

# EARLY CHILDHOOD DEVELOPMENT DATA SNAPSHOT

Government of the Virgin Islands





## **Government of the Virgin Islands**

### **Early Childhood Development Data Snapshot**

**Disclaimer:** The opinions expressed in this report are those of the author and do not necessarily represent the views of the United Nations Children's Fund, the Department for International Development or the Government of the Virgin Islands.

## LIST OF ACRONYMS

<b>BVI</b>	British Virgin Islands
<b>BVI HSA</b>	Virgin Islands Health Services Authority
<b>CRC</b>	Convention on the Rights of the Child
<b>CSO</b>	Central Statistics Office
<b>DFID</b>	Department for International Development (United Kingdom)
<b>EC</b>	Early Childhood
<b>ECD</b>	Early Childhood Development
<b>ECE</b>	Early Childhood Education
<b>ENT</b>	Ears, Nose and Throat
<b>MDGs</b>	Millennium Development Goals
<b>N/A</b>	Not Available
<b>NICU</b>	Neonatal Intensive Care Unit
<b>PAHO</b>	Pan American Health Organization
<b>SDGs</b>	Sustainable Development Goals
<b>UK</b>	United Kingdom
<b>UNICEF</b>	United Nations Children's Fund
<b>UNICEF ECA</b>	UNICEF Office for the Eastern Caribbean Area
<b>WHO</b>	World Health Organization



# CONTENTS

OVERVIEW	5
1. COUNTRY PROFILE	11
2. POLICY AND LEGISLATIVE ENVIRONMENT FOR EDUCATION	13
3. EDUCATION	15
4. HEALTH	21
5. VULNERABILITY AND RISK	31
6. ACKNOWLEDGEMENTS	33



# OVERVIEW

## Why is Early Childhood Development Important?

Early childhood development (ECD) “refers to the physical, cognitive, linguistic and socio-emotional development of young children until they transition to primary school”.<sup>1</sup> Within the Caribbean region, the legal requirement for entry into this first level of formal education is usually five years of age. Due to the recognition of the importance of early education to their overall development, children in some countries may attend pre-schools that are either based within the primary school system or as stand-alone units from as early as three and a half or four years old. In many instances, children under age three also have opportunities to participate in structured early childhood programmes. Whilst ECD is recognized globally as the period from birth to eight years of age UNICEF Eastern Caribbean focuses on supporting the development of children in the birth to five years cohort, underscoring the critical nature of quality early experiences to positive development.

The emphasis at this stage is the holistic approach to child development. That is, programming that is geared towards all aspects of the growth and development of children. It is widely recognised that positive experiences in the early years are critical to the development of the brain<sup>2</sup> and the realisation of key developmental milestones such as the ability to speak, walk and play within the social environment. With the requisite support, this period is also seen as critical to positive outcomes in health, education, employment and participation in society later on in life. It is for this reason that access to quality ECD is seen as an “equalizer” because it affords children from disadvantaged backgrounds the same opportunities as those from more stable households and communities.

The responsibility for the development of children lies not only with their parents/guardians but with the representatives of other agen-

cies such as health centres, ECD centres/schools, religious groups and the communities with which they interact. A multi-sectoral approach is needed because no one individual can contribute to all facets of a child’s life. Therefore, health professionals, caregivers, teachers, religious leaders, and family members contribute to the holistic development of children - through focused attention to their survival and development, health and nutrition, protection, education and by ensuring their active participation in their homes and communities.

This is evidenced across the region through agencies with responsibility for the health, social welfare, protection and justice, education and guidance of children with or without disabilities. The extent of services and programmes provided and uptake varies within and between countries but it could be argued that the ultimate goal is on ensuring that children transition smoothly through the various stages in the first instance with the positive early childhood experience building the foundation for a skilled workforce, a responsible community and a thriving economy<sup>3</sup>.

### The Case for an ECD Data Snapshot:

The multi-sectoral approach to child development also promotes the regular collection and use of the administrative data by government. Data on enrollment in schools, the utilisation of child health services, interventions catering for children with disabilities and children in foster and institutional care are some of the areas collected on a routine basis.

The challenge for national authorities therefore, is ensuring that the data are used to inform policy decisions and programmes geared towards improvements for children from birth to five years of age. The United Kingdom Department for International Development (UK, DFID), UNICEF Eastern Caribbean and the governments of the four overseas countries and territories collaborated on a joint workplan to implement activities aimed at strengthening

---

**The responsibility for the development of children lies not only with their parents/guardians but with the representatives of other agencies such as health centres, ECD centres/schools, religious groups and the communities with which they interact.**

<sup>1</sup> World Bank (2011) Investing in Young Children – An Early Childhood Development Guide for Policy Dialogue and Project Preparation

<sup>2</sup> <http://developingchild.harvard.edu/science/key-concepts/brain-architecture>

<sup>3</sup> Building the Brain’s Air Traffic Control System: How Early Experiences Share the Development of Executive Function.



administrative data systems in Anguilla, the Virgin Islands, Montserrat and the Turks and Caicos Islands. The emphasis on enhancing the management and use of data in the early childhood development sector was also another key objective of this partnership.

The **Early Childhood Development Data Snapshots** present a unique opportunity for the four countries and territories - this is the first statistical publication within the region that focuses exclusively on children during the formative years. The intended audiences for the ECD Data Snapshots include national stakeholders in the public and private sectors, regional development partners, civil society organisations, parents/guardians and students.

## International Agreements and Early Childhood Development

### The Convention on the Rights of the Child and its Link to the Holistic Development of Children:

The United Nations Convention on the Rights of the Child (CRC)<sup>4</sup> provides the normative framework for the recognition of the rights of children globally. The acceptance and ratification of the Convention means that countries will adopt the principles and implement laws, policies and programmes that are applicable to the local context.

Due to the interrelated nature of the relationship between the overseas territories and the UK, the signature (1990) and ratification (1991) of the Convention by the Government of the United Kingdom of Great Britain and North Ireland also applies to the four countries. Box 1 provides a synopsis of the rights and principles as outlined in the Convention.

### The Sustainable Development Goals and Early Childhood Development:

The Sustainable Development Goals (SDGs)<sup>5</sup> were established in 2015 as the successor to the Millennium Development Goals (MDGs). The 17 goals and 169 targets were formulated to address issues that either were not

<sup>4</sup> For additional details refer to: [http://www.unicef.org/crc/index\\_30177.html](http://www.unicef.org/crc/index_30177.html)

<sup>5</sup> For more information on the SDG's refer to - <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

**BOX 1:** Summary of the principles and rights that form the basis of the **CRC**.

#### **GUIDING PRINCIPLES:**

Provide the overarching framework for the realisation of all of the rights as outlined in the Convention.

#### **SURVIVAL AND DEVELOPMENT RIGHTS:**

These include areas such as the right to be recognised as a citizen of a country, access to clean water, food and shelter as well as health, education and other services that would promote the healthy development of children.

#### **PROTECTION RIGHTS:**

Each child should live in an environment that is free from all forms of violence such as abuse, neglect and exploitation. And he/she should be protected by family or where necessary the State through foster care or adoption.

#### **PARTICIPATION RIGHTS:**

All children have the right to fully participate in a society. The Convention advocates that children should be taught about their rights in an age appropriate manner and be free to express their opinions on matters that affect their lives.

**BOX 2:** Overview of the **SDGs**.

**SDG 1:** No poverty

**SDG 2:** Zero hunger

**SDG 3:** Good health and well-being

**SDG 4:** Quality education

**SDG 5:** Gender equality

**SDG 6:** Clean water and sanitation

**SDG 7:** Affordable and clean energy

**SDG 8:** Decent work and economic growth

**SDG 9:** Industry, innovation and infrastructure

**SDG 10:** Reduced inequalities

**SDG 11:** Sustainable cities and communities

**SDG 12:** Responsible consumption and production

**SDG 13:** Climate action

**SDG 14:** Life below water

**SDG 15:** Life on land

**SDG 16:** Peace, justice and strong institutions





**SDG 17:** Partnerships for the goals

part of the MDGS or that could not be fully achieved through that initial plan of action.

It is envisaged that over the next 15 years, the SDGs will tackle concerns such as poverty, ill health and inequalities on the basis of gender. The SDGs not only build on the work of the MDGs but other international agreements such as the CRC through the inclusion of goals and targets focused on children in general and early childhood development (ECD)

in particular. The following table, highlights select SDGs that relate to children including development in the early period of life.

