



# SITUATION ANALYSIS OF CHILDREN IN Saint Vincent and the Grenadines



## **Situation Analysis of Children in Saint Vincent and the Grenadines**

Published by

### **UNICEF Office for the Eastern Caribbean Area**

First Floor, UN House

Marine Gardens, Hastings

Christ Church

Barbados

Tel: (246) 467 6000

Fax: (246) 426 3812

Email: [bridgetown@unicef.org](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.

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

Authors:

St. Vincent and the Grenadines, UNICEF Office for the Eastern Caribbean Area.

All rights reserved. 2017



# Situation Analysis of Children in Saint Vincent and the Grenadines

## Acknowledgements

The Situation Analysis for St. Vincent and the Grenadines is a product of collaborative effort by various stakeholders. UNICEF acknowledges with gratitude the contribution of everyone who participated in the process culminating in this report. The report provides vital information on the realization of children's rights in Saint Vincent and the Grenadines.

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

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

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

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

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

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

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



GOVERNMENT OF  
SAINT VINCENT AND  
THE GRENADINES

unicef   
unite for children



# Situation Analysis of Children in Saint Vincent and the Grenadines

## Foreword

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

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

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

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

It was also a critical tool in the preparation of the 2017-2021 UNICEF ECA Multi Country Programme as the identification of the vulnerable segments of the child population sharpened our focus as we designed strategies to support government to respond to the needs all children, but especially those most at risk of multiple deprivations. This document represents the first time in decades that we have attempted to compile separate updates for each of the 12 countries and territories in the Multi Country Programme. It has been an arduous, but rewarding task, as while there are many similarities between the countries of the Eastern Caribbean Area, some features and situations distinguish one state from the other.



GOVERNMENT OF  
SAINT VINCENT AND  
THE GRENADINES

unicef   
unite for children

It is hoped that this Situation Analysis will be a valuable tool to all sectors including Government; international, regional and national organisations; other Development Partners and UN agencies; non-state actors and the media, as well as well as special interest groups and organisations whose mission is to work towards the advancement of the rights of children.

We sincerely thank all our partners in government, civil society, children, youth and others who contributed to its development.

# Contents

List of Tables and Figures	5
Abbreviations	6
Executive Summary	8
1. Introduction	14
Methodology	16
Limitations	17
Structure of this report	18
2. Saint Vincent and the Grenadines Overview	19
Governance	20
Legal framework related to children	21
Demographics	22
Economy	25
3. The Right to an Adequate Standard of Living	27
Employment, poverty and vulnerability	29
Poverty and the female-headed household	29
Addressing poverty in SVG	32
4. The Right to Education	34
Early childhood education	36
Primary education	41
Secondary education	45
Technical vocational and educational training	48
Education for children with special needs	50
5. The Right to be Protection	52
Birth registration	54
Sexual, physical and emotional abuse and neglect	54
Residential care and adoption	59
Children in conflict with the law and juvenile justice	61
Adolescent pregnancy	64
6. The Right to Health	65
Infant and child mortality	68
HIV/AIDS	69
Chronic diseases and obesity	71
Alcohol and drug abuse	72
7. The SDGs and a New Framework for Children	74
8. Conclusion and Recommendations	77
Bibliography	81

## Lists of Tables and Figures

Table 1. Human rights and equity focus perspectives	15
Table 2. Key national laws and policies	21
Table 3. Children perceived to be vulnerable in Saint Vincent and the Grenadines	31
Table 4. Early childhood education in SVG	37
Table 5. Total enrolment for day care and preschools	38
Table 6. Early childhood net enrolment ratio	39
Table 7. Primary schools at a glance, 2014–2015	41
Table 8. Beliefs about what constitutes sexual abuse	56
Table 9. Reason people do not report child sexual abuse (%)	56
Table 10. Residential care centres	59
Table 11. Main types of juvenile offences, 2011–2015 (#)	62
Table 12. Number and ratio of health professionals	66
Table 13. Key PMTCT indicator data, 2012 and 2013	70
Table 14. Use of tobacco, alcohol and marijuana by secondary school students, 2010	72
Table 15. The 17 Sustainable Development Goals	75
Figure 1. SVG population pyramid	23
Figure 2. Negative migration	24
Figure 3. “Learned helplessness”	30
Figure 4. Government allocation to education, 2000–2014	35
Figure 5. Primary school enrolment, 1995–2015	40
Figure 6. Environments of ‘healthy connectedness’	44
Figure 7. Secondary school net enrolment rate, 2000–2015	47
Figure 8. Number of child abuse cases 2014 & 2015	55
Figure 9. Children in residential care, 2011–2015	60
Figure 10. Number of adoptions, 2010–2015	61
Figure 11. No. of juveniles arrested, 2011–2015	63
Figure 12. Under-5 and maternal mortality, 1990–2015	68
Figure 13. Reported HIV cases by age group and sex, 2012–2013	69
Figure 14. Percentage of premature deaths (30–69 years) from four major NCDs (2013)	71

## Acronyms

CDB	Caribbean Development Bank
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CFS	child-friendly school
CHA	community health aide
CPA	Country Poverty Assessments
CPEA	Caribbean Primary Exit Assessment
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSEC	Caribbean Secondary Education Certificate
CSME	CARICOM Single Market and Economy
CSO	civil society organization
CVQ	Caribbean Vocational Qualifications
CXC	Caribbean Examination Council
ECD	early childhood development
ECE	early childhood education
ECHO	Early Childhood Health Outreach
EFA	Education for All
ESDP	Education Sector Development Plan
GDP	gross domestic product
GNI	gross national income
HFLE	health and family life education
ICT	information and communications technology
ILO	International Labour Organization
IOM	International Organization for Migration
MCMH	Milton Cato Memorial Hospital
MDGs	Millennium Development Goals
MoE	Ministry of Education
MoHWE	Ministry of Health, Wellness and Environment
MNMSD	Ministry of National Mobilization, Social Development, Family, Gender Affairs, Persons with Disabilities and Youth
NCD	non-communicable disease
NESDS	National Economic and Social Development Strategy
NGO	non-governmental organization
OECS	Organisation of Eastern Caribbean States
PAHO	Pan-American Health Organization
RCP	Roving Caregivers Programme
SDGs	Sustainable Development Goals
SIDS	Small Island Developing States
SitAn	Situation Analysis
SNE	special needs education
SRH	sexual and reproductive health



SVG	Saint Vincent and the Grenadines
SVGCC	Saint Vincent and the Grenadines Community College
SVGHRA	Saint Vincent and the Grenadines Human Rights Association
TVET	technical vocational education and training
UNICEF	United Nations Children's Fund
UNSD	United Nations Statistics Division
UPE	universal primary education
WHO	World Health Organization

# 1

# Executive Summary



## Introduction

The Situation Analysis of Children (SitAn) in the Eastern Caribbean nations and territories is designed to help respective governments to shape national policies and action plans in line with the Sustainable Development Goals (SDGs). It describes the current situation of children, identifies barriers and bottlenecks in advancing children's rights in health, education and child protection and sets forth recommendations.

The country of Saint Vincent and the Grenadines (SVG) comprises the main island and 32 other islands and cays. It has a small population of 105,070 of which almost 25 per cent is under 15 years. On its independence from Britain in 1979, SVG instituted a parliamentary democracy consisting of an elected 15-member House of Representatives and a six-member Senate. Its Constitution stipulates freedom of assembly and association as fundamental human rights. It is an upper-middle-income country with an

economy based mainly on tourism and agriculture. These two key sectors contracted sharply in the wake of the 2008 global financial crisis and a major hurricane and severe drought in 2010. Despite recent improvements in tourism, high unemployment and poverty persist.

## Methodology

The main research methods were: desk review of over 40 national and global resource documents, studies, reports and news articles; data analysis of national and international surveys; interviews with 115 informants from government and civil society; and focus groups with stakeholders. The children involved were aged 8–18 years and from varied backgrounds and experiences. There were more girls (58 per cent) than boys (42 per cent). It was not possible to meet with children detained by the authorities. Sources of quantitative data needed to understand trends and changes in children's status were often out of date or

inaccessible due to a lack of infrastructure and human resources required for consistent collection, collation and presentation. The absence of detailed and current data was most notably acute in relation to indicators for inequality, gender, unemployment and social determinants of poverty.

## Findings

Poverty is the problem that most affects children and adolescents (0–19 years). They make up 33.7 per cent of the total population yet account for 48.2 per cent of the poor. The 2007–2008 country poverty assessment (CPA) indicates that women heads of households tend to be poorer than their male counterparts and that the number of households headed by women has increased (44 per cent in 1995–1996 to 52 per cent in 2007–2008). Unemployment rates are highest for young people (14.1 per cent of 15–19 year olds; 22.8 per cent of 20–24 year olds) and women (24.3 per cent). The labour force is male dominated (56.5 per cent men, 43.5 per cent women).

In interviews and focus groups, participants identified the following child populations as most vulnerable: children (0–15 years) living in poor female-headed households; adolescent girls and boys (15–19); children in residential care centres; children of migrant families; and children in conflict with the law. The 2013–2025 National Economic and Social Development Strategy (NESDS) aims to achieve sustainable economic growth, job creation and poverty reduction. Protection of the most vulnerable is one of its core strategies. The current generation of social protection programmes targets specific groups including income-poor infants, ‘at-risk’ and ‘unattached’ adolescents, teenage parents, single mothers and their families, and women in poor households.

