adolescents who had contemplated suicide were in Anguilla (25 per cent) and in Trinidad and Tobago (23 per cent). In both countries/territories, girls were twice as likely to consider attempting suicide as boys. In Montserrat, girls (24 per cent) were nearly three times more likely than boys (8 per cent) to consider suicide. What is driving these important sex differences in suicidal thoughts needs to be better understood. Is it related to high rates of child abuse and neglect in families? Is it linked to school violence and peer bullying? Or, are there other factors contributing to suicide ideation among adolescents, particularly among girls?
- The high prevalence of overweight adolescents in the ECA is a concern because of the links to diabetes and other non-communicable diseases. More research is needed to understand the factors that contribute to child and adolescent overweight/obesity; the health issues experienced by overweight and obese adolescents; perceptions about the prevention of obesity among children and adolescents; and the challenges faced in families, schools and communities to curb overweight/obesity in childhood. This research shall put the voices of children and adolescents at the forefront.



@UNICEF/2019/Pirozzi

# References



Alexander-Scott, M., Bell, E. & Holden, J., *DFID Guidance Notes: Shifting Social Norms to Tackle Violence Against Women and Girls*, DfID, London, 2016, p. 9-11.

Asian Development Bank and UN Women, *Gender Equality and the Sustainable Development Goals in Asia and the Pacific: Baseline and pathways for transformative change by 2030*, October 2018.

CADRES, *Social Survey Report*, 2019.

Caribbean Development Bank, *2017 Economic Review and 2018 Forecast*, available at: [https://issuu.com/caribank/docs/cdb\\_2017\\_caribbean\\_economic\\_review](https://issuu.com/caribank/docs/cdb_2017_caribbean_economic_review)

Caribbean Public Health Agency, *State of Public Health in the Caribbean Region 2014-2016*, Port of Spain, Trinidad and Tobago, 2017.

Cashman, A., 'Water Security and Services in the Caribbean', *Water*, vol. 6, no. 5, (2014), pp. 1187-1203,

CDEMA, *Comprehensive Disaster Management Strategy 2014-2024*, 2014.

Eckstein, D., Hutfils, M.L., & Wings, M., *Global Climate Risk Index 2019: Who Suffers Most from Extreme Weather Events? Weather-related Loss Events in 2017 and 1998 to 2017*, Germanwatch e.V, Berlin, Germany, 2018.

Global School-based Student Surveys for:

- Anguilla (2016)
- Antigua and Barbuda (2009)
- Barbados (2011)
- British Virgin Islands (2009)
- Dominica (2009)
- Grenada (2008)
- Monserrat (2008)
- Saint Kitts and Nevis (2011)
- Saint Lucia (2007 and 2018)
- Saint Vincent and the Grenadines (2007 and 2018)
- Trinidad and Tobago (2011)
- Trinidad and Tobago (2017)

Government of the British Virgin Islands, *Recovery to Development Plan of the Virgin Islands*, 2018.

Grogan-Kaylor, A., 'The Effect of Corporal Punishment on Antisocial Behavior in Children', *Social Work Research*, Vol. 28, No. 3, 2004, pp. 153-162.

Haarr, R.N., *Perceptions Study on Social Norms on Violence Against Women and Girls*, UN Women Malawi, 2018.

Howell, K.H., S.E. Barnes, L.E. Miller & S.A. Graham-Bermann, 'Development variations in the impact of intimate partner violence exposure during childhood', *Journal of Injury & Violence Research*, vol. 8, No. 1, 2016, pp. 43-57.

Immigration Department, Ministry of National Security, Legal entries of Venezuelan nationals in Trinidad and Tobago, June 2019.

International Monetary Fund, *Building a more resilient Caribbean to natural disasters and climate change*, 2019, available at: <http://blogs.worldbank.org/developmenttalk/building-more-resilient-caribbean-natural-disasters-and-climate-change>

International Organization for Migration, 'Migration in the Caribbean: Current Trends, Opportunities and Challenges', *Working Papers on Migration*, 2017.

Knight, V., Ogunkola, B., Cura, D., Valencia, D. & Vago, L., *Out-of-School Children Study in the Eastern Caribbean: Final Report*, UNICEF Office for the Eastern Caribbean, 2017.

Krishna, A., 'Pathways Out of and into Poverty in 36 Villages of Andhra Pradesh, India', *World Development, Special Issue: Corruption and Development: Analysis and Measurement*, vol. 34, 2006, pp. 271–288.

Krug, E.G., L.L. Dahlberg, J.A. Mercy, A.B. Zwi & R. Lozano, *World Report on Violence and Health*, Geneva, Switzerland, World Health Organization, 2002.

McKee et al., 'Harsh Discipline and Child Problem Behaviors: The Roles of Positive Parenting and Gender', *Journal of Family Violence*, Vol. 22, 2007, pp. 187-196

Ministry of Equity and UNICEF, *Adolescent Well-being and Equity in Saint Lucia*, Castries, Saint Lucia, 2019.

Nabinger, S., *Review of Social Sector Expenditures in the Eastern Caribbean Area*, UNICEF Office for the ECA, 2017.

OECS, *Regional Strategic Environment and Social Assessment – OECS CROP*, 2018.

OECS and UNICEF, *Child Poverty in the Eastern Caribbean Area: Final Report*, Saint Lucia, 2017.

OECS, *Saint Lucia National Report of Living Conditions 2016: Final Report*, December 2018.

OECS, *Eastern Caribbean Regional Climate Change Implementation Plan*, 2018.

OECS, *Education Statistical Digest: Statistics on Education for the Academic Year 2016-2017*.

Paluck, E.L. & Bell, L., *Social norms marking aimed at gender-based violence: A literature review and critical assessment*, International Rescue Committee, 2010, p. 8.

Pegram, J. & Knaute, D., *Caribbean Children Facing the Climate Crisis: UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children: Eastern Caribbean*, UNICEF Office for the ECA, 2019

Pemberton, C. & Joseph, J., *National Women's Health Survey for Trinidad and Tobago; Final Report*, Inter-American Development Bank, New York, 2018.

Saint Vincent and the Grenadines Education Statistical Digest 2017-2018

Sealy-Burke, J., *OECS Assessment of Child Protection Services: Country Report for Saint Lucia*, OECS, 2016.

- Sealy-Burke, J., *OECS Assessment of Child Protection Services*, OECS, 2017.
- Smith-Marek, E.N. et al., 'Effects of Childhood Experiences of Family Violence on Adults Partner Violence: A Meta-Analytic Review', *Journal of Family & Theory Review*, vol. 7, no. 4, 2015, pp. 498-519.
- Straus, M, D. Sugarman & J. Giles-Sims, 'Spanking by Parents and Subsequent Antisocial Behavior of Children', *Archives of Pediatrics and Adolescent Medicine*, Vol. 151, 1997, pp. 761-767.
- Survey of Living Conditions and Household Budgets, 2006 and 2016.
- UK Foreign and Commonwealth Office, Climate Analytics, 2018.
- UNICEF and WHO, *Progress on household drinking water, sanitation and hygiene 2000-2017: Special focus on inequalities*, New York, 2019.
- UNICEF, *Country Office Annual Report 2018: Eastern Caribbean Multi-Country Program*, UNICEF Office for the ECA.
- UNICEF, *Global Annual Results Report 2018*, UNICEF, 2019.
- UNICEF, *Humanitarian Action for Children: Overview*, January 2019
- UNICEF, *Eastern Caribbean MCP 2017-2021, Rolling Work Plans 2019-2020*.
- UNICEF, *Eastern Caribbean MCP 2017-2021*, United Nations Economic and Social Council, 14-16 September 2016.
- UNICEF, *ECA Gender Programmatic Review, Inception Report*, 26 July 2019.
- UNICEF, *ECA MCP Draft Lifelong Learning/Education Strategy Note 2017-2021*.
- UNICEF, *ECA Safety and Justice for Children Programme Strategy Note 2017-2021*.
- UNICEF, *ECA Situation Monitoring Report*, 28 May 2018.
- UNICEF, *ECA Social Inclusion and Child Rights Monitoring Programme Strategy Note 2017-2021*.
- UNICEF, *Generation Unlimited: The Well-being of Young People in Barbados*, UNICEF Office for the ECA, 2020.
- UNICEF, *Guidance on Conducting a Situation Analysis of Children's and Women's Rights: Taking a rights-based, equity-focused approach to Situation Analysis*, UNICEF Division of Policy and Strategy, March 2012.
- UNICEF, *Hidden in Plain Sight: A statistical analysis of violence against children*, New York, USA, 2014.
- UNICEF, *Is Every Child Counted? Status of Data for Children in the SDGs*, 2017.
- UNICEF, *Migration flows in Latin America and the Caribbean: Situation Reports, numbers 1 to 5*, 2018-2019.
- UNICEF, *New Generation Situation Analysis*, 2019.