**TABLE 1:** The SDGs and ECD

GOAL	TARGETS	GOAL	TARGETS
 <p><b>1 NO POVERTY</b></p> <p><b>End poverty in all forms everywhere</b></p>	<p><b>1.2:</b> To reduce all forms of poverty for men, women and children by 2030.</p>	 <p><b>2 ZERO HUNGER</b></p> <p><b>End hunger, achieve food security and improve nutrition and promote sustainable agriculture.</b></p>	<p><b>2.1:</b> All groups of society with special emphasis on the poor, vulnerable and young children should be free from hunger and be able to have their nutritional needs met.</p> <p><b>2.2:</b> By 2030 end malnutrition, and work towards the achievement of internationally agreed targets related to the growth and physical development of children under the age of five, as well as the nutritional needs of girls from the ages of 10 to 19, pregnant and lactating women and the elderly by 2025.</p>
 <p><b>3 GOOD HEALTH &amp; WELL-BEING</b></p> <p><b>Ensure healthy lives and promote well-being for all at all ages</b></p>	<p><b>3.1:</b> To decrease the global maternal mortality rate to lower than 70 per 100, 000 live births by 2030.</p> <p><b>3.2:</b> Preventable deaths of neonates and children under the age of five should be eliminated, and countries should aim to reduce neonatal mortality to 12 per 1,000 live births and under-5 mortality to as low as 25 per 1,000 live births.</p>	 <p><b>4 QUALITY EDUCATION</b></p> <p><b>Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</b></p>	<p><b>4.1:</b> All girls and boys are able to access and complete free primary and secondary education by the year 2030. This education should be of the highest quality, responsive to their needs and result in positive outcomes for the students.</p> <p><b>4.2:</b> By 2030, all girls and boys should have access to quality early childhood development programmes including pre-primary education that effectively prepares them for entry into primary school.</p>



GOAL	TARGETS	GOAL	TARGETS
			<p><b>4.5:</b> Gender disparities in education should be eliminated by 2030, to ensure that all levels of education and training are accessible for vulnerable and marginalised groups such as persons with disabilities, indigenous people and at risk children.</p> <p><b>a:</b> Schools should be built and upgraded to accommodate children with and without disabilities, be gender sensitive and safe for all students.</p> <p><b>b:</b> By 2030, the cadre of qualified teachers should be increased through the training of professionals from least developed countries and small island developing states.</p>
 <p><b>5 GENDER EQUALITY</b></p> <p><b>Achieve gender equality and empower all women and girls</b></p>	<p><b>5.1:</b> All forms of discrimination against women and girls are eliminated.</p> <p>* Girls who are not subjected to physical, emotional and other forms of abuse should better be able to participate in school and make meaningful contributions to society later on in life.</p>	 <p><b>6 CLEAN WATER &amp; SANITATION</b></p> <p><b>Ensure availability and sustainable management of water and sanitation for all</b></p>	<p><b>6.1:</b> By 2030, all persons should have universal and equitable access to safe and affordable drinking water.</p> <p><b>6.2:</b> By 2030, access to adequate and equitable sanitation with special attention to the needs of women, girls and vulnerable persons.</p> <p>* The health risks associated with unsafe and unhygienic sanitation should be reduced or eliminated for young girls.</p>
 <p><b>7 AFFORDABLE AND CLEAN ENERGY</b></p> <p><b>Ensure access to affordable, reliable and sustainable modern energy for all</b></p>	<p><b>7.1:</b> Universal access to affordable, reliable and advanced energy services is realised by 2030.</p> <p>* Efficient energy services would mean that girls and boys would be able to access and utilise basic services such as utilities and technological advances.</p>	 <p><b>8 DECENT WORK AND ECONOMIC GROWTH</b></p> <p><b>Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</b></p>	<p><b>8.5:</b> Decent work and employment with equal compensation is available for both women and men, ensuring that young people and persons with disabilities are also included in the labour market.</p> <p>* Decent work is critical since men and women would better be able to provide financial support to their families.</p> <p>* Furthermore, it would also facilitate access to quality early childhood development services for their children.</p>

GOAL	TARGETS	GOAL	TARGETS
 <p><b>Reduce inequality within and among countries</b></p>	<p><b>10.2:</b> Inequalities based on nationality, socio-economic status, race/ethnicity, sex and religion can have a negative impact from infancy to adulthood.</p> <p>* Early childhood development programmes serve to strike a balance by ensuring that all children respective of their circumstances are able to realise their full potential through a holistic approach to their development.</p>	 <p><b>Make cities and human settlements, inclusive, safe, resilient and sustainable</b></p>	<p><b>11.1:</b> Access to basic, safe and affordable housing and essential services such as electricity, water, sanitation and garbage removal by 2030.</p> <p><b>11.2:</b> By 2030, ensure that safe, accessible and reliable transportation systems are available for all with an emphasis on women, children, persons with disabilities and the elderly.</p> <p><b>11.7:</b> Recreation in safe, green and public spaces is critical for the social development of both children and adults. By 2030, universal access to safe and inclusive public spaces that take into consideration the needs of women, children, the elderly and persons with disabilities should be provided.</p> <p>* Early childhood development services cannot be established in isolation. Therefore, if children are to thrive and reach age appropriate developmental milestones, safe and functional neighbourhoods and communities are essential.</p>
 <p><b>Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels</b></p>	<p><b>16.1:</b> All forms of violence and related deaths should be reduced.</p> <p><b>16.2:</b> Reject the abuse, exploitation, violence against and torture of children.</p> <p><b>16.9:</b> By 2030, all children should be registered at birth and be provided with a legal identity.</p>		



## The Virgin Islands

**Capital** - Road Town

**Total population** - 28,804

The BVI is comprised of 16 inhabited  
and 20 uninhabited islands.



# 1. COUNTRY PROFILE

## 1.1. Socio-economic and Population Data

### Socio-Economic Indicators:

Currency:

**United States Dollars (USD)**



Gross Domestic Product (GDP):<sup>6</sup>

**\$902 Million USD**  
(2014 estimates)



**Sectors (Contribution to GDP)<sup>7</sup>**

Tourism  
**N/A**

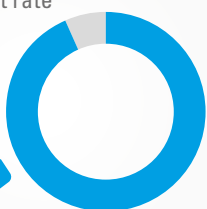
International business  
**N/A**

Agriculture  
**N/A**

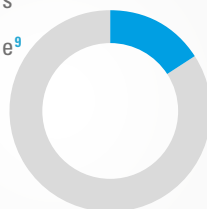
Fishing - (commercial, Sporting or pleasure)  
**N/A**

National Employment:<sup>8</sup>

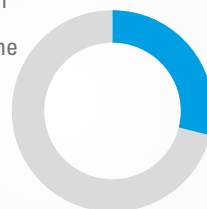
Employment rate  
**97.2%**



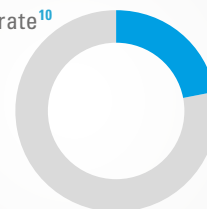
Households below the poverty line<sup>9</sup>  
**16%**



Population below the poverty line  
**22%**



Child poverty rate<sup>10</sup>  
**29%**



### Population Data:

Size:<sup>11</sup>

**151 sq.km**



Total Population:<sup>12</sup>

**14,222** males  
**14,582** females  
**28,804**



Population 0-2 years:

**754** males  
**724** females  
**1478**



Population 3-5 years:

**719** males  
**745** females  
**1464**



<sup>6</sup> The economic indicators (currency and GDP) were compiled from the Central Intelligence Agency World Fact Book: <https://www.cia.gov/library/publications/the-world-factbook/geos/vi.html> and the United Nations Statistics Division: <http://www.data.un.org/CountryProfile.aspx?cr-Name=British%20Virgin%20Islands>

<sup>7</sup> Source: Government of the Virgin Islands - <http://www.bvi.gov.vg/content/our-economy>

<sup>8</sup> The estimate for employment rate was based on the 2010 Population Census.

<sup>9</sup> The rates of poverty were based on the 2002 Country Poverty Assessment.

<sup>10</sup> Analysis of Child Poverty Rates based on Country Poverty Assessments Conducted in the Eastern Caribbean, UNICEF ECA, 2016.

<sup>11</sup> Source: Government of the Virgin Islands - <http://www.bvi.gov.vg/content/geography>

<sup>12</sup> The population data (total population and the 0-5 cohort) is based on 2014 data from the Central Statistics Office (CSO).







## 2. POLICY AND LEGISLATIVE ENVIRONMENT FOR EDUCATION

Education including early childhood education (ECE) is guided by the Education Act 2004 and Education (Amendment) Act 2014.<sup>13</sup> The legislation refers to areas such as the management of education within the public and private sectors, the rights and responsibilities of students and their parents and guidelines for the provision of education from nursery school to tertiary level institutions. Within the context of ECE the Act outlines the following:

- ▶ Guidelines for the provision of education to children 5 years and under;
- ▶ Measures to ensure the quality of ECE services within the public and private sectors; and
- ▶ Systems such as the Council on Early Childhood Education which would be established at the discretion of the Minister of Education to guide the development of the sector.