The legal and policy environment for education in SVG includes the Education Bill (2006), the National Curriculum and Assessment Framework and two

successive strategic plans (2002–2007 and 2012–2017). These provide a coordinated system of management, strategies and targets for maintaining universal primary and secondary education and the means to tackle new challenges – universal preschool, improved access to tertiary education and a functional system for technical vocational education and training (TVET).

From 2002 to 2007 the Government invested significantly in programmes aligned with the Millennium Development Goals (MDGs) and Education for All (EFA) framework. As of 2015 it had invested EC\$1.9 billion in its drive to achieve universal primary and secondary education. The network of public and private (or ‘government-assisted’) schools, free and accessible for children aged 5–16 years, has been expanded and improved. In the academic year 2014–2015, the education sector accommodated 26,668 children in 125 early childhood care centres, 68 primary schools, 26 secondary schools and two schools for children with special needs.

More children from poor households and communities now have access to early childhood education (ECE). In 2009, about 75 per cent of children outside the urban and suburban areas had difficulty accessing preschool services and just 11.5 per cent of children in the 0–2 cohort attended day-care programmes. In response the Government located nine early childhood centres in under-served rural areas. In 2016, 125 institutions were in operation with a total enrolment of 3,342 children in the 0–4+ cohort and 479 caregivers. Although government-operated centres are free of charge and include a feeding programme, and private preschools with 15 or more children receive subsidies, participation of children from lower socio-economic households continues to be below average. Efforts continue to establish a common curriculum across all preschools and to raise standards of rural centres to the level of those in urban and suburban areas.

There has been progress in providing quality universal primary education. In 2014–2015 the total enrolment was 6,836 boys and 6,527 girls, and nearly 95 per cent of all the new entrants had attended preschool in the previous year. Average daily attendance rates remain high (over 95 per cent in 2013) while repetition and dropout rates in 2013–2014 were among the lowest in the region. A decline in primary school enrolment is in line with the steady decrease in population growth (-2.3 per cent, 1991–2001). Similarly, the teacher-pupil ratio has fallen from 26:1 in 2008–2009 to 15:1 in 2014–2015. The Government has struggled to improve chronic shortages of qualified teachers and to attract more men into the profession (82 per cent of the 871 primary teachers in the 2014–2015 school year were women). Government investments include scholarship opportunities at the SVG Teacher's College, training/upgrades to 150 teachers annually, post-graduate training abroad and distance learning opportunities. However, the number of persons in teaching with higher education degrees remains small, with just 17.8 per cent of primary school teachers in the 2014–2015 holding a minimal undergraduate degree.

Participants in the SitAn interviews were concerned that children living outside urban and suburban areas may not have access to the same quality of education as those in the cities and large towns. Standards in the school environment fall short in these areas, and the perception is that the best-trained teachers are placed in the urban schools.

In the period 2000–2001 to 2014–2015, expenditure on secondary school education rose from EC\$12.3 million to EC\$37.5 million, enrolment climbed from 7,939 to 10,286 and the number of teachers went from 405 to 685. The student-teacher ratio has levelled out at 15:1. There are now 26 secondary schools (up from 21), three of which are located in the Grenadines. Seven are privately owned but receive significant government subsidies since they accommodate

nearly 28 per cent of all secondary students. All but four secondary schools – two for boys and two for girls – are co-ed.

Students scoring in the top 500 in exams are allowed to enrol in the school of their choice. For the others, enrolment depends on geographical location. In the main, interviewees did not think this policy always works, as many parents prefer to enrol their children in urban or suburban schools for convenience and/or in the belief that “urban schools are better equipped and have the best teachers”.

The overall pass rate among students taking the Caribbean Secondary Education Certificate (CSEC) increased from 71.16 per cent in 2014 to 75.16 in 2015, with girls outperforming boys. However, between 2011 and 2014 less than 30 per cent of students achieved passes in five subjects including English and Mathematics, a requirement of tertiary institutions. More students sit the exams since universal access was achieved, and they tend to do better in social studies, integrated science, electronic document preparation and principles of business.

The Government is committed to transforming TVET into a vehicle for building the strong skill base that the workforce requires to become more competitive. Reading and writing are essential skills for successful completion of TVET courses, which require students to master complex concepts from technical textbooks. Nonetheless there is a lingering perception that TVET is for ‘slow learners’ or students who cannot ‘follow along the mainstream’. Changing this attitude requires a long-term advocacy effort.

There are three government-funded centres for children with special needs. However, such children have little access to specialized support (e.g. teachers, curriculum, diagnosis, therapeutic intervention services and clinical psychology) and no options for advancement into the mainstream educational

system. Wheelchair access is an issue in all schools.

The Government has in place a National Child Protection Policy framework, which is the first of its kind in the Caribbean. The legislative framework for child protection is grounded in international and regional conventions and universal systems of rules that govern and regulate decision-making, agreements and laws concerning children. These include conventions on the rights of the child and of women, on political, economic, social and cultural rights, on trafficking and on people with disabilities.

The 2007–2008 CPA indicates a significant increase in the number of reported cases of child sexual abuse, but it is suspected that more remain unreported. The perception of many interviewed for the SitAn was that child sexual abuse is “socially repugnant”, “unacceptable”, “terribly traumatizing” but is unfortunately “endured” or “tolerated”. There remains widespread support for corporal punishment – at home, in schools and residential centres and by the courts. Other areas of concern include raising the age of marriage for girls from 15 to 16 years to bring it in line with that of boys and harmonizing the age of criminal responsibility with the definition of a child in the Convention on the Rights of the Child (CRC).

There are five residential homes providing care and protection for children suffering from neglect and abandonment, sexual or physical abuse or homelessness or whose parent/ guardian/caregiver is unable to care for them. From 2011 to 2015, some 143 children aged 0–18 were taken into care in SVG. The system struggles with large and demanding caseloads as well as limited, insufficiently equipped staff.

SVG has a functioning and accessible health system but concerns are emerging that it is becoming overburdened. There are significant challenges related to the health and well-being of women and children and particularly in the delivery of health care

to the indigent, the poor, and vulnerable and migrant communities. The public hospital’s capacity to provide secondary and tertiary care has increased but so has demand for such care due to the rise in chronic non-communicable diseases (NCDs). The unacceptable level of gender-based violence in SVG places further stress on the health-care system. The infant mortality rate has fluctuated since 1995 when it stood at 18 per 1,000 births. It rose to a high of 25.7 in 2006, fell to a low of 13.7 in 2009 and reached 17 in 2013. There has, however, been a steady decline in the under-5 mortality rate, with 25 per 1,000 births reported in 1990, 22 in 2000 and 18 in 2015.

The first case of HIV in SVG was diagnosed in 1984. Records show that as of 2009 a cumulative total of 1,093 persons was identified as HIV positive, with consistently more males affected than females. The highest annual number of HIV cases was recorded at 108 in 2004 and this has remained relatively constant (103 in 2010–2011; 108 in 2012–2013). In 2012–2013 there were 35 deaths resulting from AIDS complications. Prevention of mother-to-child transmission (PMTCT) of HIV has been well integrated in all health centres, and by 2012–2013 only 3 per cent of reported cases of HIV were vertically transmitted.

## Conclusion

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

To maintain an enabling environment conducive to delivering equitable social and economic growth and effective poverty reduction, certain capacities must be put in place or strengthened. These include: mobilizing and channelling resources to the appropriate sectors at the appropriate time for optimal production; enforcing standards and regulations (specifically,



operationalize the legislation and policies identified and/or in draft form); establishing a mix of social partnerships with key actors (local councils, civil society, research institutions, the private sector); and improving systems for generating, collating, and managing information so that it is easily accessible and shared across different agencies and with partners.

## Recommendations

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

### Legal and policy framework

- Prohibit the use of corporal punishment of children in all settings including the home and as a sentence for crime and explicitly repeal the right “to administer reasonable punishment” in the Juveniles Act 1952 (as called for by the Universal Periodic Review)
- Raise the age of marriage (currently 16 and 15) and make it the same for males and females
- Raise the age of sexual consent to 16 years
- Harmonize the age of criminal responsibility with the definition of a child as stated in the CRC
- Align the minimum age of employment with the age of compulsory education (16 years)
- Implement the Juvenile Justice Bill, which embraces restorative justice and non-punitive approaches to dealing with children in conflict with the law, operationalize the Liberty Lodge Boys’ Centre and complete a similar centre for girls
- Update and implement of a national health strategy including for HIV/AIDS
- Draft, approve and implement policies and legislation to guide service delivery in the area of NCDs and to reduce discrimination against persons living with HIV/AIDS
- Accelerate the completion, adoption and enforcement of legislation and policies currently in draft form.

### Survival rights

- Ensure there is an adequate number of health professionals to monitor and address the physical and developmental progress of children through routine milestone visits
- Reduce adolescent pregnancies by introducing policies that empower girls, guarantee adolescents’ access to reproductive health information and contraceptives and penalize those who abuse young girls
- Improve outreach and communication with the LGBT community
- Create a programme for preventing and controlling child obesity with integral indicators and goals (involving all the relevant ministries)
- Address drug and alcohol use among adolescents through educational programmes.

### Development rights

- Expand access to ECE and improve standards
- Takes steps to ensure that children from lower income quintiles attend ECE
- Reinforce the multi-stakeholder coordination mechanism for ECE
- Maintain and increase coverage and efficiency of government pro-poor education assistance programmes
- Address the issue of children lagging behind in school and ensure the retention of children and adolescents
- Make secondary education more relevant by aligning the curriculum with current social and economic needs and steering it away from strict preparation for tertiary education
- Increase the provision of vocational technical education in primary and secondary schools and address its low status.