- UNICEF, *Overview of Situation: Hurricanes Irma and Maria*, UNICEF Office for the ECA, October 2017.
- UNICEF, *Situation Analysis of Children and Women in the Eastern Caribbean*, 2007
- UNICEF, *Situation Analysis of Children Commonwealth of Dominica*, UNICEF Office for the ECA, 2017.
- UNICEF, *Situation Analysis of Children in Anguilla*, UNICEF Office for the ECA, March 2016.
- UNICEF, *Situation Analysis of Children in Antigua and Barbuda*, UNICEF Office for the ECA, August 2017.
- UNICEF, *Situation Analysis of Children in Grenada*, UNICEF Office for the ECA, September 2017.
- UNICEF, *Situation Analysis of Children in Montserrat*, UNICEF Office for the ECA, September 2016.
- UNICEF, *Situation Analysis of Children in Saint Lucia*, UNICEF Office for the ECA, September 2017.
- UNICEF, *Situation Analysis of Children in Saint Vincent and the Grenadines*, UNICEF Office for the ECA, 2017.
- UNICEF, *Situation Analysis of Children in the British Virgin Island*, UNICEF Office for the ECA, September 2016.
- UNICEF, *Situation Analysis of Children in Trinidad and Tobago*, UNICEF Office for the ECA, September 2017.
- UNICEF, *Situation Analysis of Children in Turks and Caicos Islands*, UNICEF Office for the ECA, 2016.
- UNICEF, *Situation Analysis of Justice for Children in Barbados*, UNICEF Office for the ECA, 2015.
- UNICEF, *Situation Analysis on Children in Trinidad and Tobago*, UNICEF Office for the ECA, 2017.
- UNICEF, *Strategic Plan*, 2018-2021.
- UNICEF, *Technical Note: Emergency Risk Informed Situation Analysis*, UNICEF, Geneva, August 2012.
- UNICEF, *UNICEF's response to Hurricanes Irma and Maria – Recovery, Rebuilding and Resilience*, UNICEF Office for the ECA, 2018.
- United Nations Economic Commission for Latin America and the Caribbean (ECLAC), *Shaping the Future of Social Protection: Access, Financing and Solidarity*, (prepared for the 31<sup>st</sup> Session of ECLAC, Montevideo, Uruguay, 20-24 March 2006), Santiago, Chile, 2006.
- United Nations Development Programme, *From Early Recovery to Long-Term Resilience in the Caribbean – Hurricanes Irma and Maria: One Year On*, 2018.
- United Nations Development Programme, *Human Development Indices and Indicators: 2018 Statistical Update*, 2018.
- United Nations General Assembly, 'Intensification of efforts to eliminate all forms of violence against women and girls', 71<sup>st</sup> session, item 27 of the provisional agenda, Advancement of Women, 2016.
- United Nations High Commissioner for Refugees, *Trinidad and Tobago: Floods and Landslides due to intense rains*, 23 October 2018.

University of the West Indies and Food and Agriculture Organization of the United Nations, *A Holistic Diagnosis of the School Feeding Programme in 14 Countries of the Caribbean Community*, 2018.

US Department of State, *2019 Trafficking in Persons Report*, Washington, DC, USA.

World Health Organization and the Centers for Disease Control and Prevention, *Global School-based Student Health Survey Data Users Guide*, available at: <https://www.cdc.gov/gshs/pdf/gshs-data-users-guide.pdf>

World Resources Institute, *World's 36 Most Water-Stressed Countries*, 2013.



@UNICEF/2018/Ward

**ANNEX A**

# Charts and Tables

Annex Table 1. Population by country													
Country/ territory	Population	Total population				Children (0-17)		Youth (15-24)		Youth (15-24)		Adult (18+)	
		Male		Female		number	per cent	number	per cent	number	per cent	number	per cent
		number	per cent	number	per cent								
Anguilla	13,555	6,698	49.4	6,857	50.6	3,778	27.9	1,981	15	1,835	14	9,777	72
Antigua and Barbuda	84,760	40,371	47.6	44,389	52.4	24,782	29.2	14,380	17	13,542	16	59,978	71
Barbados	226,193	108,223	47.8	117,970	52.2	53,942	23.8	30,710	14	30,283	13	172,251	76
British Virgin Islands	28,054	13,820	49.3	14,234	50.7	7,367	26.3	3,811	14	3,487	12	20,687	74
Dominica	69,246	35,377	51.1	33,869	48.9	19,774	28.6	12,277	18	11,761	17	49,472	71
Grenada	105,508	52,992	50.2	52,516	49.8	30,364	28.8	18,258	18	19,680	19	75,144	71
Montserrat	4,775	2,466	51.6	2,309	48.4	1,176	24.6	671	14	580	12	3,599	75
Saint Kitts and Nevis	47,195	23,012	48.8	24,183	51.2	13,021	27.6	7,938	17	7,913	17	34,174	72
Saint Lucia	172,874	85,833	49.7	87,041	50.3	51,556	39.8	32,161	19	30,850	18	121,318	70
St. Vincent and the Grenadines	108,188	55,551	51.3	52,637	48.7	32,868	30.4	19,671	18	18,518	17	75,320	70
Trinidad and Tobago	1,327,367	665,736	50.2	661,631	49.8	330,102	24.9	186,251	14	212,514	16	997,265	75
Turks and Caicos Islands	30,556	15,127	49.5	15,429	50.5	7,527	24.6	3,802	12	4,173	14	23,029	57
<b>Total</b>	<b>2,218,271</b>	<b>1,105,206</b>	<b>49.8</b>	<b>1,113,065</b>	<b>50.2</b>	<b>576,257</b>	<b>27.2</b>	<b>332,182</b>	<b>15</b>	<b>335,136</b>	<b>16</b>	<b>1,642,014</b>	<b>74</b>

Source: Data based upon country-specific 2011-2012 Population and Housing Census data.

Annex Table 2. GDPs and World Bank income group categorizations by country				
Country/territory	GDP per capita (US)	Income groups	GDP growth	GINI coefficient <sup>1</sup>
Anguilla	22,861.0 (2016)	---	-3.5 (2017)	0.39
Antigua and Barbuda	16,684.4 (2018)	High income	+4.0 (2018)	0.48
Barbados	16,327.6 (2017)	High income	+0.8 (2017)	0.32
British Virgin Islands	31,677.0 (2016)	High income	-2.7 (2017)	0.23
Dominica	7,031.7 (2018)	Upper middle income	+0.3 (2018)	0.44
Grenada	10,833.7 (2018)	Upper middle income	+4.3 (2018)	0.37
Montserrat	12,044.0 (2016)	---	1.6 (2017)	0.39
Saint Kitts and Nevis	19,829.4 (2018)	High income	+2.2 (2018)	0.38
Saint Lucia	10,315.0 (2018)	Upper middle income	+0.1 (2018)	0.43
Saint Vincent and the Grenadines	7,377.7 (2018)	Upper middle income	+2.2 (2018)	0.40
Trinidad and Tobago	16,843.7 (2018)	High income	+0.3 (2018)	0.39
Turks and Caicos Islands	27,142.2 (2018)	High income	+3.7 (2018)	0.36
Region				
ECA Average	16,581	---	---	---
Caribbean SIDS <sup>a</sup>	9,910.4	---	+1.0	---
Latin America and the Caribbean	9,023.5	---	+0.5	---

**Note:** GDP data for British Virgin Islands and Montserrat are not available.

**Source:** GDPs retrieved from: <https://data.worldbank.org/indicator/NY.GDP.PCAP.CD> with the exception of Anguilla, British Virgin Islands and Montserrat for 2016, retrieved from: <http://data.un.org>

Income classifications retrieved from: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>

Annex Table 3. Gender Development Index by country									
Country/territory	Gender Development Index classification	Life expectancy at birth (SDG 3)		Expected year of schooling (SDG 4.3)		Mean years of schooling (SDG 4.6)		National income per capita (2011 PPP\$) (SDG 8.5)	
		Female	Male	Female	Male	Female	Male	Female	Male
Antigua and Barbuda	---	78.9	74.0	13.9	12.6	---	---	---	---
Barbados	60	78.3	73.6	14.1	13.3	10.6	10.4	13,509	18,384
Dominica	---	---	---	---	---	---	---	---	---
Grenada	---	76.3	71.4	17.4	16.3	---	---	---	---
Saint Kitts and Nevis	---	---	---	14.6	14.3	---	---	---	---
Saint Lucia	74	78.4	73.0	13.9	13.3	9.4	8.7	9,388	14,101
Saint Vincent and the Grenadines	---	75.6	71.2	13.4	13.1	---	---	7,643	13,306
Trinidad and Tobago	73	74.4	67.4	14.4	12.5	11.0	10.8	22,008	35,435
LAC average		78.9	72.6	15.0	14.1	8.5	8.5	9,622	17,809