The amendment to the Education Act was passed on June 13, 2014, to provide clarifications to the terminology and select sections as outlined in the original legislation. Most

notably the amendment outlines changes to Section 85 of the 2004 Act which resulted in the age for the provision of ECE being increased from five to eight years of age.

At present the regulations related to ECE have been finalised and are in the process of being gazetted. The guidelines will address the following areas:

- ▶ The registration requirements for ECE centres;
- ▶ The responsibilities of operators - specifically insurance, record keeping, health and safety and staffing);
- ▶ Prerequisites for the registration of children such as the age of admission, adherence to immunisation schedules and accommodation for those with special needs;
- ▶ Educational programming and assessments; and
- ▶ Other matters related to the operation of the centres.

<sup>13</sup> For copies of the legislation refer to: <http://www.bvi.gov.vg/content/ministry-education-and-culture>



It's a  
Beautiful  
Day

crafted by hand

Melissa & Doug



### 3. EDUCATION

*"Children's education should develop each child's personality, talents and abilities to the fullest." – CRC Article 29 (Goals of Education)*

#### 3.1. Financing of Education and ECD Services

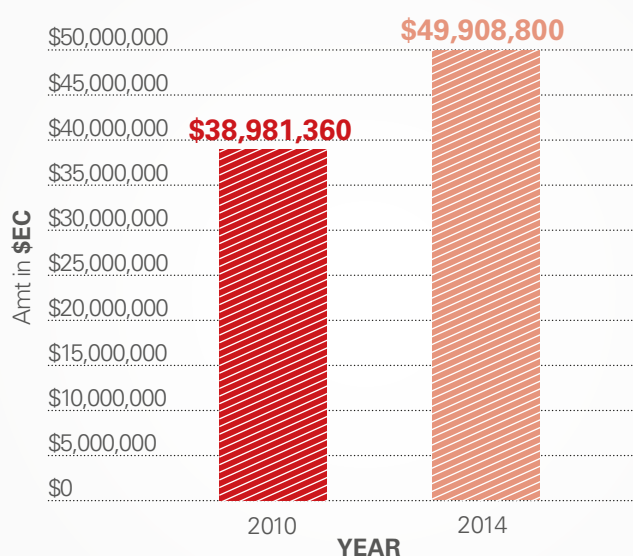
Investment in education and in particular ECD is critical to human resource devel-

opment. Early childhood programmes provide the foundation for children to achieve outcomes such as mobility, the awareness of self and others and the ability to understand right from wrong. Furthermore, quality ECD services and programmes also provide children with the skills necessary to advance in primary education and beyond.

**FIGURE 1 (A):**

Amount of the budget allocated to education

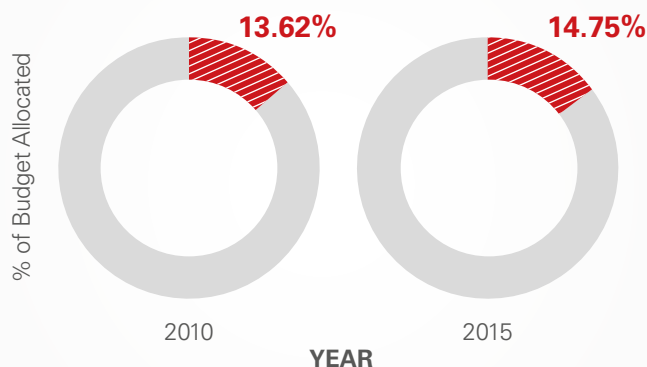
**Source:** Government of the Virgin Islands Budget Report and Estimates 2010 – 2015



**FIGURE 1 (B):**

Percentage of the national budget allocated to education

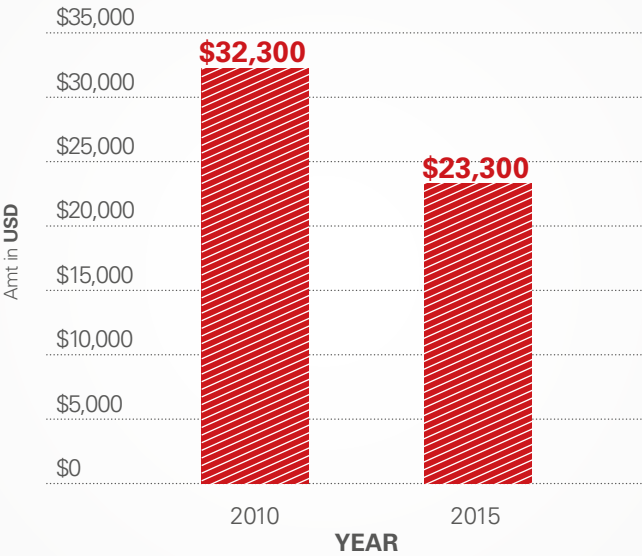
**Source:** Government of the Virgin Islands Budget Report and Estimates 2010 – 2015



**FIGURE 2:**  
Amount of the national budget allocated to ECE and related interventions

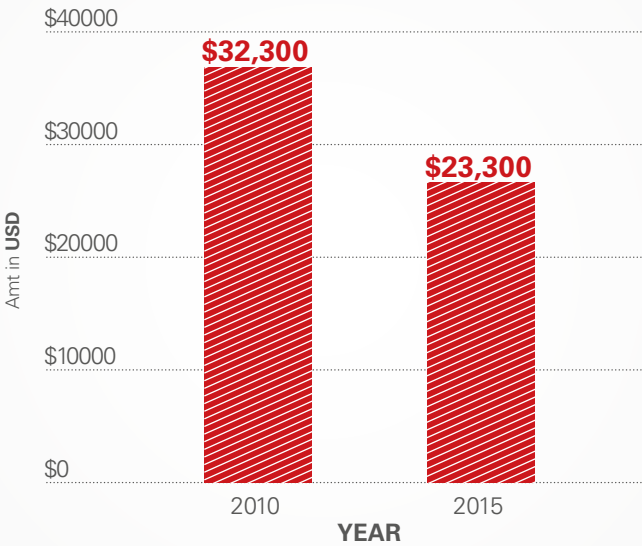
The allocation to ECE over a five year period was 0.01% of the national budget. An analysis of the data showed a reduction of \$9000.00 USD or 0.03 % for this programme area.

**Source:** Government of the Virgin Islands Budget Report and Estimates 2010 – 2015



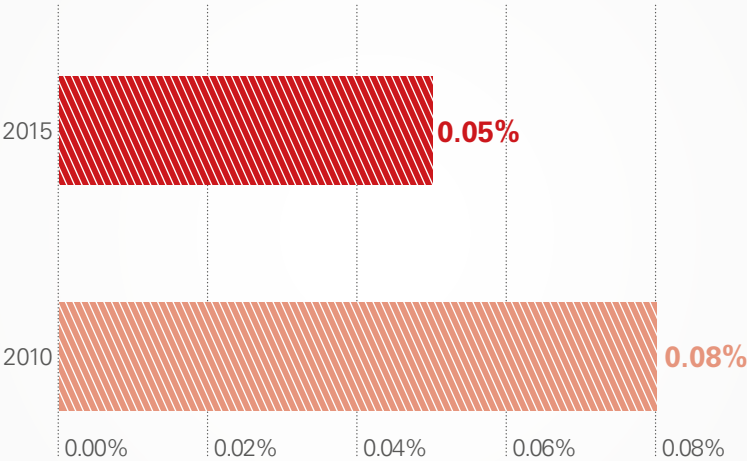
**FIGURE 3 A:**  
Recurrent expenditure allocated to ECE and related interventions

**Source:** Government of the Virgin Islands Budget Report and Estimates 2010 – 2015



**FIGURE 3 B:**  
Percentage of recurrent expenditure allocated to EC education and related interventions

**Source:** Government of the Virgin Islands Budget Report and Estimates 2010 – 2015



### 3.2. Access to ECD Services

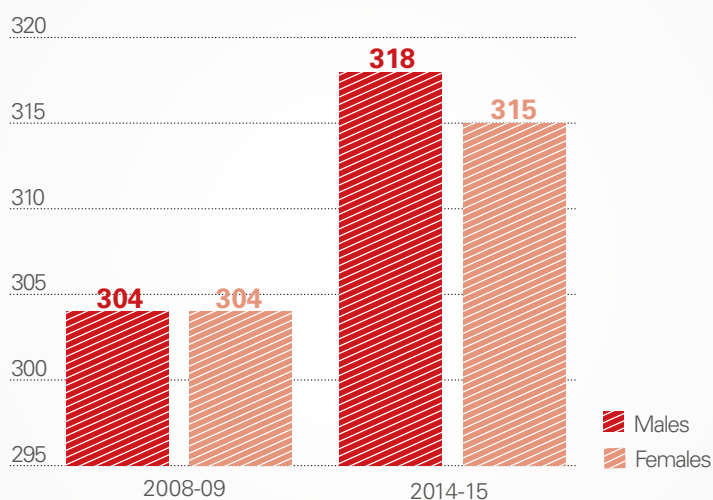
The estimated population birth to two years was 1477 in 2014. When compared with the number of children accessing ECD services, just under half of the total population (633) participated in a struc-

tured programme. It is the responsibility of stakeholders to ensure that children who are not participating in structured ECD programmes still have opportunities to access positive early learning experiences.