### Protection rights

- Improve the data collection capacity with regard to statistics on victims of child sexual abuse as well as juveniles charged with offences

(disaggregation of data by sex and age is essential)

- Operationalize the mechanism for mandatory reporting of abuse cases, as called for in the Child Abuse Protocol 2006
- Enforce confidentiality and anonymity in those cases where children are the victims or perpetrators of violence
- Promote programmes for improving parenting skills and include men in their parenting role
- Maintain funding of projects addressing troubled children and dropouts, particularly targeting residential care for children in need of care and protection
- Improve standards, monitoring and support to residential care services including collaborative partnerships.

# 1 Introduction





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

Two previous SitAns conducted in the Eastern Caribbean (2007 and 2010) covered the members of the Organisation of Eastern Caribbean States (OECS) in one document; however, this SitAn represents a return to individual reports for each country.

Although UNICEF may have initiated and sponsored the process, the SitAn is the result of cooperation between the Fund and Government of Saint Vincent and the Grenadines (SVG) and aims to attract as many stakeholders as possible into the process. It is intended to support the Government, civil society and other stakeholders to better understand the situation of girls and boys in SVG, increase national capacity for promoting human development and consequently contribute to the realization of human rights.

A SitAn uses human rights- and equity-based approaches – Table 1 summarizes the basic features of these – and calls for a comprehensive analysis of the situation of all children up 18 years. Particular attention is given to the most marginalized and disadvantaged groups, such as children of migrant parents, those living with disabilities, those living in remote, single-parent households and poor urban communities.

**Table 1. Human rights and equity focus perspectives**

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

Equity means that all children have an opportunity to survive, develop and reach their full potential without discrimination, bias or favouritism. This interpretation is consistent with the Convention on the Rights of the Child (CRC), which guarantees the fundamental rights of every child regardless of gender, race, religious beliefs, income, physical attributes, geographical location or other status. Inequities generally arise when certain population groups are unfairly deprived of basic resources that are available to other groups. It is important to emphasize that equity is distinct from equality. Equality requires everyone to have the same resources. Equity requires everyone to have the opportunity to access the same resources. The aim of equity-focused policies is not to eliminate all differences so that everyone has the same level of income, health and education. Rather, the goal is to eliminate the unfair and avoidable circumstances that deprive children of their rights.<sup>1</sup>

The equity and human rights approaches are used to identify discrimination based on gender, ethnicity, religion and disabilities as well as geographical isolation, structural poverty and weak governance. Together they help to better understand the unique interaction of the multi-dimensional deprivations particularly among communities living in extreme poverty. The SitAn undertaken in SVG takes an especially close look at vulnerable children at risk of violence and abuse and other children whose rights are not being respected, protected and fulfilled. Analysis of behaviour and values related to the Vincentian family/community, traditions and culture helps to better understand how policy, legislation and the supply of and demand for services impact on the realization of children's rights.

The SitAn seeks to contribute to the development of programmes, policies and strategies that strive to understand and address the root causes of inequity

so that all children, particularly those who suffer the worst deprivations in society, have access to education, health care, protection and other services necessary for their survival, growth and development.

## Methodology

The SitAn analysis is a result of a number of different research methods:

1. A **desk review** of over 40 national and global resource documents, studies, reports and news articles.
2. **Data analysis** of national and international surveys, demographic and health surveys, censuses, income and expenditure surveys and administrative sources. The objective was to identify trends in the indicators, to map the disparities presented and to make inferences on possible causes of inequalities. The main quantitative data sources are presented in the box (more details are provided in the Bibliography).
3. **Interviews with 115 key informants** representing Government and civil society. To provide a national perspective on children's issues, interviews took place in Kingstown (the capital), Georgetown and the islands of Bequia and Canouan, with 30 interviews conducted in rural areas. Thirty-six interviewees were from ministries and four from civil society organizations (CSOs). The semi-structured interviews were conducted by a trained data collector using a questionnaire prepared for the research. The goal was to identify and define problems, obtain subjective thoughts and experiences of the participants and examine how people in both urban and rural settings experienced the issues facing children.
4. **Focus group discussions** with stakeholders, including representatives of CSOs, non-governmental organizations (NGOs) and children. The focus groups were designed to

<sup>1</sup> UNICEF 2010.

be informal and took place either in meeting rooms of ministries or directorates of national programmes and took an average of 1.5 to 2 hours. Each person was given a chance to speak and express her/his opinion, and the discussions were recorded and later transcribed.

### Key Quantitative Resources

- Education Sector Development Plan 2012-2017
- Education Statistical Digest of SVG 2013-2014
- Strategic Plan for Health 2007-2012
- National Economic Social Development Plan 2013-2025
- National Report, SVG, The International Conference on SIDS, July 2013
- SVG Global AIDS Response Progress Report, 2014
- SVG Country Gender Assessment, 2015
- SVG National Child Protection Policy Framework (powerpoint), 2015-2020
- The Housing and Population Census Report, 2012
- 2017 Examination of the CRC Report

The children involved came from many different backgrounds: in school (43), out-of-school (14), rural (12), urban (17) and in the Grenadines (14). Several children with disabilities were interviewed. It was not possible to meet with children detained in police cells or prison. The ages of the children were evenly spread between 8 and 18 years and there were slightly more girls (58 per cent) than boys (42 per cent). Standard ethical research techniques were used to avoid making the children feel vulnerable and to protect them from any distress. Because the data collection exercise took place during the school year, it was possible to coordinate discussions with teachers, counsellors or social workers. Discussions with

children were arranged at primary and secondary schools, playgrounds, bus stops and soccer fields.

The fieldwork for the qualitative research took place between 28 July and 7 August 2015. Subsequently, emails were sent to the different government departments to follow up on requests for data and check for accuracy. Notes and recordings were transcribed and checked for errors and clarity. Results of the SitAn process were also presented and discussed at exit meetings well attended by government members, NGOs and UNICEF staff. This was done in two phases: first, the overarching results were presented and discussed where possible at a high-level meeting attended by ministers and permanent secretaries from line ministries; second, the full report was presented and discussed in plenary. The meeting resulted in agreement on short-term and long-term priorities for UNICEF and other key partners to include in programme plans and project designs.

### Limitations

The evidence or quantitative data sources needed to understand trends and changes in children's status were often not accessible or updated. Problems with the availability and accessibility of quality and reliable information about the socio-economic situation of women and children are well acknowledged by governments and development partners throughout the region. The absence of detail and current data for indicators related to inequality, gender, unemployment and social determinants of poverty are notably acute. The Sustainable Development Goals (SDGs) acknowledges this weakness with a specific target for Small Island Developing States (SIDS).<sup>2</sup>

<sup>2</sup> SDG Goal 17, target 18 (data, monitoring and accountability): "By 2020, enhance capacity-building to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant to national contexts."

In addition, lack of information sharing – among government departments and CSOs and with the public in general – continues to be a critical bottleneck. Where data exist, there is a lack of infrastructure and human resources required for their consistent collection, collation and presentation. The SitAn exercise confirmed that information collection and sharing can be highly centralized, often requiring high-level clearance before routine reports, sectoral studies, surveys and basic information regarding budget and expenditures can be widely distributed. Further problems experienced in research for this SitAn were:

1. Due to the heavy workloads of potential interviewees/administrators, some difficulties were experienced when arranging an appropriate time for the interviews. No interviews with personnel from the Ministry of Health were possible, for example.
2. Most of the participants in the semi-structured interviews were from the core stakeholder groups and very few parents were interviewed.
3. Several fundamental documents that normally serve as the basis for strategic analysis were outdated, incomplete and/or inaccessible. Examples include the 2007–2008 Country Poverty Assessment and the updated Health Strategy.

4. While a good many reports and rich data sources were available, in some cases the quality of quantitative information varied by source and lacked consistency in methodologies important for data reconciliation.

### Structure of this report

After this introductory chapter, Chapter 2 offers an overview of SVG, including the governance structure, the legal framework related to child rights, country demographics and the economy.

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

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

2

# St. Vincent and the Grenadines Overview





One of the most southerly of the Caribbean Windward Islands, the archipelago of Saint Vincent and the Grenadines (SVG) comprises the main island of Saint Vincent and a string of 32 islands and cays: the Grenadines. The country's total land area covers 150 square miles.

Saint Vincent, with 90 per cent of the land area and population, serves as the country's political and commercial centre. Only seven of the Grenadines are inhabited: Bequia, Mustique, Canouan, Mayreau, Union Island, Palm Island and Petit St. Vincent. They attract a large number of yachting tourists.

SVG is an upper-middle-income country with a gross national income (GNI) of US\$6,670 per capita.<sup>3</sup> Tourism and agriculture are the most important industries, with informal labour participation in agriculture, retail and construction. Underpinned by political and social stability and improved macroeconomic management, SVG has experienced significant improvements in the standard of living and expansion of opportunities for the growing middle-class.