**Note:** HDI rankings for British Overseas Territories are not available.

**Source:** UNDP. *Human Development Indices and Indicators: 2018 Statistical Update*.



Annex Table 4. Gender Inequality Index by country								
Country/territory	Gender Inequality Index classification	Maternal mortality ratio (deaths per 100,000 live births) (SDG 3.1)	Adolescent birth rate (births per 1,000 women ages 15-19) (SDG 3.7)	Share of seats in parliament (% held by women) (SDG 5.5)	Population with at least some secondary education (percent aged 25 and older) (SDG 4.6)		Labour-force participation rate (% aged 15 and older)	
					Female	Male	Female	Male
Antigua and Barbuda	---	---	43.5	20.0	---	---	---	---
Barbados	60	27	37.3	19.6	94.2	91.6	62.3	70.0
Dominica	---	---	---	25.0	---	---	---	---
Grenada	---	27	29.2	25.0	---	---	---	---
Saint Kitts and Nevis	---	---	---	13.3	---	---	---	---
Saint Lucia	74	48	40.5	20.7	48.2	42.0	61.2	75.9
Saint Vincent and the Grenadines	---	45	49.0	13.0	---	---	58.6	80.3
Trinidad and Tobago	73	63	30.1	30.1	74.4	69.1	51.0	73.7
LAC Average	---	67	61.5	28.8	59.5	59.1	51.6	77.5

**Note:** HDI rankings for British Overseas Territories are not available.

**Source:** UNDP, *Human Development Indices and Indicators: 2018 Statistical Update*.

Annex Table 5. CPA survey years by country	
Countries/territories	Year of CPA survey
Anguilla	2007/2009
Antigua and Barbuda	2005-2006
Barbados	2010
British Virgin Islands	2003
Dominica	2008-2009
Grenada	2007-2008
Montserrat	2007
Saint Kitts and Nevis	2007-2008
Saint Lucia	2005/2006 & 2016 E-CPA
Saint Vincent and the Grenadines	2007-2008
Trinidad and Tobago	---
Turks and Caicos Islands	2012

**Source:** OECS Commission and UNICEF, *Child Poverty in the Eastern Caribbean Area, Final Report, 2017, p.9*.

Annex Table 6. Saint Lucia poverty rates by age group and year							
Year	Age group	Poverty status			Poverty rate	Poverty share	Population share
		Poor	Not poor	Total			
2006	Child, 0-9 years	10,468	19,049	29,517	35.5 per cent	22.0 per cent	17.9 per cent
	Adolescents, 10-19 years	13,855	23,791	37,646	36.8 per cent	29.2 per cent	22.8 per cent
	Adults, 20+ years	23,192	74,487	97,679	23.7 per cent	48.8 per cent	59.3 per cent
	All ages	47,515	117,327	164,842	28.8 per cent	100.0 per cent	100.0 per cent
2016	Children, 0-9 years	9,483	16,344	25,827	36.7 per cent	21.9 per cent	15.0 per cent
	Adolescents, 10-19 years	9,491	19,243	28,734	33.0 per cent	22.0 per cent	16.6 per cent
	Adults, 20+ years	24,250	93,827	118,077	20.5 per cent	56.1 per cent	68.4 per cent
	All ages	43,224	129,414	172,638	25.0 per cent	100.0 per cent	100.0 per cent

**Source:** Ministry of Equity and UNICEF, *Adolescent Well-being and Equity in Saint Lucia, 2019*; Survey of Living Conditions and Household Budgets, 2006 and 2016.

Year	Age group	Poverty status			Indigency rate	Indigency share	Population share
		Indigent	Not indigent	Total			
2006	Child, 0-9 years	727	28,790	29,517	2.5 per cent	27.2 per cent	17.9
	Adolescents, 10-19 years	745	36,901	37,646	2.0 per cent	27.9 per cent	22.8
	Adults, 20+ years	1,198	96,481	97,679	1.2 per cent	44.9 per cent	59.3
	All ages	2,670	162,172	164,842	1.6 per cent	100.0 per cent	100.0
2016	Children, 0-9 years	506	25,321	25,827	2.0 per cent	22.9 per cent	15.0 per cent
	Adolescents, 10-19 years	508	28,226	28,734	1.8 per cent	23.0 per cent	16.6 per cent
	Adults, 20+ years	1,197	116,881	118,078	1.0 per cent	54.1 per cent	68.4%
	All ages	2,211	170,428	172,639	1.3%	100.0%	100.0%

**Source:** Ministry of Equity and UNICEF, *Adolescent Well-being and Equity in Saint Lucia*, 2019; Survey of Living Conditions and Household Budgets, 2006 and 2016.

Country/territory	%
Antigua and Barbuda	100
Barbados	99
British Virgin Islands	100
Dominica	96
Grenada	99
Saint Kitts and Nevis	100
Saint Lucia	99
Saint Vincent and the Grenadines	99
Trinidad and Tobago	100
Turks and Caicos Islands	100
ECA Average	99
Caribbean Small States Average (2014)	96

**Source:** UNICEF, *State of the World's Children*; World Bank Group, , retrieved on 2 October 2019.

Age group	Saint Lucia			Barbados		
	SFP available rate	Benefit from SFP <sup>a</sup>	Benefit from SFP rate <sup>b</sup>	SMP available rate	Take-up rate	SMP coverage
	%	number	%	%	%	%
3-4 years	45.7	1,178	88.3	n/a	n/a	n/a
5-11 years	79.4	10,013	71.4	n/a	n/a	n/a
10-11 years	n/a	n/a	n/a	77.7	78.6	61.0
12-16 years	28.1	1,655	42.2	30.0	20.2	6.0
3-16 years	54.0	12,846	68.9	n/a	n/a	n/a
10-16 years	n/a	n/a	n/a	40.0	44.0	17.6

<sup>a</sup> Receive snacks or meals from the SFP; in principle, all SFP beneficiaries have to make a small payment.

<sup>b</sup>SFP take up rate.

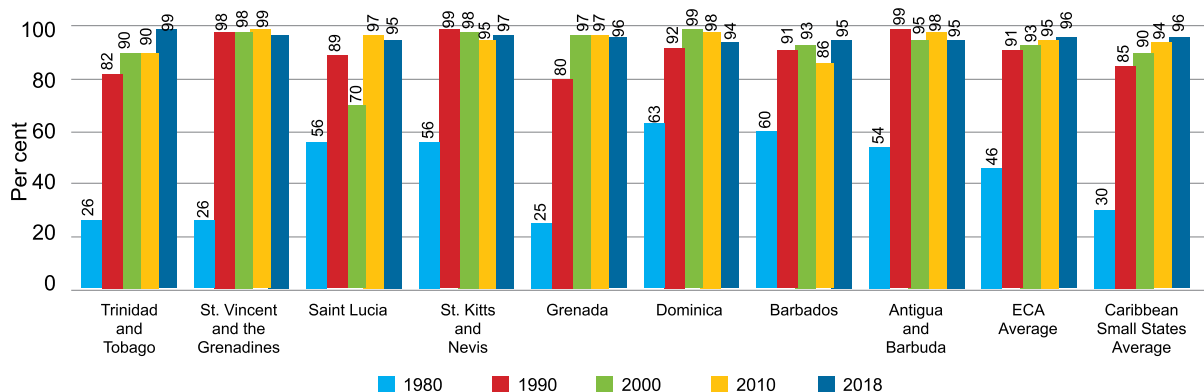
**Source:** OECS Commission, *Saint Lucia National Report of Living Conditions 2016: Final Report*, December 2018, p. 93. 2016 Survey of Living Conditions/Household Budget Survey.