**FIGURE 4:**

No. of children in the 0-2 cohort accessing ECD services by sex

Source: Ministry of Education and Culture

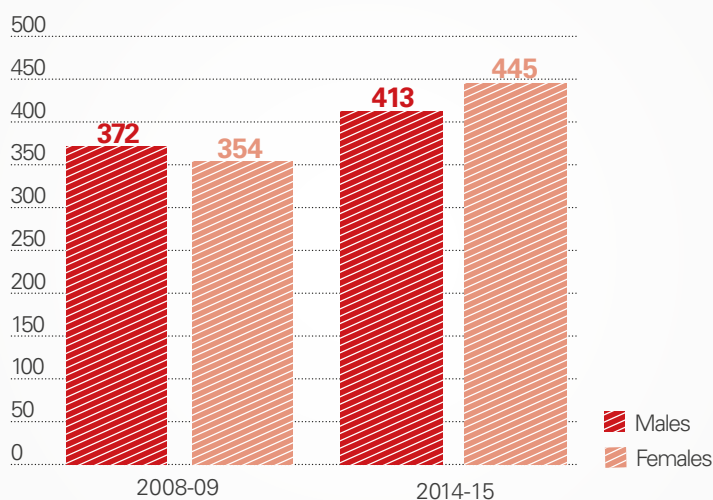


**FIGURE 5:**

No. of children in the 3-4 cohort accessing ECD services by sex

In 2014-15, access to ECD services was higher (858) for children of pre-school age when compared with younger children. Involvement in ECD programmes by three to four year olds was consistent with population estimates (1016) for this age group. The data suggests that efforts to engage older children through formal ECD programmes have been successful.

Source: Ministry of Education and Culture

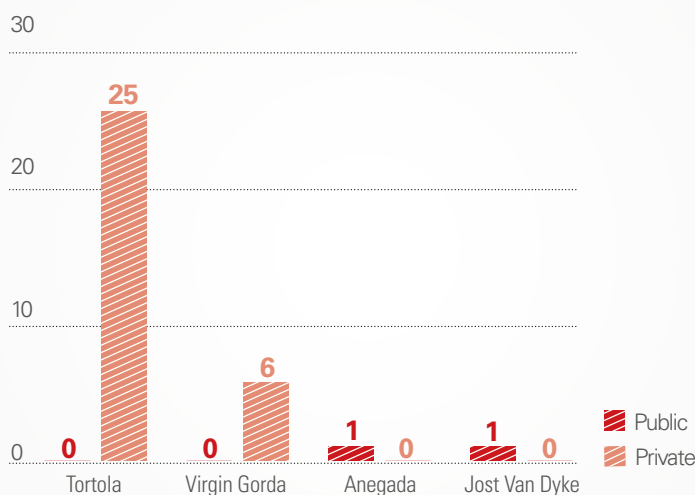


**FIGURE 6:**

Facilities providing ECD services by Island

The location of the ECD centres is consistent with the habitation of the islands and facilitates greater access for the children. Twenty five private facilities are located on Tortola and (6) on Virgin Gorda. The (2) government funded centres are located on Anegada and Jost Van Dyke.

Source: Ministry of Education and Culture





In 2014/15 school year, enrolments for females (832) in the 0-4 age group (Refer to figures 10 a and b) outweighed that of males (636). Based on the 2014 populations estimates, the number of

males (1246) was on par with females (1247). This finding suggests that enrolment rates for females were slightly higher when compared to males in the same age group.

**FIGURE 7:**  
No. of 3-4 children enrolled in public ECD centres

The majority of ECD centres (31) are privately operated. Consequently, enrolments in these centres are higher when compared to the public sector. The operations of private and public facilities are regulated by the Education Act of 2004 and the Amendment of 2014.

Source: Ministry of Education and Culture

Number of children in the 3-4 age group enrolled in **public ECD centres**

Males	Females
13	10

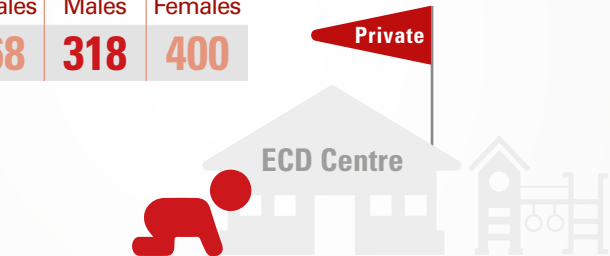


**FIGURE 8 (A):**  
No. of children 0-2 enrolled in private facilities

Source: Ministry of Education and Culture

Number of children in the 0-2 age group enrolled in **private ECD centres**

2008/09		2014/15	
Males	Females	Males	Females
299	368	318	400



**FIGURE 8 (B):**  
Enrolments in the 3-4 age group

Source: Ministry of Education and Culture

Number of children in the 3-4 age group enrolled in **private ECD centres**

2008/09		2014/15	
Males	Females	Males	Females
298	349	318	432



### 3.3. Cost of ECD Services per Child

**FIGURE 9:**

Cost of ECD services per child

Moderate increases in the cost of providing ECD services were seen over a three year period. While market forces may necessitate adjustments, fees should not be set outside of the wherewithal of parents and guardians.

Source: Ministry of Education and Culture, ECD Unit

Cost of ECD services per child for the period 2012 to 2015

**Cost comparison (EC\$)**

2012-13 ▶ **\$200**

2013-14 ▶ **\$230**

2014-15 ▶ **\$296**



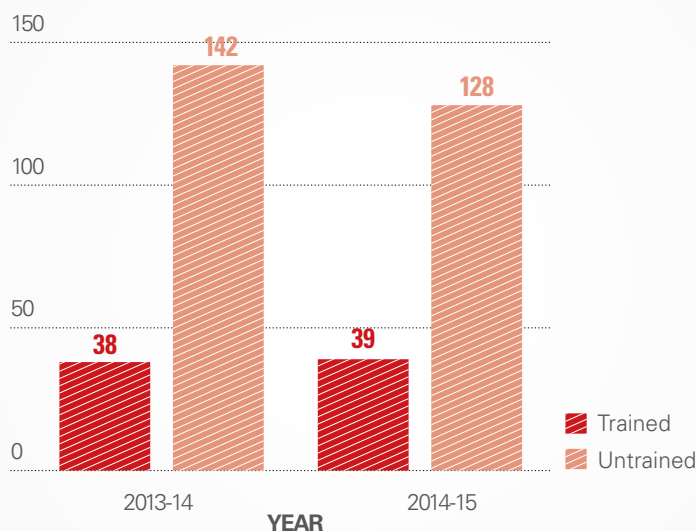
### 3.4. Quality of ECD Services

**FIGURE 10:**

No. of trained versus untrained ECD providers in the private sector

The training and certification of ECD providers is integral to the delivery of quality programmes that cater to the specific needs of children within the early years. While providers were exposed to training, challenges with the collection and reporting of data contributed to the under-reporting of data for 2014/2015, and as a result this is not fully captured in the chart below.

Source: Ministry of Education and Culture, ECD Unit

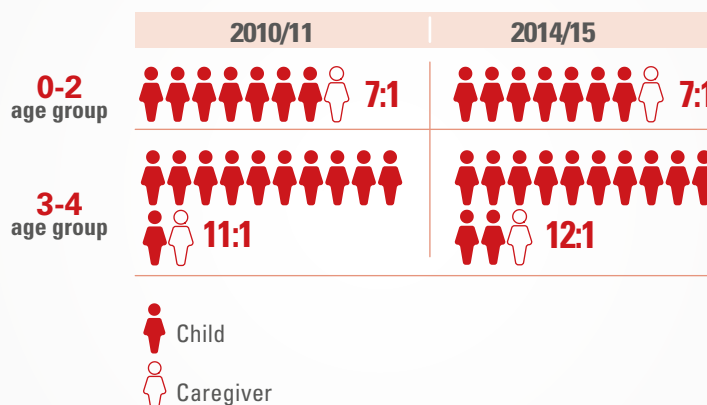


**FIGURE 11:**

Pupil/child care provider ratio for the 0-4 age group

The care of children and the quality of programmes are dependent on the number of providers who are available to supervise and teach the boys and girls. The pupil caregiver ratio remained consistent for children between the ages of birth and two years. For the pre-school aged children, there was a small increase in the number of providers available to manage their needs.