The protection of freedom of assembly and right of association is stipulated in the SVG Constitution as a fundamental right and, according to all human rights reports reviewed, these rights are largely respected in practice by the Government. The voice of trade unions is vibrant and strong in labour and economic affairs. The most active trade unions include the Public Service Union (PSU) and the National Workers' Movement (NWM). The Trade Unions Act (1950) grants legal recognition to unions and ensures that joining a trade union is not subject to criminal or civil sanctions. The landscape of non-governmental organizations (NGOs), civil society organizations (CSOs) and faith-based organizations includes many that work with coalitions and councils in the areas of violence against women, education, community development and

health. The NGO community has been an effective voice for change on issues of equality, calling for transparency and justice and working to keep the power and the spirit of volunteerism and active citizenship alive. The St. Vincent and the Grenadines Human Rights Association (SVGHRA) actively and routinely monitors and reports on human rights abuses, operating without government restriction. As noted during the field mission, most NGOs suffer from inadequate funding and limited capacity to follow the development of issues in multiple technical areas. The presence of international NGOs is largely confined to hurricane response and recovery efforts.

The press is free, and discussions and interviews conducted for the SitAn indicate little government interference. Both daily and weekly print media (four) are active. The SVG Broadcasting Corporation operates one TV station providing near total coverage to the multi-island State. A private multi-channel cable TV service is also available. Additionally, a dozen privately owned radio stations broadcast and cable subscription services are available, providing access to local and international channels. The number of mobile phone subscribers was estimated at 110 per 100 inhabitants in 2014, and young people in particular participate in radio discussions by calling in from their cell phones. The International Telecommunication Union estimated 56 per cent of the population used the Internet in 2014.

## Governance

SVG gained independence from Britain in 1979, instituted a parliamentary democracy on the Westminster model and has remained a part of the Commonwealth. Queen Elizabeth II is the titular head of government, represented by a Governor General or Vice-regal who is the highest executive power on the islands.

The country has a stable democracy with four political parties. It is governed by an elected bicameral

<sup>3</sup> World Bank 2015. <http://data.worldbank.org/country/st-vincent-and-the-grenadines>

parliament consisting of a 15-member House of Representatives elected to five-year terms and a six-member Senate. The Prime Minister is the leader of the party that holds the majority of seats in the House obtained by victory at the election polls. The current Constitution was adopted in 1979. There are three branches of government: the legislative power vested in the parliament; the executive power vested in the Prime Minister and the Cabinet of ministers; and the judicial power vested in the courts.

The 12-member Cabinet includes the Prime Minister who, as of early 2016, holds the portfolios of Minister of Finance, Economic Planning, National Security, Legal Affairs, Grenadines Affairs and Energy. The Cabinet has overall responsibility for policy formulation and management of the day-to-day operations of the nation covering the following areas: agriculture, commerce, education, finance, foreign affairs, health, the environment, housing, information, justice, planning and economic development, public works and ports, social services, human resource development, tourism, trade, youth, sports and culture.

The judiciary includes the magistrate's court for minor offences and the High Court for major offences. Appeals can be made to the Eastern Caribbean States Supreme Court (ECSC), based in Saint Lucia. The court of last resort is the Judicial Committee of the Privy Council in London, England.

### Legal framework related to children

The legislative framework for child protection in SVG is grounded in international and regional conventions and universal systems of rules that govern and regulate decision-making, agreements and laws concerning children. The Constitution guarantees a comprehensive set of fundamental rights and freedoms to which every person in the country is entitled. It protects people from discrimination on the basis of race, place of origin, political opinions, colour, creed or sex. The

Constitution states that no law shall make any provisions that are discriminatory either in themselves or in their effect. However, it

- ✓ Age of majority: 18
- ✓ Minimum age of marriage without parental consent: 15 (girls) and 16 (boys)
- ✓ Age of sexual consent: 15
- ✓ Minimum age of employment: 14
- ✓ Age of criminal responsibility: 8

explicitly establishes that this clause shall not apply to persons who are not citizens of SVG.

Key national policies, laws and programmes that guide strategies, standards and plans that form the core of legislation guiding the protection of children in SVG are described in Table 2. These include the Age of Majority Act (1987), The Criminal Code (1988), the Juveniles Act (1952) and the Child Care and Protection Act (approved 2010 but not yet in force).

**Table 2. Key national laws and policies**

Employment of Women, Young Persons and Children Act, 1935 (amendment 1992)
Marriage Act, 1926
Juveniles Act, 1952
Maintenance Act, 1972
Corporal Punishment of Juveniles Act, 1983
Domestic Violence and Matrimonial Proceedings Act, 1984
Age of Majority Act, 1987
Criminal Code 1988
Law of Minors Act, 1989 (amendments 1992)
Family Court Act 1992
Education Act, 2006 (approved but not in force)
Children Care and Protection Act, 2010 (approved but not in force)
Status of Children Act, 2011
Trafficking in Persons Act, 2011
Electronic Crimes Act, 2013

The Juveniles Act No. 20 (amended by Act number 53 in 1992) defines a child as a person who has not attained the age of 14 years and establishes that a child from 8 years of age can be criminally responsible. The Juvenile Justice Act, currently under discussion, will hopefully align legislation with CRC standards.

The Domestic Violence Act of 2015, which addresses protection of children from domestic violence and the threat of domestic violence, has been passed in Parliament but at the time of this writing not proclaimed.

### **Office of the Ombudsperson**

Established by an act of Parliament in 2007, the Office is accredited as a national human rights institution and participates in the regional National Human Rights Institutes (NHRI) network. As with many of the ombudsperson offices in the sub-region, it mainly focuses on rights issues emerging/occurring in public bodies as opposed to global human rights or child rights violations in the country.

### **Conventions and covenants that directly impact on children**

The Government acknowledged its commitment to human rights with the ratification of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 1981 and the Convention on the Rights of the Child (CRC) in 1993. The signing of the Convention on the Rights of Persons with Disabilities (CRPD) in 2010 makes good on the Government's commitment to protect and promote the inherent dignity, worth and the inalienable rights of people living with disabilities.

The CRC defines a 'child' as "a person below the age of 18. The Committee on the Rights of the Child, the body that monitors the Convention, has encouraged States to review the age of majority if it is set below 18 and to increase the level of protection for all children under 18." Girls' and women's right to education is a central

obligation of States parties as set out in CEDAW, which also calls for ending harmful practices against girls and women. SVG has also signed and/or ratified the following key international human rights instruments:

- International Convention on the Elimination of All Forms of Racial Discrimination (CERD): ratified 1981
- International Covenant on Civil and Political Rights (CCPR): ratified 1981
- International Covenant on Economic, Social and Cultural Rights (CESCR): ratified 1981
- United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children: 2011
- Optional Protocol to the CRC on the involvement of children in armed conflict 2002: ratified 2011
- Optional Protocol to the CRC on the sale of children, child prostitution and child pornography 2002: ratified 2005.

### **Demographics**

Based on the Population and Housing Census of 2012, which recorded 109,188 persons, the population of SVG was estimated at 105,070 in 2015. It is the one of the smallest island population in the world, with 90.6 per cent of the population living on the main island. Overall population growth increased slightly in 2012 by 0.01 per cent compared to the 0.2 per cent decline in population recorded in 2001. In 2012, the male population (55,551) outnumbered the female (53,637).<sup>4</sup>

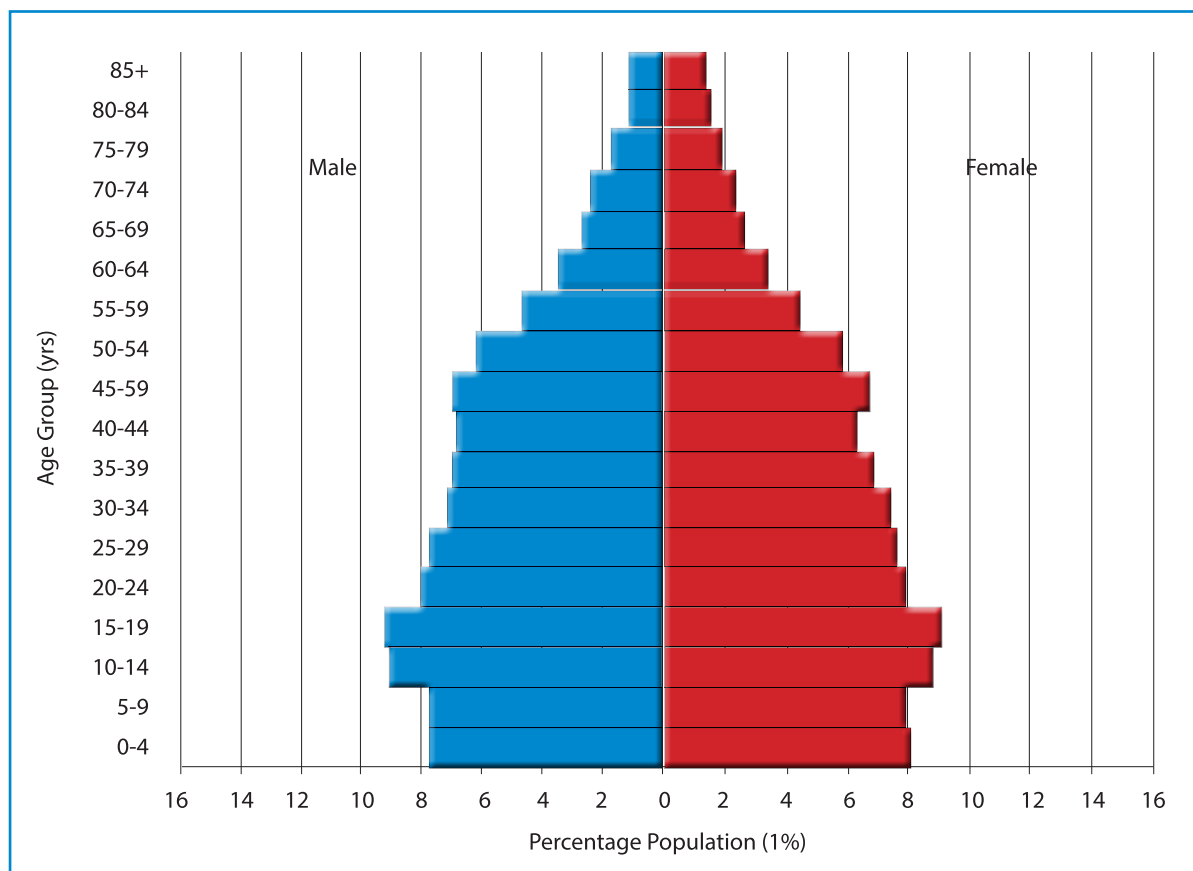
The population is young, with almost 25 per cent under the age of 15 and 41.7 per cent under the age of 35 (see Figure 1). Although this under-35 age group has decreased since the 2001 census by 6.1 per cent, it remains the largest proportion of the total population. The 2012 census determined the population aged under 5 years to be 8,645. A little over 9.1 per cent of the population is over the age of 65.<sup>5</sup>

<sup>4</sup> Census Office 2012.