**Annex Table 10. Saint Lucia population with health insurance by household poverty and wealth status**

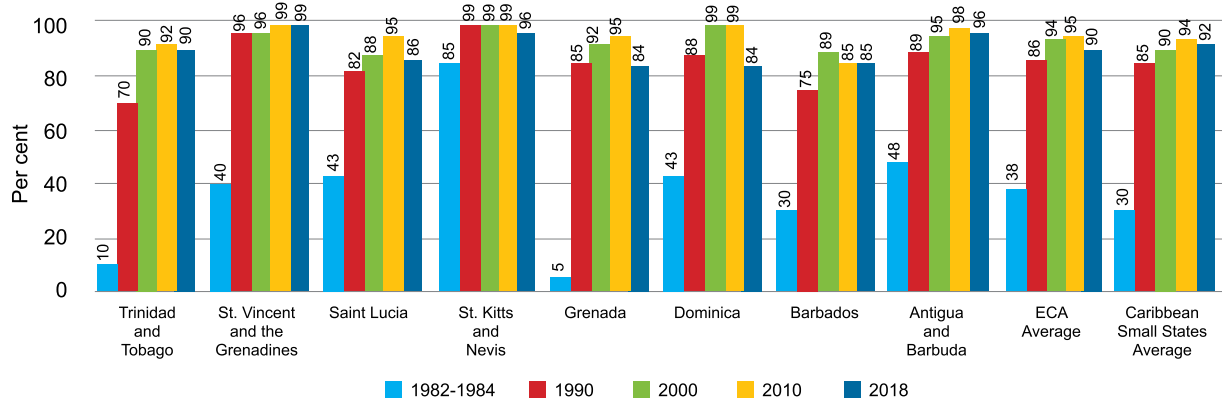
Have health insurance	Total	Poverty status		Household wealth quintiles				
		Poor	Non-poor	Poorest	2	3	4	Richest
Yes	18.2	6.6	22.1	5.5	11.3	14.5	23.5	36.0
No	81.8	93.4	77.9	94.5	88.6	85.5	76.5	64.0

**Note:** Numbered columns represent quintiles of household per capita consumption expenditure (adjusted for adult equivalence), ranging from poorest (the bottom 20 per cent) to richest (the top 20 per cent).

**Source:** OECS Commission, *Saint Lucia National Report of Living Conditions 2016: Final Report, 2018*. Central Statistics Office of Saint Lucia, 2016 SLC-HBS.

**Annex Chart 1. Proportion of children (12-23 months) with DPT immunization**

**Source:** WHO and UNICEF ([who.int/immunization/monitoring\\_surveillance/en](http://who.int/immunization/monitoring_surveillance/en)). Retrieved on 3 October 2019 from: <https://data.worldbank.org/indicator/SH.IMM.IDPT?locations=S3-TT-GD>

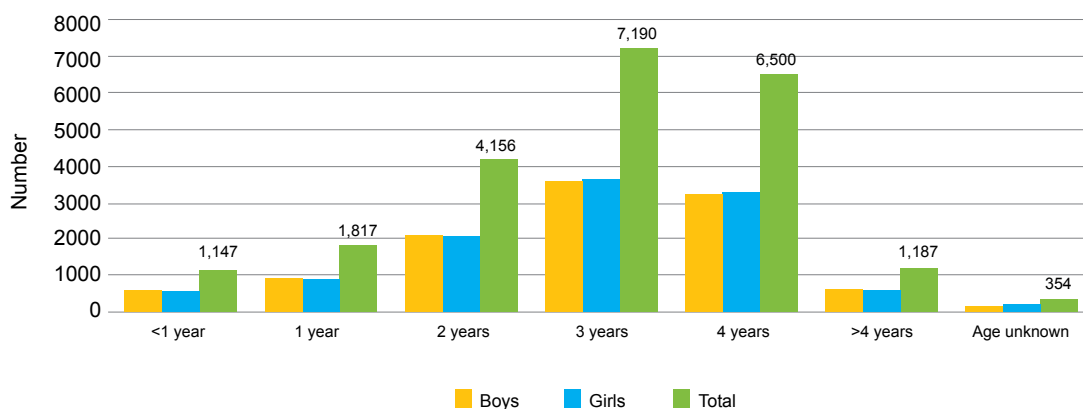
**Annex Chart 2. Proportion of children (12-23 months) with measles immunization**

**Source:** WHO and UNICEF ([who.int/immunization/monitoring\\_surveillance/en](http://who.int/immunization/monitoring_surveillance/en)). Retrieved on 3 October 2019 from: <https://data.worldbank.org/indicator/SH.IMM.IDPT?locations=S3-TT-GD>

Annex Table 11. Enrolment in ECE institutions, public and private																	
Country/ Territory	Enrolment in public ECE institutions						Enrolment in private ECE institutions						Total enrolment in ECE institutions				
	Male		Female		Total		Male		Female		Total		Male		Female		Total
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	N
Antigua and Barbuda	99	6.1	73	4.3	172	5.2	1,529	93.9	1,613	95.7	3,142	94.8	1,628	49.1	1,686	50.9	3,314
British Virgin Islands	15	2.1	14	2.1	29	2.1	700	97.9	650	97.9	1,350	97.9	715	51.8	664	48.2	1,379
Dominica	91	12.3	98	13.0	189	12.7	646	87.7	658	87.0	1,304	87.3	737	49.4	756	50.6	1,493
Grenada	961	43.3	958	43.2	1,919	43.3	1,257	56.7	1,258	56.8	2,515	56.7	2,218	50.0	2,216	50.0	4,434
Montserrat	59	77.6	49	75.4	108	76.6	17	22.3	16	24.6	33	23.4	76	53.9	65	46.1	141
Saint Kitts and Nevis	542	36.4	544	38.1	1,086	37.2	947	63.6	884	61.9	1,831	62.8	1,489	51.0	1,428	49.0	2,917
Saint Lucia	403	16.0	415	16.0	818	16.0	2,111	84.0	2,180	84.1	4,291	84.0	2,514	49.2	2,595	50.8	5,109
Saint Vincent and the Grenadines																	
2016-2017	189	10.7	175	9.7	364	10.2	1,572	89.3	1,628	90.3	3,200	89.8	1,761	49.4	1,803	50.6	3,564
2017-2018	202	11.2	197	10.7	399	10.9	1,604	88.8	1,652	89.4	3,256	89.1	1,806	49.4	1,849	50.6	3,655
OECS Totals (2016-2017)	2,359	21.2	2,326	20.7	4,685	21.0	8,779	78.8	8,887	79.3	17,666	79.0	11,138	49.8	11,213	50.2	22,251

**Source:** OECS, Education Statistical Digest: Statistics on Education for the AY 2016-2017. Saint Vincent and the Grenadines Education Statistical Digest, 2017-2018.

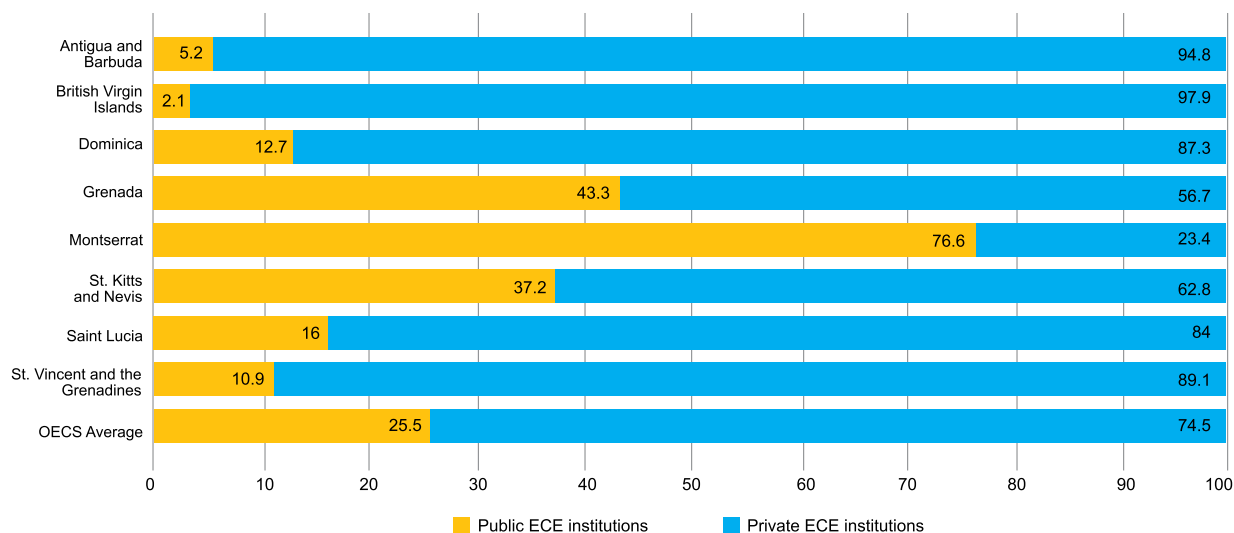
**Annex Chart 3. Number of enrolled children in ECE institutions by age and sex**



**Note:** Data are based only upon enrolment data from OECS member states – Antigua and Barbuda, British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines. Data for Anguilla were not available.