Source: Ministry of Education and Culture









## 4. HEALTH

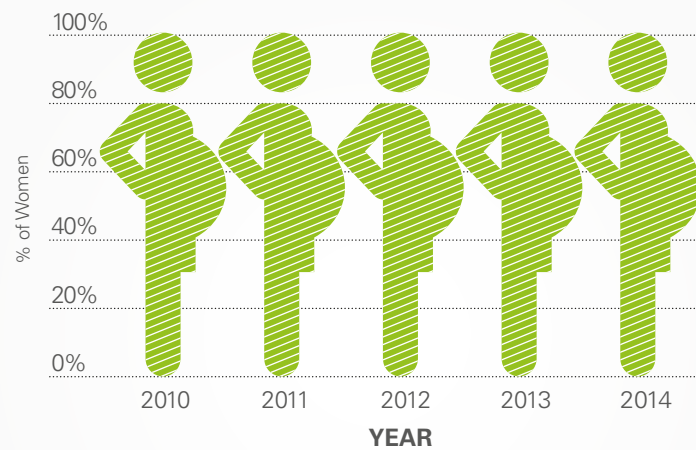
*“Children have the right to good quality health care – the best health care possible – to safe drinking water, nutritious food, a clean and safe environment, and information to help them stay healthy.” – CRC Article 24 (health and health services)*

### 4.1. Pre-Natal Care, Pregnancies and Deliveries – Profiles of the Mothers

**FIGURE 12:**

Percentage of pregnant women attended to by trained personnel during the first trimester of pregnancy.

**Quality maternal care is critical to the health of the mother and the unborn child. For 2010 to 2014 all pregnant women (100%) were attended to by trained personnel.**



**100%** Percentage of pregnant women attended to by trained personnel between **2010 to 2014.**

**Source:** BVI Health Services Authority

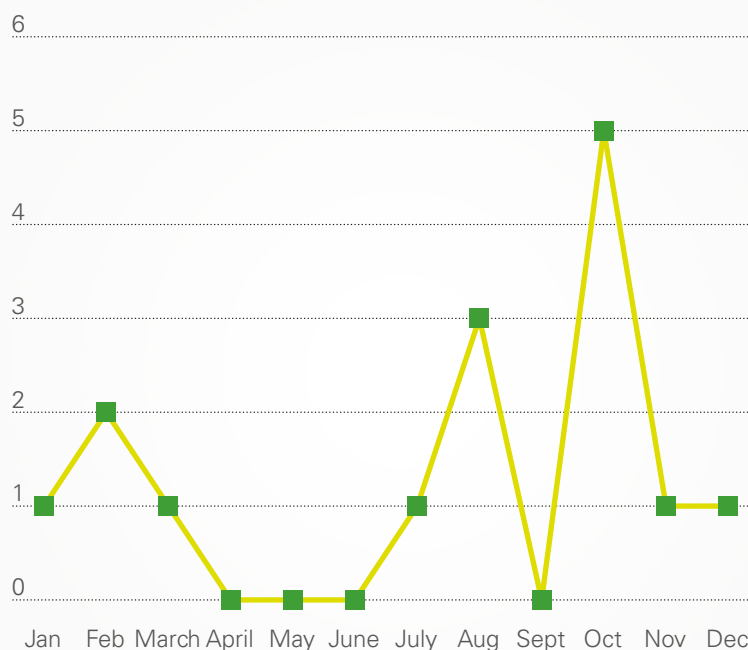
**FIGURE 13:**

Teenage pregnancies January  
– December 2014

The impact of teenage pregnancies on mothers and their children is significant. Unfortunately young girls who become mothers often have a shortage of key life skills and other resources that are vital to the parenting process. Teenage mothers are often faced with challenges related to school attendance, finances and a lack of social support.

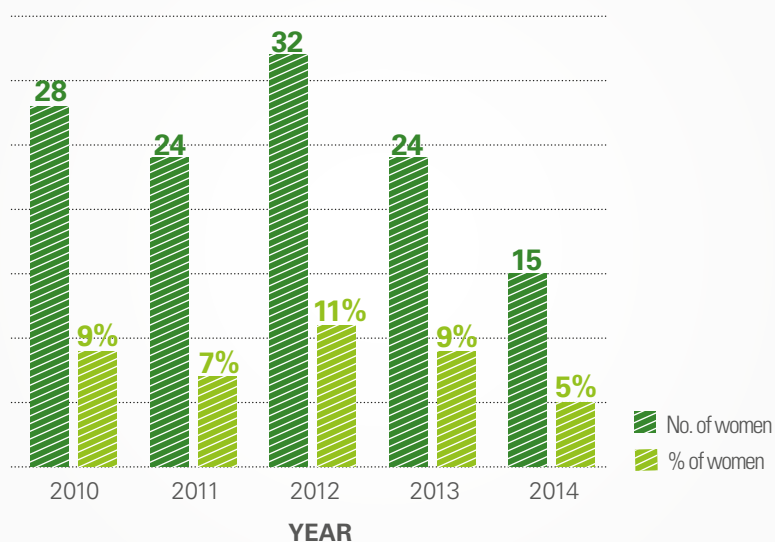
Studies on ECD highlight that adolescent mothers (19 years of age and younger) are less likely than older mothers to engage in emotionally supportive and responsive parenting. They tend to have less knowledge about child development and effective parenting, and often misjudge their infant's or toddler's ability to adapt and learn<sup>14</sup>. The data show that five teenage pregnancies in October was the highest number reported in 2014

Source: BVI Health Services Authority

**FIGURE 14:**

No. and % of births to mothers  
aged 19 and under

Source: BVI Health Services Authority



<sup>14</sup> <http://www.urbanchildinstitute.org/articles/editorials/how-adolescent-parenting-affects-children-families-and-communities>

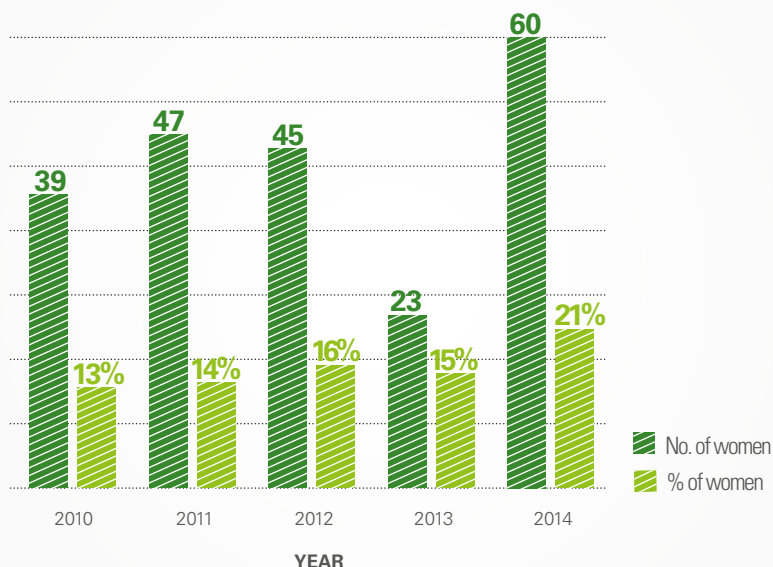


**FIGURE 15:**

No. and % of births to mothers aged 35 and older

Births to women 35 and older are also seen as high risk due to the possibility of complications during pregnancy and the increased risk of birth defects. During pregnancy, women 35 and older are carefully monitored to either reduce the likelihood or address any challenges for the mother or her unborn child. Within the territory, births to mature women ranged from 39 in 2010 to 60 in 2014.

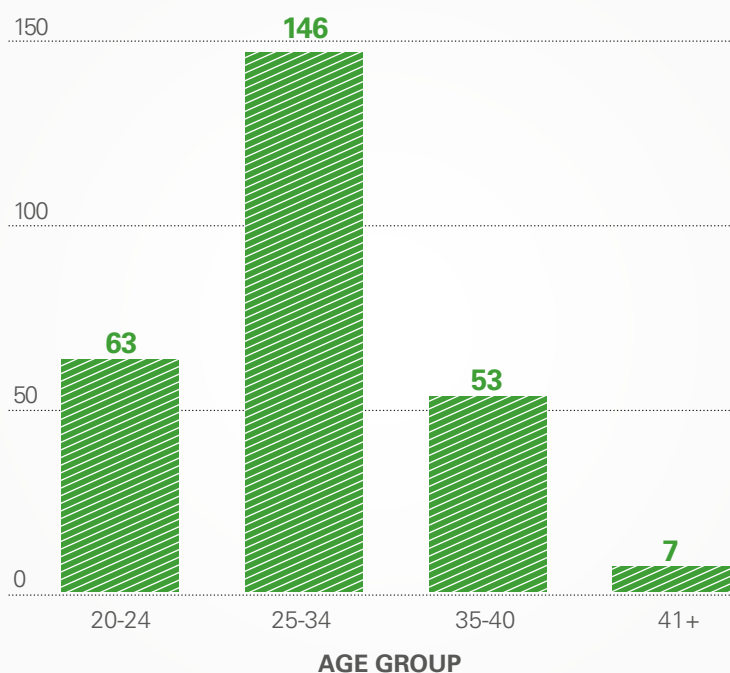
Source: BVI Health Services Authority



**FIGURE 16:**

No. of deliveries by age group for January to December 2014.