<sup>5</sup> Ibid.



**Figure 1. SVG population pyramid**



A growing population group is the over-45 age cohort, which can be explained by increased life expectancy and reduced death rates attributed to more effective and efficient operation of the health-care system, a central feature in emerging middle-income countries. The shrinking 0–5 year age cohort (9.4 per cent in 2001 to 7.9 per cent in 2012) is also a notable characteristic of middle-income countries, perhaps caused by reducing birth rates. And although the 2012 census recorded a moderate increase in the population, the increase between 2001 and 2012 is the lowest recorded since 1911.

### Household size and structure

Data from the 2007–2008 Country Poverty Assessment (CPA) established that 52.1 per cent of households in SVG are headed by women.<sup>6</sup> The 2012 Census noted

that 54.3 per cent of the population over 15 years was single and never married, and a diverse set of living arrangements were recorded including: those not in a union (19.9 per cent); married and living with a spouse (22.4 per cent); visiting partner (11.5 per cent); and common law union (14.1 per cent). The 2012 census also reported an average household size of 3.0.<sup>7</sup> However, the size of the household among the lowest consumption quintile was reported to be 5.1 in 2007–2008, with the highest consumption quintile averaging 2.4.

### Ethnic composition and religious affiliation

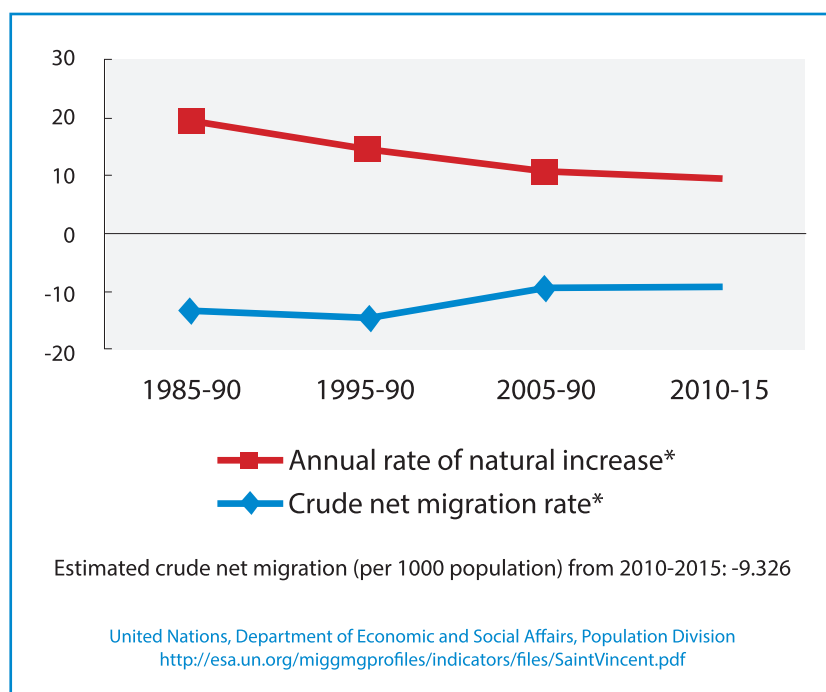
The 2012 Census reports over 70 per cent of the population as being descended from Africans as part of the historical slave period. There are small communities of mixed, white, indigenous, Portuguese

<sup>6</sup> Country Poverty Assessment: Living Conditions in a Caribbean Small Developing State, Vol 1, 2007–2008, Kairi Consulting Ltd..

<sup>7</sup> Census Office 2012.

and East Indians. The religious life of Vincentians is predominantly Pentecostal, with over 80 per cent noting affiliation with a Christian religion.<sup>8</sup> Although English is the official language and language of instruction, many Vincentians speak French Patois or a local Creole as well, often associated with the older residents.

**Figure 2. Negative migration**



## Migrant population

SVG has an estimated crude net migration of -9,326 migrants per 1,000 population.<sup>9</sup> The impact of outward migration is much greater on smaller islands, and there is notably a feminization of migration flows. The net outward migration rate for SVG is consistent with figures in the region with a stock of emigrants of over 41,000 in 2010, representing 37.6 per cent of the population.<sup>10</sup> The outward flow has been consistent over the past two decades as a result of volunteer emigration of skilled labour, and emigration particularly among the educated elite

has long been a troubling factor in forming adequate human development capital. The emigration rate of the tertiary-educated population was estimated at 84.5 per cent by the World Bank in 2000, with Canada, the United Kingdom and the United States among the favoured destination countries.

Remittances sent home by Vincentians outside the country are important to the economy, making up 28.8 per cent of all income – including money, clothing and non-food stuff – for households in the lowest income consumption quintile and 22.1 per cent of income overall.<sup>11</sup> Although the inflow of remittances

<sup>8</sup> Ibid.

<sup>9</sup> United Nations, Department of Economic and Social Affairs, Population Division 2015.

<sup>10</sup> World Bank 2016.

<sup>11</sup> Country Poverty Assessment: Living Conditions in a Caribbean Small Developing State, Vol 1, 2007-2008 Kairi

was expected to fall significantly with the global financial crisis, the Inter-American Development Bank (IDB) estimated SVG remittances to represent over 25 per cent of the gross domestic product (GDP) in 2006, one of the highest inflows in the Eastern Caribbean.<sup>12</sup> Migration into the country has included people from Barbados, Grenada, Guyana, Jamaica, Saint Lucia, Trinidad and Tobago, the United Kingdom and the United States. According to World Bank data, the migrant population in SVG totalled 8,600 in 2010.<sup>13</sup> The focus groups and interviews suggested that the degree to which the migrant population is assimilated varies depending on the communities and the perceptions and economic level of those interviewed.

## Economy

A stable macroeconomic environment is a necessary condition for economic and social growth and development. The impact of the 2008 crisis has proven severe, with sharp decreases in official development funds, tourist arrivals, remittances and foreign direct investment (FDI). The tourism sector, which had experienced a significant growth spurt up to 2008, reacted by contracting by 7.5 per cent per annum, and other key sectors followed, resulting in spiking unemployment rates. Construction and financial intermediation also met with declining revenue in the post-crisis period. The agriculture sector output was affected by untimely weather events, including both Hurricane Tomas and severe drought conditions in 2010, which hit the banana industry hard and resulted in 23.8 per cent deterioration.

SVG is also beleaguered by small domestic markets that constrain the efficiency and growth of the private sector; limited product diversification, increasing both the risk and the return that can be derived from economic activity; and scale diseconomies in public service provision. Import of goods and

services represented 57.9 per cent of GDP in 2012 compared to 27.1 per cent of exports during that same year.<sup>14</sup> The past two decades represent years of economic transitioning for SVG as it moved from a largely agricultural-based economy towards growing reliance on services including real estate, transport, communication, storage, tourism-related businesses and financial services. The development of the manufacturing sector has focused on metals, packaging, beverages, milling and construction.

In response to the economic crisis, SVG has introduced economic stimuli via: tax reductions; subsidies on agricultural inputs; the emergence of social safety net mechanisms needed to address conditions of poor mothers, children and the elderly; focused public sector investment (grants, soft loans, and other affordable loans); timely wage and salary increases for public sector employees and workers; and the introduction of incentives designed to grow domestic and foreign private sector investment. With the application of these policy instruments and controlled expenditures during the period of 2000–2010, a return to stabilised growth seemed likely.

From 2011, the Government saw an improving trend with a return to positive growth, with GDP moving from a modest 0.3 per cent to 1.53 per cent in 2012 and sustaining 1.53 per cent in 2013.<sup>15</sup> Outperforming most other Eastern Caribbean Currency Union countries, SVG was the only member showing positive growth for two consecutive years, largely driven by manufacturing (2.0 per cent), agriculture (1.7 per cent), tourism (1.3 per cent) and education services (2.5 per cent).<sup>16</sup> As projected in the National Economic and Social Development Plan: 2013–2025, the economic outlook is one of cautious optimism with medium-term growth forecast somewhere between 3 and 4 per cent in the post-2017 period. Much of the

Consultants Ltd.

<sup>12</sup> Ibid.

<sup>13</sup> The Migration and Remittances Factbook, World Bank 2011

<sup>14</sup> Caribbean Development Bank 2014.