**Source:** OECS, Education Statistical Digest: Statistics on Education for the AY 2016-2017.

#### Annex Chart 4. Enrolment of children in public and private ECE institutions by country/territory



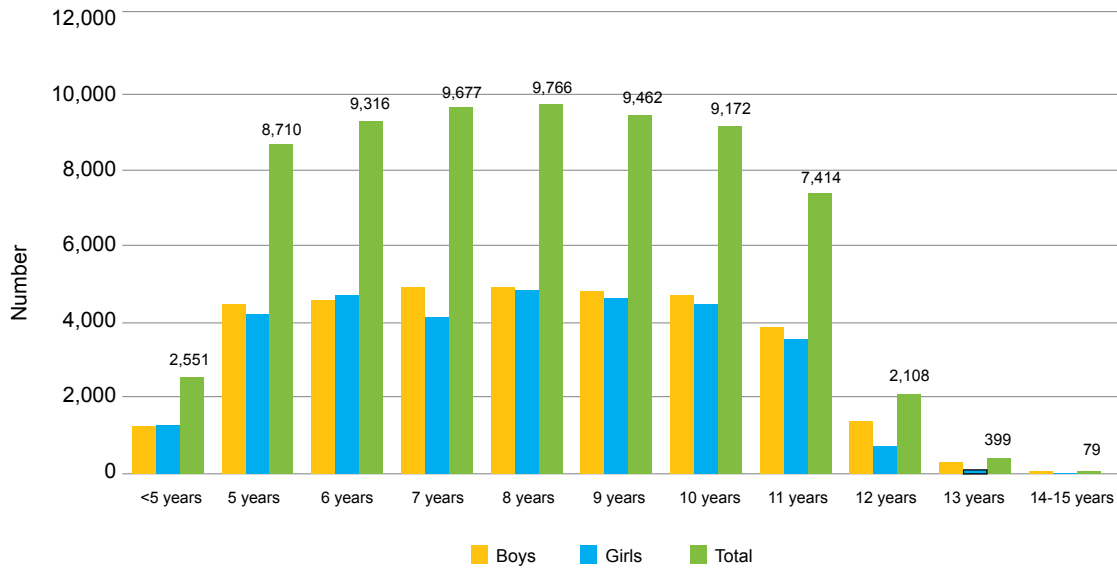
**Note:** Data for Anguilla were not available.

**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the AY 2016-2017. Saint Vincent and the Grenadines Education Statistical Digest 2017-2018.

**Annex Table 12. Enrolment in primary schools (Kindergarten – Grade 6), public and private**

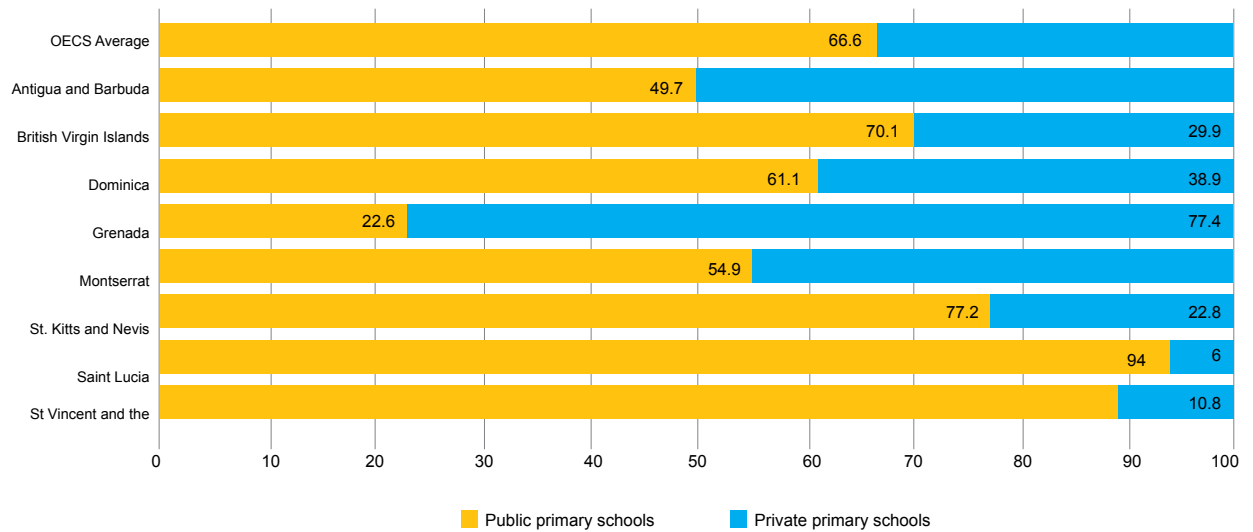
Country/ Territory	Enrolment in public primary schools						Enrolment in private primary schools						Total enrolment in primary schools					
	Male		Female		Total		Male		Female		Total		Male		Female		Total	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	N	
Antigua and Barbuda	2,620	52.3	2,275	47.1	4,895	49.7	2,394	47.7	2,557	52.9	4,951	50.3	5,014	50.9	4,832	49.1	9,846	
British Virgin Islands	1,253	71.2	1,073	68.7	2,326	70.1	506	38.8	488	31.3	994	29.9	1,759	53.0	1,561	47.0	3,320	
Dominica	2,432	65.5	1,932	56.4	4,364	61.1	1,280	34.5	1,496	43.6	2,776	38.9	3,712	52.0	3,428	48.0	7,140	
Grenada	1,680	23.7	1,366	21.4	3,046	22.6	5,402	76.3	5,016	78.6	10,418	77.4	7,082	52.6	6,382	47.4	13,464	
Montserrat	116	54.2	132	55.5	248	54.9	98	45.8	106	44.5	204	45.2	214	47.3	238	52.7	452	
Saint Kitts and Nevis	2,137	78.3	1,997	76.1	4,134	77.2	591	21.7	627	23.9	1,218	22.8	2,728	51.0	2,624	49.0	5,352	
Saint Lucia	7,685	94.1	7,404	93.9	15,089	94.0	485	5.9	480	6.1	965	6.0	8,170	50.9	7,884	49.1	16,054	
Saint Vincent and the Grenadines																		
2016-2017	5,959	89.8	5,665	88.7	11,624	89.2	680	10.2	722	11.3	1,402	10.8	6,639	51.0	6,387	49.0	13,026	
2017-2018													6,685	50.7	6,509	49.3	13,194	
OECS Totals (2016-2017)	23,882	67.6	21,844	65.5	45,726	66.6	11,436	32.4	11,492	34.5	22,928	33.4	35,318	51.4	33,336	48.6	68,654	

**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the AY 2016-2017. Saint Vincent and the Grenadines Education Statistical Digest 2017-2018.

**Annex Chart 5. Total enrolment of children in primary schools by age and sex**

**Note:** Data are based only upon enrolment data from OECS member states – Antigua and Barbuda, British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines. Data for Anguilla were not available.

**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the AY 2016-2017.

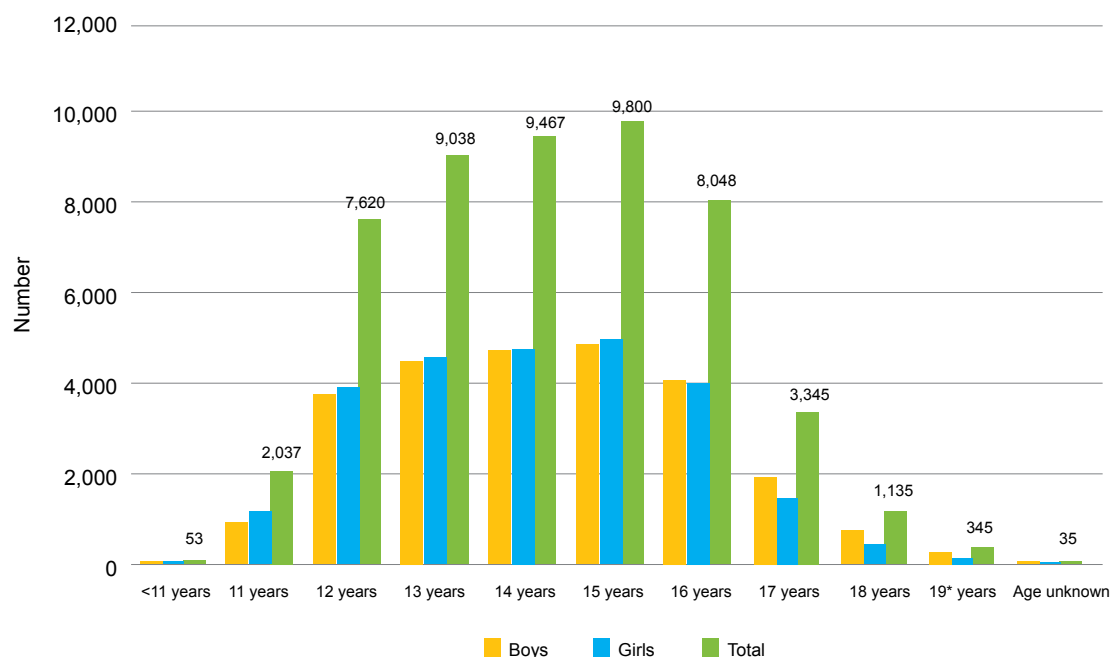
**Annex Chart 6. Enrolment in public and private primary schools by country/territory**