Source: BVI Health Services Authority



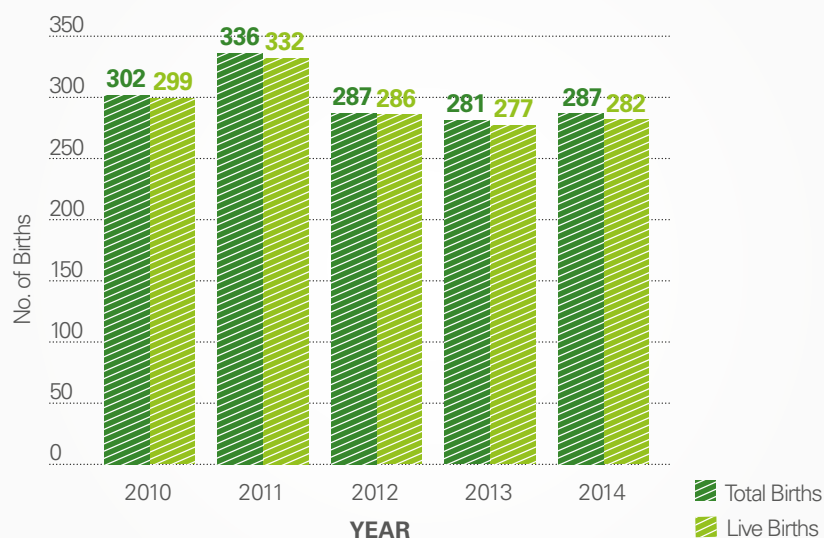
## 4.2. Births and Infant Mortality

**FIGURE 17:**

Births Recorded

An analysis of the trends for the total births recorded which included both live and still births shows that this exceeded 280 in each year. The live births ranged from 299 in 2010 to 282 in 2014, with the highest number of births (332) being recorded in 2011. The still births which are defined by the WHO as “a baby born with no signs of life after 28 weeks gestation” were relatively low with 17 total for the period under review.<sup>15</sup>

**Source:** BVI Health Services Authority and the Central Statistics Office



**TABLE 2:**

Infant and under 5 mortality rates 2013-2014

The infant mortality rates for 2013 which examined the death of neonates to children under the age of five, were significantly higher when compared with the following year. The reduction in the mortality rates could be attributed to improvements in the quality of care provided to mothers during and after pregnancy and a comprehensive package of child health services.

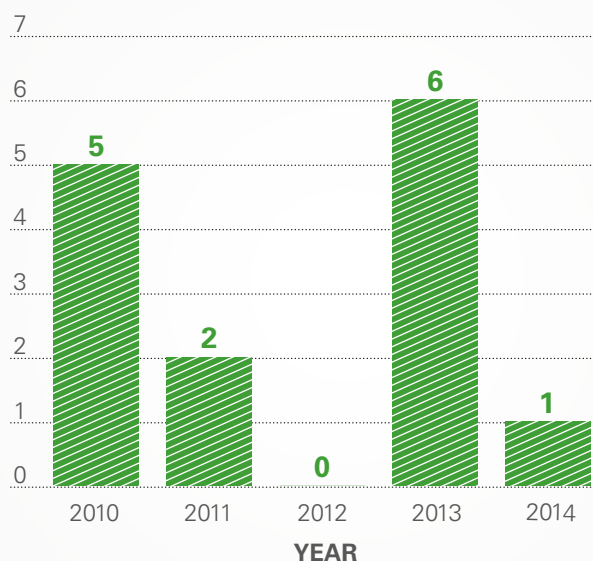
**Source:** Health Information Unit

Indicator	2013	2014
Neonatal mortality rate (In the first month)	14.4	3.5
Infant mortality rate (Per 1000 live births)	7.2	3.5
Under 5 mortality rate	21.7	3.5

**FIGURE 18:**

Infant deaths for 2010-2014

**Source:** BVI Health Services Authority



<sup>15</sup> Source of the definition on still births: [http://www.who.int/maternal\\_child\\_adolescent/epidemiology/stillbirth/en/#](http://www.who.int/maternal_child_adolescent/epidemiology/stillbirth/en/#)

### 4.3. Immunisation

**FIGURE 19:**

Percentage of children under-1 immunised as per WHO guidelines for 2014

As part of the national child health programme, from as early as four weeks of age children are provided with a range of vaccinations that protect against infections and diseases such as diphtheria, poliomyelitis and tuberculosis. It is expected that once the regulations on ECE are gazetted, guidelines on immunisation schedules and requirements for entry into schools will be included.

**Source:** PAHO/WHO: Country Statistics – Regional Health Observatory (Online Database)

**100%**

Percentage of **under-1** population immunised against:

- **Diphtheria, Pertussis and Tetanus**

[% less than 1 year]

- **poliomyelitis**

[% less than 1 year]

- **Tuberculosis**

[% less than 1 year]



### 4.4. Development Screenings and Assessment Interventions

*“Children have the right to live. Governments should ensure that children survive and develop healthily.” – CRC Article 6 (Survival and Development)*

**FIGURE 20:**

No. of children screened for possible autism related behaviours

The monitoring of children during the early years measures progress related to understanding and problem solving, the acquisition of language skills and the ability to communicate, physical development, an understanding of self and interaction with others.

The BVI Health Services Authority and other units conduct tests for autism, growth and development, hearing and speech.

**Source:** Autism Centre, September 2014- July, 2015 (To be confirmed)

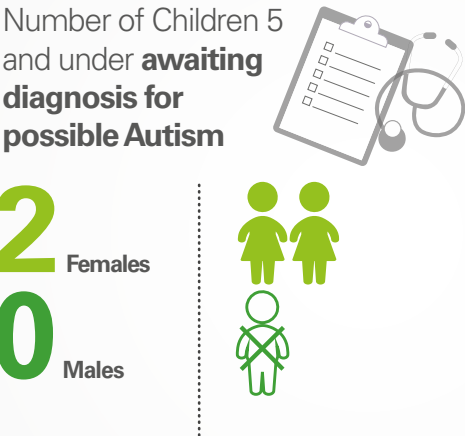
Number of children screened for possible **autism related behaviours:**

**5** Females  
**7** Males



**FIGURE 21:**  
No. of children 5 and under awaiting  
diagnosis for possible autism

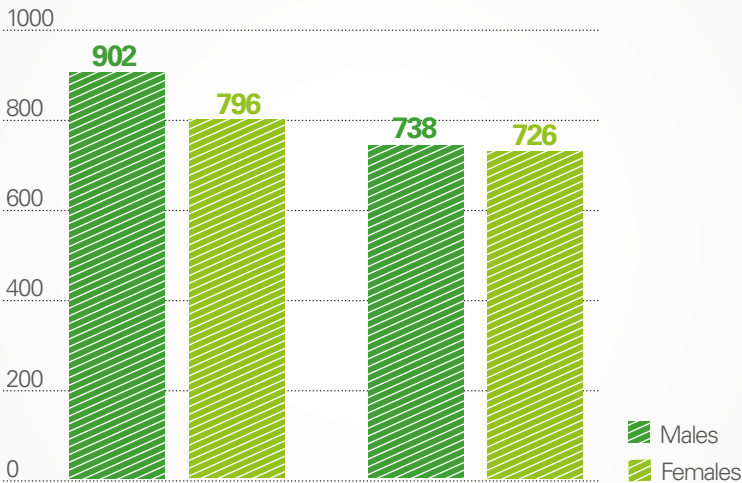
Source: Autism Centre



**FIGURE 22:**  
No. of children assessed for growth,  
nutritional & development patterns

Children 0-4 who attended the community clinics and were assessed for areas such as weight, height, head circumference and nutritional status as per WHO standards.

Source: BVI Health Services Authority





## Audiological Services in the Virgin Islands

The Audiological Department caters to the following age groups during the early years - babies (0-6 months), older infants and toddlers (7-24 months),

pre-schoolers (3-4 years). The services provided includes testing which ranges from inspection of the outer ear to diagnoses of hearing loss, referrals to specialists and community outreach activities such as education sessions at Parent Teacher Association meetings.

**FIGURE 23:**

No. of Children assessed for problems related to hearing

Of a total population of 2493 children between the ages of birth to four, 165 females and 198 males were checked for problems related to their hearing. The tests revealed that 69 males and 45 females five and under were found to have a hearing impairment (Figure 24). Furthermore, Figure 25 illustrates that the majority of children tested passed the audiological checks.