<sup>15</sup> Ibid.

<sup>16</sup> Gonsalves 2013.

projected and stabilised growth will be determined by the completion of the Argyle International Airport, which should increase the capacity for the number and type of international aircraft and inter-island landings, triggering improved performance in tourism and an acceleration in public sector investment.

At the same time, however, there remain high unemployment rates (particularly among women and youth), persistent poverty among the rural population and increased dependency on the tourism industry. Unemployment and poverty constitute significant hurdles towards a path of stable economic and social growth.

# 3

## The Right to an Adequate Standard of Living





*Children have the right to a standard of living that is good enough to meet their physical and mental needs. Governments should help families and guardians who cannot afford to provide this, particularly with regard to food, clothing and housing (CRC, article 27).*

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

The Caribbean Development Bank (CDB) has conducted two Country Poverty Assessments (CPAs) in SVG since 1996 with the latest, completed in 2007–2008, noting significant improvement in the situation. The findings indicate a slight fall in the national poverty levels (37.5 per cent in 1996 to 30.2 per cent in 2008) and an important decline in the indigent poverty rate (25.7 per cent in 1996 to 2.9 per cent in 2008). The CPA also reported a high level of vulnerability, with 48.2 per cent deemed vulnerable.<sup>17</sup>

Poverty in SVG is characterized by major differences in income distribution as reflected in the GINI coefficient

of 0.402.<sup>18</sup> The inequality of the distribution of consumption expenditure was reported in the CPA, with the most affluent 10 per cent of the population accounting for more than a third (33.8 per cent) of total consumption compared to the poorest 10 per cent who account for just 2.8 per cent.

The majority of the poor are located in Georgetown, Sandy Bay, Marriacqua and Chateaubelair, with severe poverty measuring between 4.8 and 7.1.<sup>19</sup> The Grenadines have the lowest rate of severe poverty, reported at less than 1 per cent.<sup>20</sup> The 2012 Census reported improvement over the 2001 results in terms of access to electricity (88.8 per cent in 2012 from 79 per cent in 2001), use of clean drinking water (up from 76.5 per cent to 91.1 per cent) on the mainland, and use of pit latrines (down from 44.3 per cent to 25.9 per cent).<sup>21</sup>

Children (0–17) represent over one third of the total population (33.7 per cent) in SVG yet account for 48.2 per cent of the poor.<sup>22</sup> The CPA 2007–2008 suggests that female heads of households are more likely to be poor than male counterparts. Further analysis notes an increase in the number of female-headed households from 44 per cent in 1995–1996 to 52 per cent in 2007–2008, with women and men in the lowest quintile sharing headship of households (50.6 per cent male and 49.4 per cent female).<sup>23</sup> The large average household size for the poorest quintile at 5.1 creates a much higher dependency rate for single-headed households, particularly poor households headed by women.

17 Country Poverty Assessment: Living Conditions in a Caribbean Small Developing State, Vol 1, 2007–2008 Kairi Consultants Ltd.

18 Ibid.

19 Ibid.

20 Ibid.

21 Census Office 2012.

22 Country Poverty Assessment: Living Conditions in a Caribbean Small Developing State, Vol 1, 2007–2008 Kairi Consultants Ltd.

23 Ibid.

## Employment, poverty and vulnerability

While World Bank Enterprise Surveys (WBES) stress the importance of an adequately trained labour force and high participation of women in the workforce as key determinants for private sector business development as well as a generally healthy economy, gender disproportionately affects the likelihood of employment in SVG. The 2012 Population Census reported a labour force of 52,014, with 56.5 per cent men and 43.5 per cent women. The same Census estimated the unemployment rate at 21.5 per cent, with a much higher rate for women (24.3 per cent) than men (19.4 per cent). The young population have the highest unemployment rates: 14.1 per cent among 15–19-year-olds; 22.8 per cent among 20–24-year-olds; and 14.6 per cent among 25–29-year-olds. More currently, the 2015 Labour Force Survey (LFS) recorded a rise in unemployment to 25.1 per cent, with the labour force participation at 68.1 per cent.<sup>24</sup>

---

*"Vincentians build our houses slowly...sometimes generations... it took me 11 years to finish... lots of help from family who live in New York. Visitors see all the houses and think we are rich, but poor people live everywhere."*

Interviewee

---

Many of the employed live in households whose income or consumption levels fall below the poverty level threshold, and they therefore spend considerable time looking for better-paying jobs.

Research observed that this group, categorized as the 'working poor', is generally clustered in the 25–44 age group, works in the informal sector and is more or less economically depressed, disenfranchised and marginalized. An International Labour Organization (ILO) report states that 21.2 per cent of all workers in the Caribbean fall into the category of working poor, affecting more women than men.<sup>25</sup>

---

<sup>24</sup> Labour Market Statistics, 2015, Ministry of Finance and Economic Planning

<sup>25</sup> Labour Market and Poverty Studies Unit 2010.

The 2007–2008 CPA revealed that a total of 48.2 per cent of the population are vulnerable or sufficiently close to the poverty line that any event or shock would make them susceptible to falling into poverty.

Extreme weather

events such as Hurricane Tomas of 2010 and the floods of December 2013, in which 500 women and children lost their homes, result in wide-ranging consequences for the vulnerable. Those in the lower consumption quintiles are often living in locations that are the first to be flooded and/or susceptible to landslides. Disasters such as floods and hurricanes are particularly devastating for the many poor and vulnerable people employed in the fishing and agricultural sectors, which bear the brunt of damage. Disasters also pack a significant punch to the domestic economy, particularly as national revenue is diverted to repair damaged infrastructure, housing, utilities, etc. Damage from Hurricane Tomas and the 2013 floods amounted to 13 per cent of GDP, for example.<sup>26</sup>

## Poverty and the female-headed household

High unemployment and underemployment rates among women carries significant implications for 52.1 per cent of the countries' households headed by women. With fewer women employed, higher unemployment rates among women than men, the boom in the male-dominated construction industry, and the traditional gender-based barriers facing women, single female-headed households face serious disadvantages. And with the high number of children living in poor households headed by women,

---

*"Visiting partners situation is preferred because men don't move in unless they can assume the whole responsibility of the whole household... also my friends have boyfriends who work on boats or on other islands..."*

---

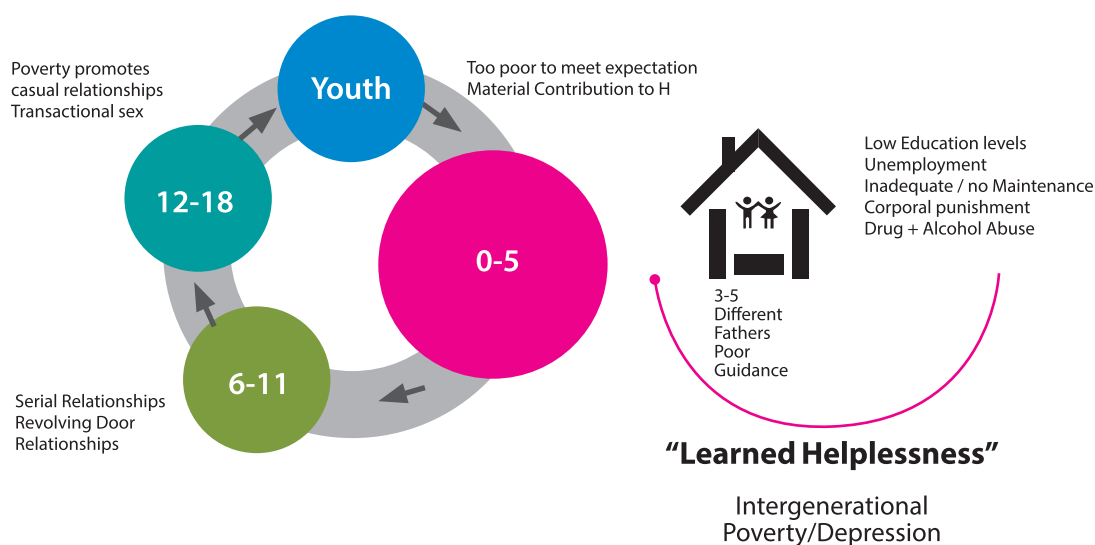
Mother working  
as househelper

---

<sup>26</sup> Country Poverty Assessment: Living Conditions in a Caribbean Small Developing State, Vol 1, 2007–2008 Kairi Consultants Ltd.

the considerable burden of unemployed women has a profound effect on children.

**Figure 3. Learned helplessness**



As women generally support larger households than men, they are more at risk of becoming poor or remaining poor, and they carry greater responsibilities for caring for and maintaining the family. The inequalities associated with the negative consequences of the low status of women in society can result in little support from intra-family relationships, largely dominated by males. These households are also characterized by low levels of education, low school attendance rates among children living in the household, children fathered by different men, inadequate adult guidance and support for children and limited access to basic health care. Most men engaging with female-headed households are in a 'visiting relationship', leaving parenting to the woman. Many poor women living in this scenario resort to survival strategies that may include illegal activities and/or transactional sex.

As noted by interviewees, the perception of these poor households headed by single women typically support prime conditions for inter-generational poverty to take hold, promoting a 'learned helplessness'<sup>27</sup>.

Dysfunctional mating patterns and early pregnancies often lead to the girl child repeating the cycle of poverty that traps the single mother heading the household. The boy child can also get caught in this poverty trap, often dropping out of school to bring more income into the household and potentially falling into gang activity and the drug trade.