**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the AY 2016-2017.

Annex Table 13. Enrolment in secondary schools (Forms 1-5), public and private																	
Country/ Territory	Enrolment in public secondary schools						Enrolment in private secondary schools						Total enrolment in secondary schools				
	Male		Female		Total		Male		Female		Total		Male		Female		Total
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	N
Antigua and Barbuda	3,169	81.8	2,984	80.6	6,153	81.2	705	18.2	719	19.4	1,424	18.8	3,874	51.1	3,703	48.9	7,577
British Virgin Islands	911	83.8	948	81.2	1,859	82.4	176	16.2	220	18.8	396	17.6	1,087	48.2	1,168	51.8	2,255
Dominica	2,183	77.6	1,590	58.0	3,773	67.9	631	22.4	1,151	42.0	1,782	32.1	2,814	50.7	2,741	49.3	5,555
Grenada	2,150	48.8	1,053	23.8	3,203	36.3	2,260	51.2	3,371	76.2	5,631	63.7	4,410	49.9	4,424	50.1	8,834
Montserrat	164	100.0	163	100.0	327	100.0	0	0.0	0	0.0	0	0.0	164	50.2	163	48.8	327
Saint Kitts and Nevis	1,870	95.2	1,956	94.0	3,826	94.6	95	4.8	124	6.0	219	5.4	1,965	48.6	2,080	51.4	4,045
Saint Lucia	5,864	95.9	5,930	97.1	11,794	96.5	248	4.1	175	2.9	423	3.5	6,112	50.0	6,105	50.0	12,217
Saint Vincent and the Grenadines																	
2016-2017	3,949	75.5	3,345	68.5	7,294	72.1	1,281	24.5	1,538	31.5	2,819	27.9	5,230	51.7	4,883	48.3	10,113
2017-2018													4,945	51.6	4,644	48.4	9,589
OECS Totals (2016-2017)	20,260	79.0	17,969	71.1	38,229	75.1	5,396	21.0	7,298	28.9	12,694	24.9	25,656	50.4	25,267	49.6	50,923

**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the AY 2016-2017. Saint Vincent and the Grenadines Education Statistical Digest 2017-2018.

**Annex Chart 7. Total enrolment in secondary schools by age and sex**



**Note:** Data is based only upon enrolment data from Antigua and Barbuda, British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines. Data for Anguilla were not available.

**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the AY 2016-2017.

Annex Table 14. Proportion of repeaters in primary and secondary schools by sex and country/territory																	
Countries/ Territories	Repeaters in primary schools						Repeaters in secondary schools						Total repeaters				
	Boys		Girls		Total		Boys		Girls		Total		Boys		Girls		Total
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	N
Antigua and Barbuda	106	63.9	60	36.1	166	18.9	453	63.5	260	36.5	713	81.1	559	63.6	320	36.4	879
British Virgin Islands	71	76.3	22	23.7	93	38.0	104	68.4	48	31.6	152	62.0	175	71.4	70	28.6	245
Dominica	137	65.2	73	34.8	210	29.7	334	67.3	162	32.7	496	70.3	471	66.7	235	33.3	706
Grenada	271	67.4	131	32.6	402	30.9	607	67.7	290	32.3	897	69.1	878	67.6	421	32.4	1,299
Saint Kitts and Nevis	34	46.6	39	53.4	73	31.2	87	54.0	74	46.0	161	68.8	121	51.7	113	48.3	234
Saint Lucia	324	59.0	225	41.0	549	89.1	42	62.7	25	37.3	67	10.9	366	59.4	250	40.6	616
Saint Vincent and the Grenadines																	
2016-2017	236	62.6	141	37.4	377	22.1	863	64.8	468	35.2	1,331	77.9	1,099	64.3	609	35.7	1,708
2017-2018	189	69.5	83	30.5	272	15.1	1,041	68.3	483	31.7	1,524	84.9	1,230	68.5	566	31.5	1,796
OECS Average (2016-2017)	168	62.9	99	37.1	267	n/a	2,490	65.2	1,327	34.8	3,817	n/a	524	64.5	288	35.5	812

**Note:** Montserrat has an automatic promotion policy. Data for Anguilla were not available.

**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the AY 2016-2017. Saint Vincent and the Grenadines Education Statistical Digest 2017-2018.

Annex Table 15. Repetition rates for primary and secondary schools by sex and country/territory						
Countries/Territories	Primary schools			Secondary schools		
	Boys	Girls	Total	Boys	Girls	Total
Antigua and Barbuda	2.1	1.3	1.7	11.3	6.8	9.1
British Virgin Islands	4.1	1.4	2.8	10.5	4.5	7.4
Dominica	3.6	2.0	2.8	12.0	5.9	8.9
Grenada	3.9	2.1	3.1	13.1	6.4	9.8
Saint Kitts and Nevis	1.2	1.5	1.3	5.3	4.1	4.7
Saint Lucia	3.8	1.5	1.3	0.7	0.4	0.5
Saint Vincent and the Grenadines	3.5	2.2	2.9	16.7	9.4	13.2
OECS Average	3.3	2.1	2.7	9.6	5.2	7.4

**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the AY 2016-2017.



Annex Table 16. Proportion of primary and secondary school dropouts by country/territory and sex																	
Countries/ Territories	Primary schools						Secondary schools						Total school dropouts				
	Boys		Girls		Total		Boys		Girls		Total		Boys		Girls		Total
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	N
Antigua and Barbuda	10	55.6	8	44.4	18	12.8	77	62.6	46	37.4	123	87.2	87	61.7	54	38.3	141
British Virgin Islands	3	75.0	1	25.0	4	23.5	6	46.2	7	53.8	13	76.5	9	52.9	11	64.7	17
Dominica	5	44.6	4	44.4	9	5.8	98	67.1	48	32.9	146	94.2	103	66.5	52	33.5	155
Grenada	8	80.0	2	20.0	10	6.9	82	60.7	53	39.3	135	93.1	90	62.1	55	37.9	145
Saint Kitts and Nevis	8	32.0	17	68.0	25	36.2	26	59.1	18	40.9	44	63.8	34	49.3	35	50.7	69
Saint Lucia	7	63.6	4	36.4	11	4.2	170	67.5	82	32.5	252	95.8	177	67.3	86	32.7	263
Saint Vincent and the Grenadines																	
2016-2017	1	33.3	2	66.7	3	1.3	139	61.5	87	38.5	226	98.7	140	61.1	89	38.9	229
2017-2018	3	42.9	4	57.1	7	2.5	172	61.9	106	38.1	278	97.5	175	61.4	110	38.6	285
OECS Average (2016-2017)	42	52.5	38	47.5	80	n/a	598	63.7	341	36.3	939	n/a	91	62.3	55	37.7	146

**Note:** Data for Anguilla and Montserrat were not available.

**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the AY 2016-2017. Saint Vincent and the Grenadines Education Statistical Digest 2017-2018.