Source: BVI Health Services Authority Audiology Unit

**363**

Number of children assessed for hearing related problems

Total population of children – birth-4 years of age.

**198** males  
**165** females



**FIGURE 24:**

No. of children 5 and under with hearing impairments

Source: BVI Health Services Authority Audiology Unit

**114**

Number of children 5 and under confirmed with hearing impairments

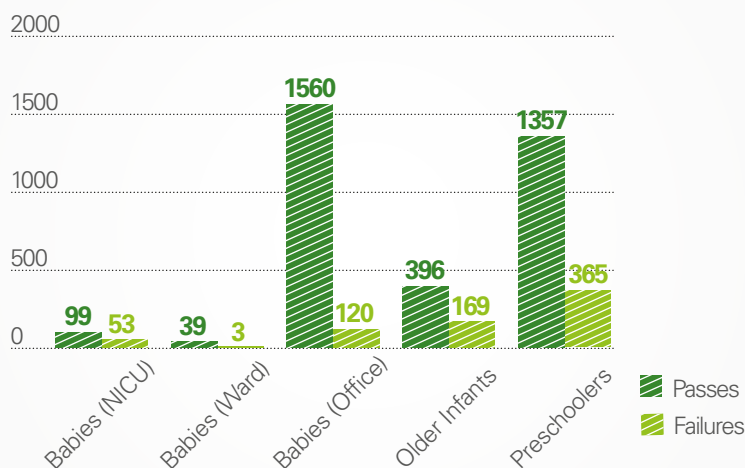
**69** males  
**45** females



**FIGURE 25:**

Passes and failures for audiological checks 2010-15<sup>16</sup>

Source: BVI Health Services Authority Audiology Unit



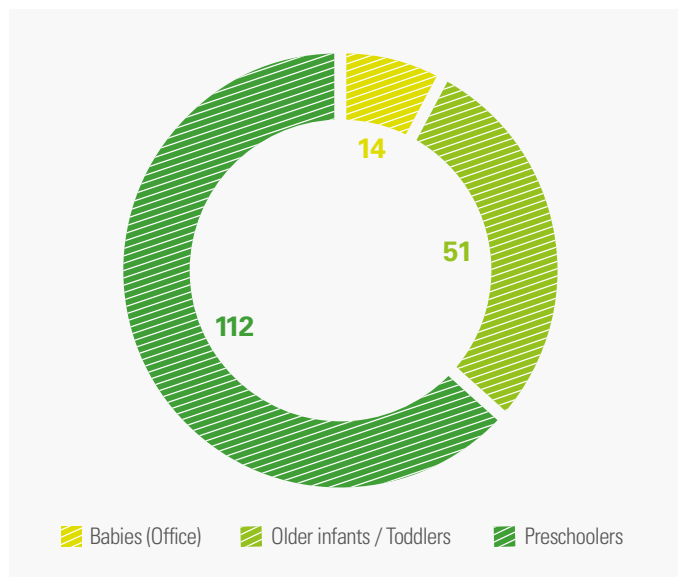
<sup>16</sup> The data related to audiological services (Figures 25-29) could not be reported by gender due to the manner in which it is compiled.

## Referrals to Specialist Services by the Audiology Unit

As needed, children were referred to medical practitioners including paediatricians and ENT surgeons in the public and

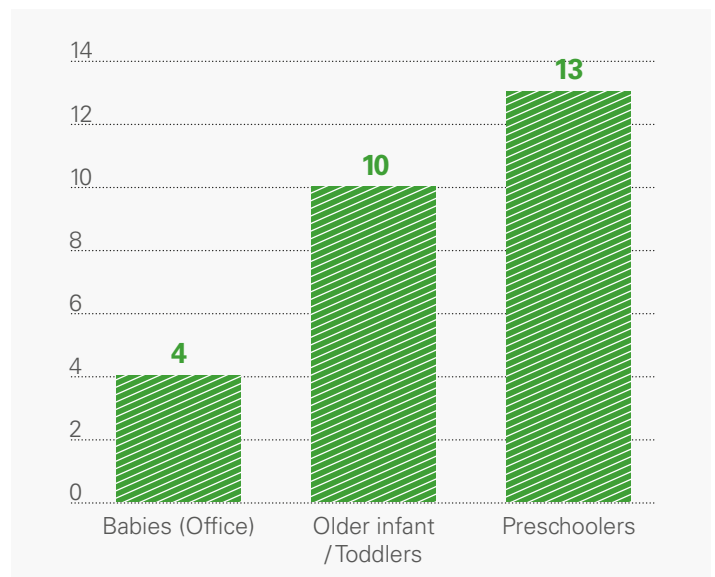
private sectors, to specialist providers such as audiologists and speech/language therapists as well as other professionals such as social services.

**FIGURE 26:**  
Medical referrals 2010-15



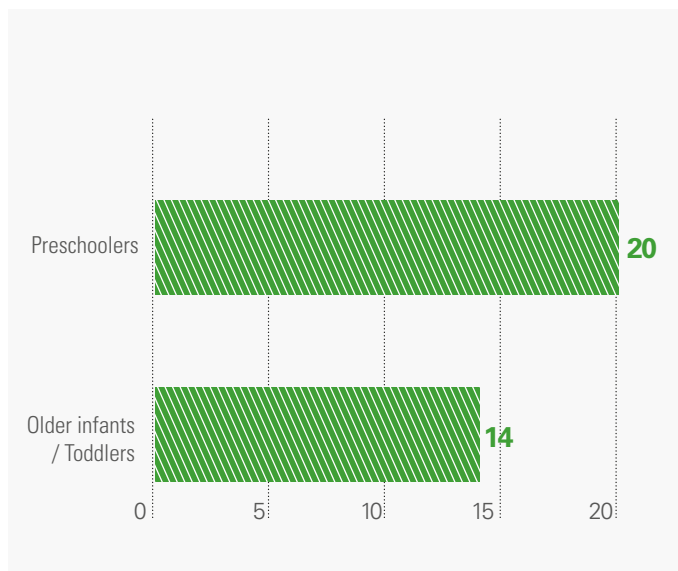
Source: BVI Health Services Audiology Unit

**FIGURE 27:**  
ENT referrals 2010-15



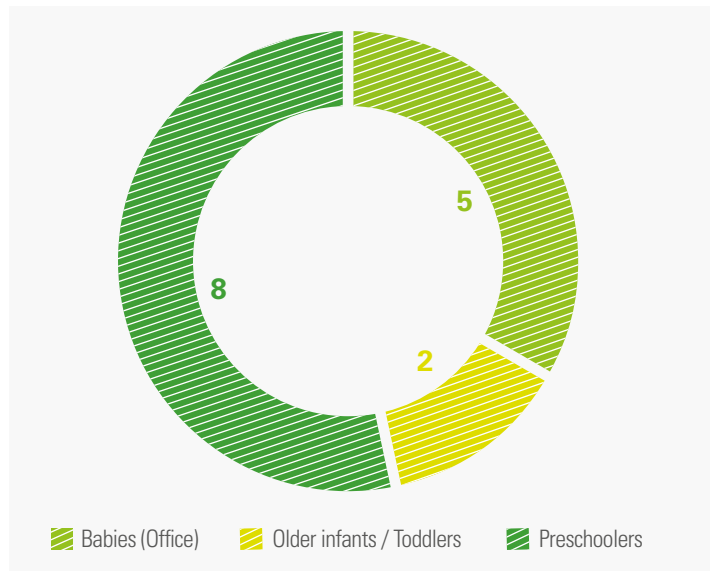
Source: BVI Health Services Audiology Unit

**FIGURE 28:**  
Speech language referrals 2010-15



Source: BVI Health Services Authority Audiology Unit

**FIGURE 29:**  
Audiological referrals 2010-15



Source: BVI Health Services Audiology Unit

**FIGURE 30:**

No. of children assessed for problems related to speech

Of the 1246 males and 1247 females between the ages of birth to four, one male and four females were assessed for speech related problems. Based on the test results they were referred to the speech and language therapists for the appropriate interventions. Tests determined the extent to which children are able to communicate and may range from being non-verbal to the issues with articulation.

Source: Autism Centre

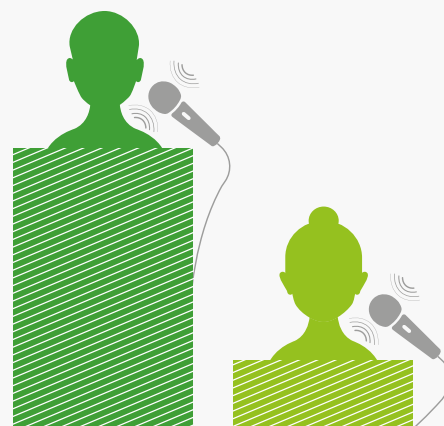
5

**Number of children assessed** for speech related problems

4 males  
1 female

Total population of children – birth-4 years of age.