Children in these households are affected by these conditions in different ways depending on their age group and sex, with consequences often leading to exposure to vulnerabilities, many of which have far-

---

interviews with administrators of social safety net initiatives in 8 OECS countries and formal assessments of Social Safety Nets. Interviewees in SVG (40 from government and CSOs) responding to the question of "why child abuse continues to be recognized as a serious social problem?" were nearly unanimous on the defining role of single-parented households frequently identifying the influence of negative consequences of social norms, values and power and gender dynamics in households headed by women. While there is evidence supporting both sides of the debate on vulnerability of children in single-parented households vs non-single-parented households in the Caribbean (see *Understanding Child Sexual Abuse: Perspectives From the Caribbean*, Edited by Adele D. Jones, Chapter 8, for example), the collective perception of interviewees persisted with the idea that poor households headed by single-parents (particularly women) are characterized by a set of conditions that are repeated from one generation to the next and increase vulnerability levels of children living in them, particularly for the girl child.

<sup>27</sup> The notion of 'learned helplessness' emerged from both



reaching negative consequences on their growth, development, survival, protection and capacity to express themselves. Table 3 lists *perceptions* of

vulnerabilities facing these children identified by the interviews and focus group discussions.

**Table 3. Children perceived to be vulnerable in SVG**

Who is perceived to be vulnerable	What makes them vulnerable (risk factors)	How the vulnerability is manifested (outcomes)
<b>Particularly vulnerable:</b>		
✓ Children living in poor households headed by women engaged in serial relationships		
✓ Among the 30% households headed by women, many are poor and with 3 or more children (different fathers)		
<b>Children (0–15)</b>	✓ Physical and emotional neglect	<input type="checkbox"/> Harmful behavioural patterns
Harmful consequences of poverty are difficult to reverse in 0–5 age group	✓ Abusive/dysfunctional family situation	<input type="checkbox"/> Slow cognitive development
	✓ Inadequate income	<input type="checkbox"/> Poor socialization process
	✓ Indigence, vulnerability	<input type="checkbox"/> Malnutrition
		<input type="checkbox"/> Face stigmatization that can have long-term effect on self-esteem
<b>Adolescent girls and boys (15–19)</b>	✓ Indigence, poverty and vulnerability	<input type="checkbox"/> Non-communicable diseases, unemployment, marginalization, non-participation
This group represents a major opportunity for the future of SVG	✓ Emotional and educational underperformance	<input type="checkbox"/> Girls <i>and</i> boys exposed to sexual abuse, violence
	✓ Dysfunctional and/or violent families and/or communities	<input type="checkbox"/> Boys drop out of school
	✓ Risky behaviours	<input type="checkbox"/> Engaging in substance abuse, crime, gangs (as perpetrators <i>and</i> victims)
	✓ Ineffective schooling	<input type="checkbox"/> Early marriage/parenting
	✓ Ineffective legislation	<input type="checkbox"/> Stigmatization
<b>Children in residential care centres</b>	✓ Missing connectedness to family and community	<input type="checkbox"/> School drop out
Removal of children from their biological environment is sometimes needed for protection and care. Three centres in SVG	✓ Ineffective legislation and/or regulation of processes and care centres	<input type="checkbox"/> Poor socialization process
	✓ Low level of awareness	<input type="checkbox"/> Conflict with the law
<b>Children of migrant families</b>	✓ <i>Parent:</i> Low social status in the country likely associated with situation of parent (low paid, low skills, language barrier, parental absence)	<input type="checkbox"/> Stigma
Migrant population: 10,300 in 2013 (Migration and Remittances Factbook, World Bank, 2016).	✓ <i>Child:</i> Lack of legal status/ appropriate documentation to access social services. Separation from extended family and culture. Language barrier.	<input type="checkbox"/> Poor academic performance
		<input type="checkbox"/> Comparative difficulty for social inclusion
		<input type="checkbox"/> Difficulty accessing social services
		<input type="checkbox"/> Child labour and/or trafficking
		<input type="checkbox"/> Conflict with the law

## Children in conflict with the law

- |  |   |
|--|---|
| ✓ Unemployment                               | ☐ Recidivism  |
| ✓ Economic vulnerability                     | ☐ Risk of life-long negative effect                                   |
| ✓ Indigence, poverty and vulnerability       | ☐ No second chance  |
| ✓ Emotional and educational underperformance | ☐ No higher level education due to absence of diversion opportunities |
| ✓ Dysfunctional and/or violent               |   |

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

## Addressing poverty in SVG

The Government has continued to articulate a commitment to the principles of social protection with a 'pro-poor' focus even during prolonged periods of fiscal difficulties. The National Economic and Social Development Strategy (NESDS) 2013–2025 charts a course to achieve sustainable economic growth, job creation and poverty reduction to guide optimal improvement of the quality of life for all Vincentians. Protection of the most vulnerable is among its core strategies in order to promote social as well as economic transformation in the face of considerable social development and poverty reduction challenges. Further the NESDS dedicated priority areas to strengthening social safety nets, vulnerability and social protection.

This analysis and effort to reduce poverty culminated in the development of a number of other national strategy documents in agriculture, health, education and nutrition as well as the restructuring of debt to the National Insurance Scheme to expand funds needed for safety nets and reassure pensioners of their benefits. Against this backdrop, the Government looked to increase both the budget for social assistance programmes and the number of beneficiaries and to put in place a policy framework that would render poverty reduction programmes more coherent, efficient and effective. The current generation of social protection programmes in SVG is designed to target groups of children, women (particularly in poor households) and the elderly who are exposed to risks including:

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

In collaboration with regional United Nations and major funding partners, the CDB is preparing an updated framework for new CPAs that will incorporate

a multi-dimensional poverty measurement approach. This important shift from the model based on the definition of poverty limited to income/expenditure analysis (poverty line) towards a multidisciplinary model will enable a more robust and far-reaching collection and analysis of poverty and social data. This shift is grounded in a more inclusive analysis, which recognizes that poverty is linked to multiple dimensions of human development such as education

and health, with significant gender-related disparities. This change acknowledges the global departure from traditional uni-dimensional to multidimensional poverty measurement (MPM), which is expected to deliver more effective and innovative approaches to policy, planning and development for the achievement of poverty reduction goals in the Eastern Caribbean sub-region.

# 4

## The Right to Education



*Children's education should develop each child's personality, talents and abilities to the fullest. It should encourage children to respect human rights and their own and other cultures. It should also help them learn to live peacefully, protect the environment and respect other people. Children have a particular responsibility to respect the rights of their parents, and education should aim to develop respect for the values and culture of their parents (CRC, article 29).*

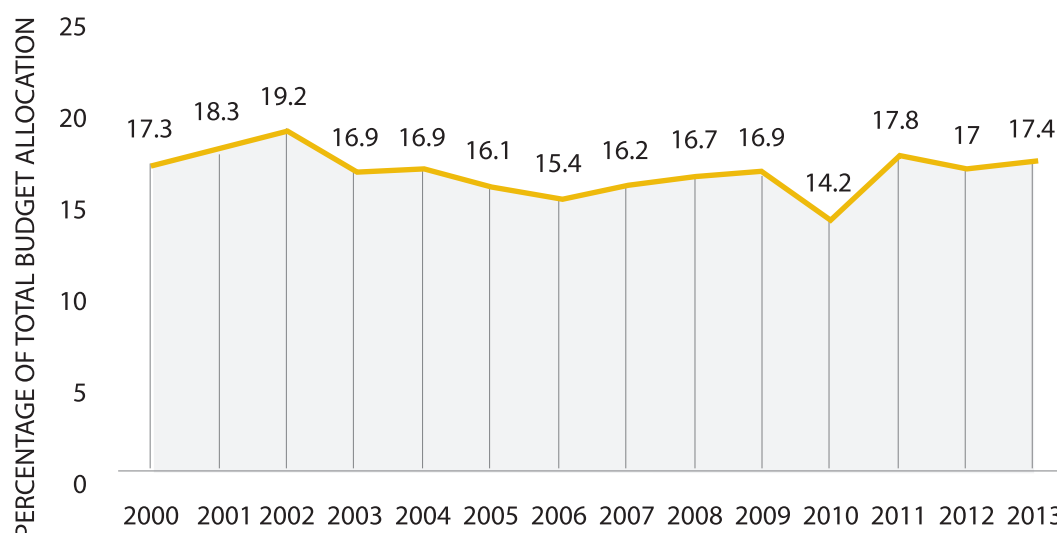
No nation has achieved sustained economic development without considerable investment in human capital, including education at all levels: early childhood, primary, secondary, tertiary and technical vocational education and training (TVET). All people regardless of sex, age, race, ethnicity, migration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

major influence on a country's standard of living.

The legal and policy environment for education in SVG includes the Education Act (2006), the National Curriculum and Assessment Framework and two successive strategic plans (2002–2007 and 2012–2017). These provide a framework for a coordinated system of management and the strategies and targets for maintaining universal primary and secondary education, as well as a vision for tackling the challenges for reaching universal preschool, improved access to tertiary education and a functional system for TVET.

As of 2015 the Government had invested a total of EC\$1.9 billion in the education sector.<sup>28</sup> The sector received 4.04 per cent of GDP in 2013–2014 while the sector budget was 11.47 per cent of total government expenditure in 2014–2015 (down from 15.35 per cent in 2013–2014).<sup>29</sup> A small percentage (1 per cent) of funding for special education during the same period went to support special needs education (SNE).