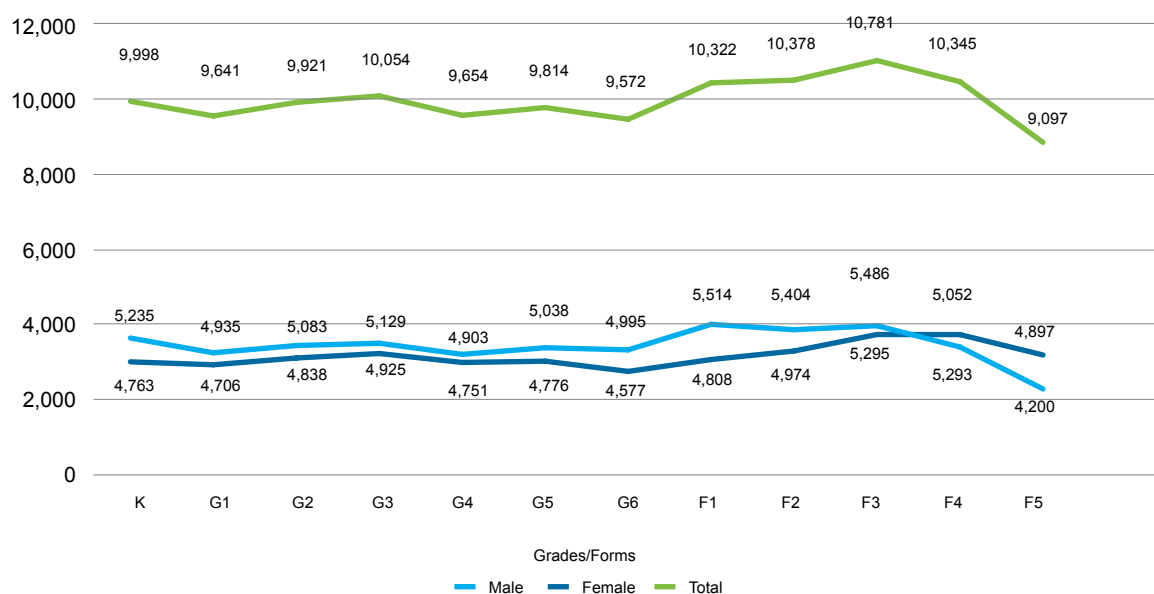
Annex Table 17. School dropout rates for primary and secondary schools by sex and country/territory						
Countries/Territories	Primary schools			Secondary schools		
	Boys	Girls	Total	Boys	Girls	Total
Antigua and Barbuda	0.2	0.2	0.2	1.9	1.2	1.6
British Virgin Islands	0.2	0.1	0.1	0.6	0.7	0.6
Dominica	0.1	0.1	0.1	3.5	1.7	2.6
Grenada	0.1	0.0	0.1	Na	Na	Na
Saint Kitts and Nevis	0.4	0.7	0.5	1.8	1.3	1.5
Saint Lucia	0.1	0.1	0.1	2.7	1.3	2.0
Saint Vincent and the Grenadines	0.0	0.0	0.0	2.7	1.8	2.2
OECS Average	0.1	0.1	0.1	2.0	1.2	1.6

**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the AY 2016-2017.

**Annex Table 18. Student performance on national examinations at the primary level**

Country/Territory	Grade	Reading					Mathematic				
		Male		Female		Total	Male		Female		Total
		n	%	n	%	N	n	%	n	%	N
Anguilla and Barbuda National Assessment (55% and above)	II	388	42.2	531	57.8	919	499	46.5	574	53.5	1,073
	IV	171	36.9	292	63.1	463	218	44.2	275	55.8	493
	VI	280	41.8	390	58.2	670	284	44.1	360	55.9	644
Dominica National Assessment (65% and above)	II	271	46.8	308	53.2	579	163	49.5	166	50.5	329
	IV	342	43.6	442	56.4	784	156	47.7	171	52.3	327
	VI	368	46.8	419	53.2	787	335	46.9	379	53.1	714
Grenada Minimum Competence Test	II	342	48.1	269	37.8	711	458	50.0	457	50.0	915
	IV	433	44.7	535	55.3	968	432	46.4	499	53.6	931
	VI	716	48.3	765	51.7	1,481	551	48.3	590	51.7	1,141
Montserrat Salford Reading & National Math Assessment	II	18	52.9	16	47.1	34	17	48.6	18	51.4	35
	IV	17	35.4	31	64.6	48	12	36.4	21	63.6	33
	VI	22	47.8	24	52.2	46	27	50.0	27	50.0	54
Saint Kitts and Nevis Test of Standards	II	--	--	--	--	--	--	--	--	--	--
	IV	172	44.3	216	55.7	388	163	47.1	183	52.9	346
	VI	123	44.2	155	55.8	278	87	37.8	143	62.2	230
Saint Lucia National Assessment (60% and above)	II	674	47.8	737	52.2	1,411	653	47.5	721	52.5	1,374
	IV	785	51.2	749	48.8	1,534	700	52.2	640	47.8	1,340
Common Entrance Examination (50% and above)	VI	839	50.9	809	49.1	1,648	700	50.1	698	49.9	1,398

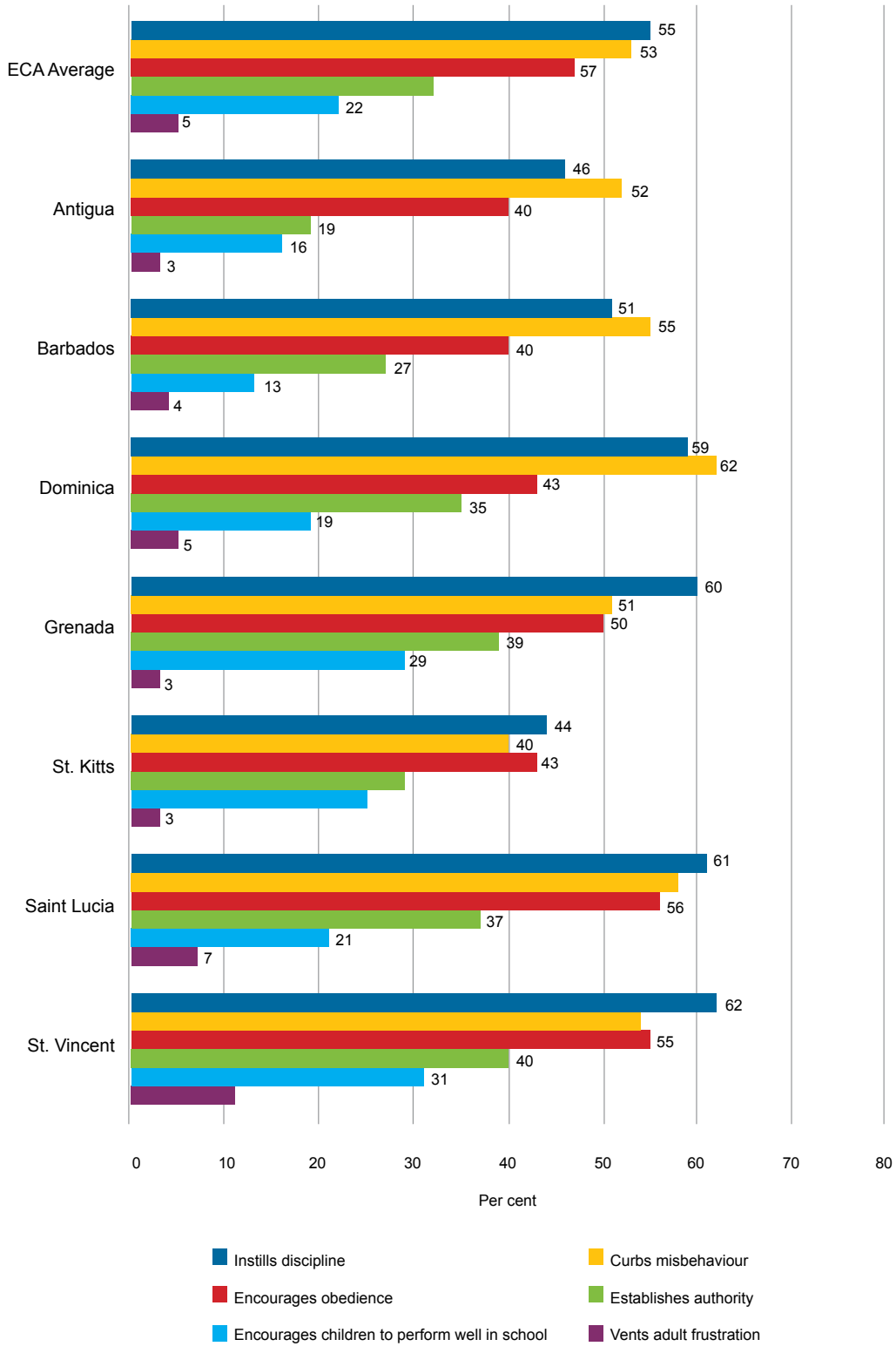
**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the AY 2016-2017.

**Annex Chart 8. Total numbers of enrolled children and adolescents by grade and sex**

**Note:** Data is based only upon enrolment data from OECS member states – Antigua and Barbuda, British Virgin Islands, Dominica, Grenada, Montserrat, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines. Data for Anguilla were not available.

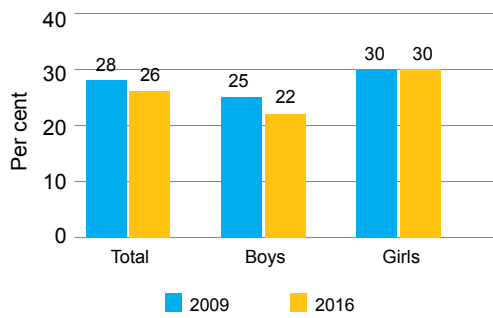
**Source:** OECS Commission, Education Statistical Digest: Statistics on Education for the AY 2016-2017.