1246 males  
1247 females



**FIGURE 31:**

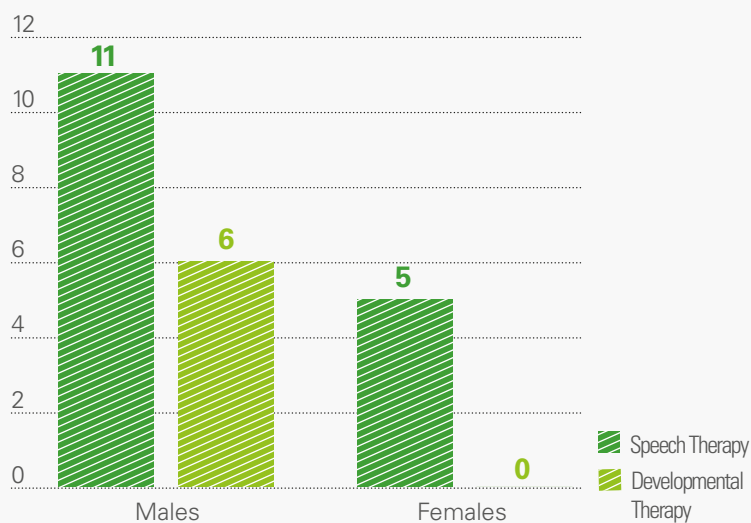
No. of children 5 and under with development delays accessing the related support services 2014-15

*"Children who have any kind of disability have the right to special care and support, as well as all [of] the rights in the Convention, so that they can live full and independent lives." - CRC Article 23 (Children with disabilities)*

The care and protection of children with disabilities are central to the CRC. Children with special needs are often limited from realising their full potential due to a lack of health, social and education services specific to their needs.

Sixteen children under the age of five with problems related to speech were referred to a speech therapist for treatment. For 2014-15, six males received developmental therapy. Occupational Therapy was unavailable due to a lack of resources. Furthermore, it was also reported that speech therapy was also put on hold due to resource (financial) constraints.

Source: Social Development Disability Unit









## 5. VULNERABILITY AND RISK

*"Governments should protect children from all forms of sexual exploitation and abuse."*  
- CRC Article 34 (Sexual Exploitation)

### 5.1. Children Exposed to Risks – Reported Cases of Child Abuse

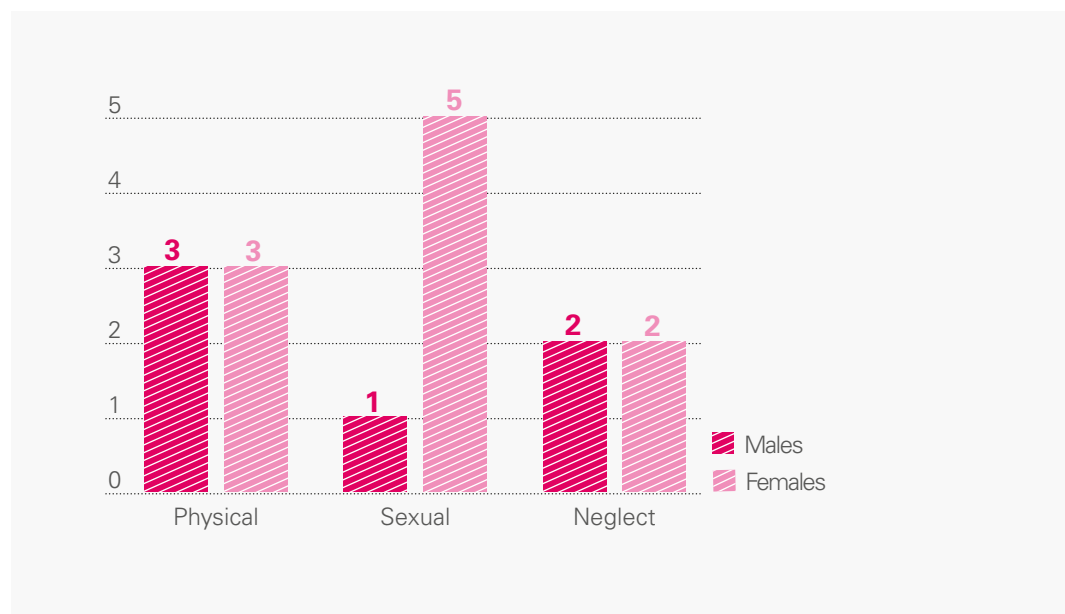
The CRC advocates that children should be protected from all forms of neglect, violence and abuse. Social protection programmes should address the neglect and abuse of children through initiatives such as targeted education campaigns for children and adults, the provision of financial support to parents/guardians

and the removal of children from unsafe environments.

A collaborative approach to the protection of children is needed. No one agency has the sole responsibility for the care and protection of children. Health centres through the Ministry of Health, schools by way of the Ministry of Education, Social Services and the Police all have mandates related in support of children. When cases of child abuse are reported each department or ministry is positioned to address the needs of children through the appropriate health and social services.

**FIGURE 32:**

Reported cases of child abuse to children 5 and under (Sept. 2014- July 2015)



Source: Social Development Department



## 6. ACKNOWLEDGEMENTS

The following individuals contributed to the development of this data snapshot; without their input this work would not have been possible.

NAME	POSITION AND ORGANISATION
<b>Mrs. Jerelyn Callwood</b>	Former Education Officer, Ministry of Education and Culture
<b>Mr. Tyrone Smith</b>	Education Officer, Statistics, Ministry of Education and Culture
<b>Ms. Genevieve McMaster</b>	Assistant to Education Officer Early Childhood, Ministry of Education and Culture
<b>Mrs. Jillian Douglas-Phillip</b>	Chief Education Officer, Ag., Ministry of Education and Culture
<b>Mrs. Tracy Peterson</b>	Health Information Officer, Ministry of Health
<b>Mrs. Alice Abraham</b>	Assist to Health Information Officer, Ministry of Health
<b>Mrs. Atheline Linton</b>	Health Surveillance Officer, Ministry of Health
<b>Mrs. Malica Matthias-Maduro</b>	Statistics Officer, Central Statistics Office
<b>Ms. Mirian Flores</b>	Assistant Statistics Officer, Central Statistics Office
<b>Ms. Ann Husbands</b>	Nurse, Community Health Services, BVI Health Authority
<b>Ms. Sherri-Ann George</b>	Nurse, Community Health Services, BVI Health Authority
<b>Ms. Livia Hodge</b>	Nurse/Audiometric Technician, BVI Health Authority
<b>Ms. Lorna Dawson</b>	Supervisor, Disability Services, Social Development Department
<b>Ms. Sara Husein Bazar</b>	Former Special Education Teacher, Autism Centre
<b>Ms. Gillian Niles John</b>	Autism Programme Aide, Autism Centre
<b>Ms. Livia Freeman</b>	Social Worker, Social Development Department
<b>Ms. Shelly-Ann Harper</b>	Early Childhood Development Specialist, UNICEF ECA
<b>Dr. Sandra Agarrat</b>	Programme Officer, DFID Project
<b>Mr. Frederic Unterreiner</b>	Former Chief, Monitoring and Evaluation, UNICEF ECA
<b>Mr. Alexandru Nartea</b>	Monitoring and Evaluation Specialist, UNICEF ECA
<b>Mr. Sajjad Ismail</b>	Education Specialist, UNICEF ECA
<b>Mr. Keith Thomas</b>	Education Planner, Ministry of Education, Reconciliation and Ecclesiastical Affairs, St. Vincent and the Grenadines
<b>Mr. Kendall Khodra</b>	Deputy Chief Education Officer/Planning, Department of Education, Innovation and Gender Relations, Saint Lucia
<b>Ms. Nicole Hazel</b>	Independent Monitoring and Evaluation Consultant/Contracted by UNICEF ECA to compile the ECD Data Snapshots.
<b>Mr. Andrew Ward</b>	Consultant Graphic Designer for the ECD Snapshots

**For further information please contact  
The Ministry of Education and Culture, Virgin Islands**

**UNICEF Office for the Eastern Caribbean Area**

Tel: +1 246 467 6000

Fax: +1 246 436 2812

Email: [bridgetown@unicef.org](mailto:bridgetown@unicef.org)

Web: [www.unicef.org/barbados](http://www.unicef.org/barbados)

Facebook: [www.facebook.com/unicefeasterncaribbean](https://www.facebook.com/unicefeasterncaribbean)

Youtube: [www.youtube.com/unicefeasterncaribbean](https://www.youtube.com/unicefeasterncaribbean)

Copyright © UNICEF 2017

Photo credits: © UNICEF ECA/Stacy Mather DBA SRM Photography