**Annex Chart 9. Perceptions of the benefits of corporal punishment by country/territory**

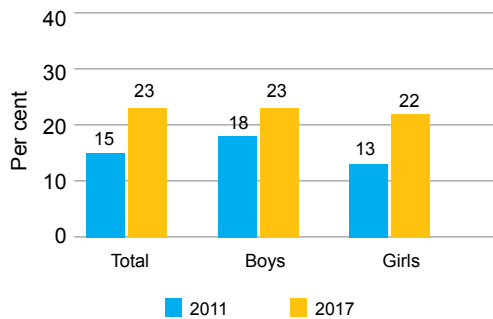


**Note:** Data for Anguilla was not available.

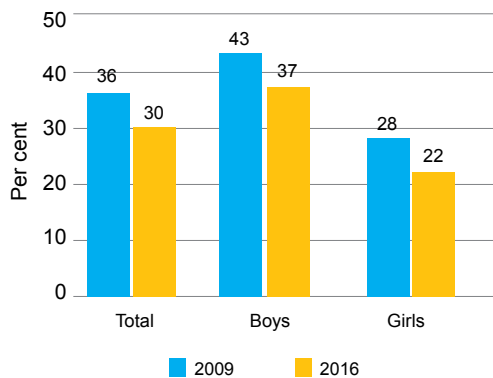
**Source:** CADRES Social Survey Report, 2019.

**Annex Chart 10. Children (ages 13-15) experienced bullying in Anguilla**

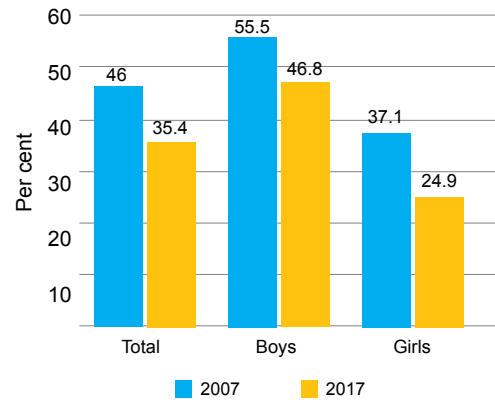
Source: 2009 and 2016 Anguilla GSHS.

**Annex Chart 11. Children (ages 13-15) experienced bullying in Trinidad and Tobago**

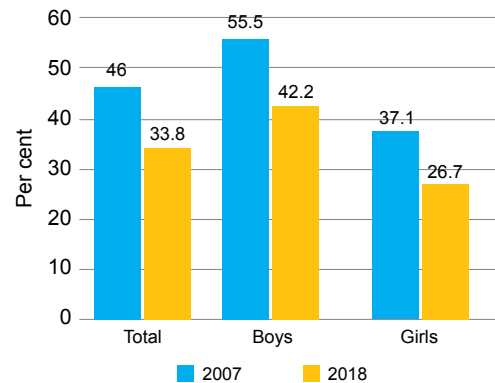
Source: 2011 and 2017 Trinidad and Tobago GSHS.

**Annex Chart 12. Children (ages 13-15) in a physical fight in the past 12 months in Anguilla**

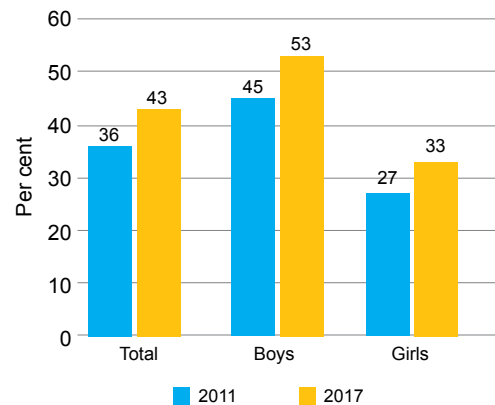
Source: 2009 and 2016 Anguilla GSHS.

**Annex Chart 13. Children (ages 13-15) in a physical fight in the past 12 months in Saint Lucia**

Source: 2007 and 2018 Saint Vincent and the Grenadines GSHS.

**Annex Chart 14. Children (ages 13-15) in a physical fight in the past 12 months in Saint Vincent and the Grenadines**

Source: 2007 and 2018 Saint Vincent and the Grenadines GSHS.

**Annex Chart 15. Children (ages 13-15) in a physical fight in the past 12 months in Trinidad and Tobago**

Source: 2011 and 2017 Trinidad and Tobago GSHS.

**Annex Table 19. Climate Risk Index for 2017**

Country	Climate Risk Index Rank	Climate Risk Index Score	Fatalities in 2017		Fatalities per 100,000 inhabitants		Total losses in US\$ million (PPP)		Total losses per unit GDP	
			Total	Rank	Total	Rank	Total	Rank	%	Rank
Antigua and Barbuda	13	20.67	3	86	3.297	4	1,101.44	24	45.932	3
Barbados	124	116.00	0	108	0.000	108	0.00	124	0.000	124
Dominica	3	9.33	31	30	43.662	2	1,686.89	20	215.440	1
Grenada	124	116.00	0	108	0.000	108	0.00	124	0.000	124
Saint Kitts and Nevis	61	64.00	0	108	0.000	108	184.91	52	11.929	4
Saint Lucia	124	116.00	0	108	0.000	108	0.00	124	0.000	124
Saint Vincent and the Grenadines	124	116.00	0	108	0.000	108	0.00	124	0.000	124
Trinidad and Tobago	101	84.50	0	108	0.000	108	26.33	79	0.061	52

**Note:** HDI rankings for British Overseas Territories are not available. **Source:** Eckstein, D., Hutfils, M.L., & Wings, M., *Global Climate Risk Index 2019: Who Suffers Most from Extreme Weather Events? Weather-related Loss Events in 2017 and 1998 to 2017*, Germanwatch e.V, Berlin, Germany, 2018.

**Annex Table 20. Climate Risk Index for 1998-2017 by country (based on average figures for 20-year period)**

Country	Climate Risk Index Rank	Climate Risk Index Score	Average Fatalities		Average fatalities per 100,000 inhabitants		Average losses in US\$ million (PPP), 1998-2017		Average losses per unit GDP, 1998-2017	
			Average	Rank	Average	Rank	Average	Rank	%	Rank
Antigua and Barbuda	43	56.33	0.400	159	0.486	36	70.102	93	4.054	7
Barbados	153	142.00	0.050	172	0.018	160	3.983	154	0.092	103
Dominica	10	33.00	3.350	119	4.718	2	132.586	73	21.205	1
Grenada	24	42.00	2.000	135	1.923	10	78.577	91	7.104	3
Saint Kitts and Nevis	52	60.00	0.200	164	0.401	42	45.781	102	4.240	5
Saint Lucia	55	61.83	1.100	144	0.666	29	17.739	131	0.940	19
Saint Vincent and the Grenadines	54	61.50	0.800	150	0.738	25	11.310	137	1.160	16
Trinidad and Tobago	162	151.00	0.550	153	0.042	135	3.662	157	0.010	163

**Note:** HDI rankings for British Overseas Territories are not available.

**Source:** Eckstein, D., Hutfils, M.L., & Wings, M., *Global Climate Risk Index 2019: Who Suffers Most from Extreme Weather Events? Weather-related Loss Events in 2017 and 1998 to 2017*, Germanwatch e.V, Berlin, Germany, 2018.





Goal 17: PARTNERSHIPS FOR THE GOALS												
17.18.1	Disaggregated SDG indicators at national level											0.0
17.19.2	Countries registering births and deaths											100.0
<b>TOTAL (%)</b>												<b>37.9</b>

**Abbreviations:** ANG: Anguilla; AB: Antigua and Barbuda; BB: Barbados; BVI: British Virgin Islands; DOM: Dominica; GRN: Grenada; MON: Montserrat; SL: Saint Lucia; SKN: Saint Kitts and Nevis; SVG: Saint Vincent and the Grenadines; TT: Trinidad and Tobago; TCI: Turks and Caicos Islands.

**Source:** UNICEF ECA, 2018.





UNICEF Office for the Eastern Caribbean Area  
First Floor, UN House, Marine Gardens, Hastings  
Christ Church, Barbados  
Tel: (246) 467 6000  
Email: [bridgetown@unicef.org](mailto:bridgetown@unicef.org)  
Website: [www.unicef.org/easterncaribbean](http://www.unicef.org/easterncaribbean)  
[www.youtube.com/UNICEFeastcaribbean](http://www.youtube.com/UNICEFeastcaribbean)