**Figure 4. Government allocation to Education 2000-2004**



<sup>28</sup> Government of Saint Vincent and the Grenadines, 2015a.

<sup>29</sup> Government of Saint Vincent and the Grenadines, 2015b.



The cornerstones for SVG's approach to education are the Caribbean Community (CARICOM) description of the Ideal Caribbean Person (adopted by Heads of State in 1997), the OECS Early Thoughts on Education Reforms (1990) and UNESCO's Pillars of Education (1996). These principles formed the basis of the Education Act of 2006. The Government has a long history of elaborating sound strategic plans to guide policies in education, with the Education Sector Development Plan 2012–2017 as the most recent.

The current education system is consistent with key regional frameworks designed to guide educational development and standards, including:

- Towards Regional Policy on Gender Equality and Social Justice, approved in The Bahamas in 1995
- OECS Education Sector Strategy 2012–2021
- Education for All (EFA) in the Caribbean: A Plan of Action for 2000–2015
- The Regional Framework for Action on Children: 2012–2015
- The Montego Bay Declaration on TVET, March 2012

The 2014–2015 education sector landscape included 125 early childhood care centres, 68 primary schools and 26 secondary schools together accommodating 26,668 children aged 1–19 years, including two schools for children with special needs. Both public and private institutions operate at all levels, and the role of the church is prominent in the delivery of education.

While the existence of an improved network of public and private (or 'government assisted') schools that are free and accessible for children ages 5–16 is a considerable achievement, the quality of basic education is less than optimal due to the low number of fully trained teachers and, to a certain extent, the continuing disparity in academic success among girls and boys. The Government has struggled to improve the chronic shortage of qualified teachers through

greater investments in the development of human capital. The 2002–2007 ESDP called for government provision of 40 places at the SVG Teacher's College and training/upgrades to 150 teachers annually, and resources were mobilized to facilitate post-graduate training abroad and distance learning opportunities.<sup>30</sup> Consequently, the number of primary teachers having successfully completed teacher training went from 51 per cent in 1995–1996 to 83 per cent in 2012–2013, with increasingly more students achieving undergraduate degrees.

Free education does not translate to no cost, and poor and economic migrant families in particular may find it difficult to meet the costs of transport, uniforms, shoes and textbooks. Additionally, pupils are frequently asked to bring paper, toilet paper and other basic items from home as a contribution to supplement local operating budgets. Poor children are disproportionately disadvantaged, particularly in families with more than one child attending school. Ongoing social safety net initiatives targeting these families require strategic adjustments and enhanced investments to achieve full coverage for the school feeding programme, book loan scheme and other student support services.

### Early childhood education

It is widely acknowledged that the skills developed in early childhood provide the foundation for future learning, skills building and labour market success. Investments in quality early childhood development (ECD) strategies and services are a first step towards enhancing the long-term potential for a healthy and well-educated workforce with the knowledge and skills needed to engage in productive and fulfilling work and fully participate in society. Children completing pre-primary develop the basis for successfully working with others, learning patience, negotiation and other skills that are the footing for life-

<sup>30</sup> Government of Saint Vincent and the Grenadines and UNESCO 2008.

long learning opportunities and social interaction in the school years and beyond. Every child denied early childhood education (ECE) opportunities potentially

contributes to growing poverty and unemployment and is less disposed to fully participate in the economic and social growth of his/her nation.

**Table 4. Early childhood education in SVG**

	2012–2013	2013–2014	2014–2015
Number of centres	120	124	125
Average number of caregivers per centre	3	4	3
Number of caregivers	405	421	316
Average classroom size	36	30	29
Teacher: pupil ratio	1:11	1:9	1:11

Source: Government of Saint Vincent and the Grenadines 2015b.



Theories regarding the associations between poverty and physical, cognitive and socio-emotional development in children at an early age have been sufficiently evidenced by a convincing body of international research.<sup>31</sup> This research further notes that young children living in poverty and in other vulnerable situations are: (1) apt to perform poorly in primary and secondary school, (2) prone to repetition

and (3) inclined to leave school prematurely. Inclusive pre-primary education provides children in poor communities with equality of opportunity for realizing their right to education and the potential to perform to the best of their ability. This in turn can make adolescents and young adults more likely to become parents prematurely with undeveloped parenting skills that eventually contribute to the intergenerational transmission of poverty.<sup>32</sup> In addition to children living in poor communities, children of migrant families and children living with disabilities are equally vulnerable.

Since the EFA 2000 processes and the United Nations Special Summit on Children, which featured a dimension on ECD, day-care and preschool services have increased tremendously in the region with support from organs such as CARICOM and the OECS to establish legislation, policies, standards and models. A Regional Early Childhood Action Plan 2002–2015 was endorsed by the 5th Special Meeting of the Council for Human and Social Development (COHSOD) in October 2002.

<sup>31</sup> See Engel and Black 2008, for example.

<sup>32</sup> Ibid.

In 2000, a little over 4,000 children aged 3–5 years were enrolled in day-care and preschool services,<sup>33</sup> while about 75 per cent of children outside of the urban and suburban areas had difficulty accessing preschool services. These were only provided by private organizations, churches and NGOs, particularly VINSAVE.<sup>34</sup> In 2009, the Government began operating nine early childhood centres, which were strategically located in rural, underserved areas. By 2010 SVG recorded 120 per-school centres in operation with about 345 teachers, many of whom (80 per cent) had received basic training through the VINSAVE programme, although only about 70 were certificated.<sup>35</sup> In 2016, 125 institutions were in operation with a total enrolment of 3,342 children 0–4+ and 479 caregivers. Eight preschools are located in the Grenadines.

The net enrolment rate (NER) for the 125 ECD centres in 2015 was 21.8 per cent for the 0–2 cohort and 61.4 per cent for the 3–4 cohort.<sup>36</sup> The gender parity index was 1.00. The government-owned centres serve as model centres for standards and operations as reflected in the National Policy Framework and regulations and standards produced and approved by Cabinet over the past decade.<sup>37</sup> Simultaneously, the Government has invested in upgrading privately owned centres with a view to raise the standards and improve the quality. Formal arrangements have also been put in place to support stronger liaison between VINSAVE, which continues to provide training of most staff for preschools, and the Teacher Training College. However, despite a demonstrated government commitment and visible achievements, important deficiencies in access, quality and system support persist blocking optimal expansion and quality of early childhood care and education.

**Table 5. Total enrolment for day care and preschools**

Cohort	2012–2013			2013–2014			2014–2015		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
0–2	706	686	1,392	549	513	1,062	566	529	1,095
3–4	1,430	1,441	2,871	1,266	1,271	2,537	1,117	1,130	2,247
Total	2,136	2,127	4,263	1,815	1,784	3,599	1,683	1,659	3,342

Source: Education Statistical Digests.

<sup>33</sup> Government of Saint Vincent and the Grenadines and UNESCO 2008.

<sup>34</sup> The Save the Children Fund established headquarters for the Windward Islands Programme in SVG in 1963. Known as VINSAVE, the organization operates a key early childhood training centre in Kingstown, where most of the countries ECE personnel are trained.

<sup>35</sup> Government of Saint Vincent and the Grenadines and UNESCO 2008.

<sup>36</sup> Government of Saint Vincent and the Grenadines 2015b.

<sup>37</sup> These standards have yet to be ‘gazetted’.



**Table 6. Early childhood net enrolment ratio**

Cohort	2012–2013			2013–2014			2014–2015		
	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls	Total
0–2	22.2	23.7	23.1	17.3	17.4	17.3	22.6	21.0	21.8
3–4+	44.6	46.0	45.3	59.2	61.5	60.3	61.1	61.8	61.4

Source: Education Statistical Digests.

Although government-operated centres are free of charge and include a feeding programme, and all privately owned preschools with 15 or more children receive subsidies, the participation of children from lower socio-economic households continues to be below average. Use of a common curriculum across all preschools remains a challenge, particularly for centres located in rural areas where the teaching and learning environments are often not at the same standard as those in urban and suburban areas. The ESDP 2014–2017 noted that 35 per cent of untrained teachers are employed in centres in rural areas.

Similar to the situation in other countries, the informal approach to ECE has resulted in rising concerns regarding standards of care and quality, issues of licensing, certification and monitoring, a preponderance of small operators with weak capital and business foundations, and low levels of training among caregivers. And while the staff in the Ministry of Education (MoE) includes several specialists responsible for inspection, monitoring, evaluation, training and assessing and supervising the ECCE sub-sector, they are not sufficient to adequately provide the attention needed to guide and direct the services.

In response to the increase in demand for ECE services and the need for a range of methodologies that respond to community contexts, the Government began looking at other models in the region. The experiences of Barbados, Jamaica, St. Kitts and Nevis and Trinidad and Tobago were shared through sub-regional networks supported by UNICEF, Save

the Children and the Bernard van Leer Foundation (BvLF), among others, helping to shift the focus from care towards attention to other key dimensions of programme delivery such as parent education and awareness activities and home-based ECD approaches.



Parenting practices and early stimulation have become an important dimension of ECE programmes in partnership with the Ministry of Health, Welfare and Environment (MoHWE) with a view to combat high infant mortality rates. Introduced to the region in the late 1990s, the HighScope curriculum moved teaching methods away from a ‘teacher directed’ approach towards a ‘child directed’ one: active participatory learning including a daily routine of: (1) small and large group activities; (2) plan-do- review; and (3) outside time.

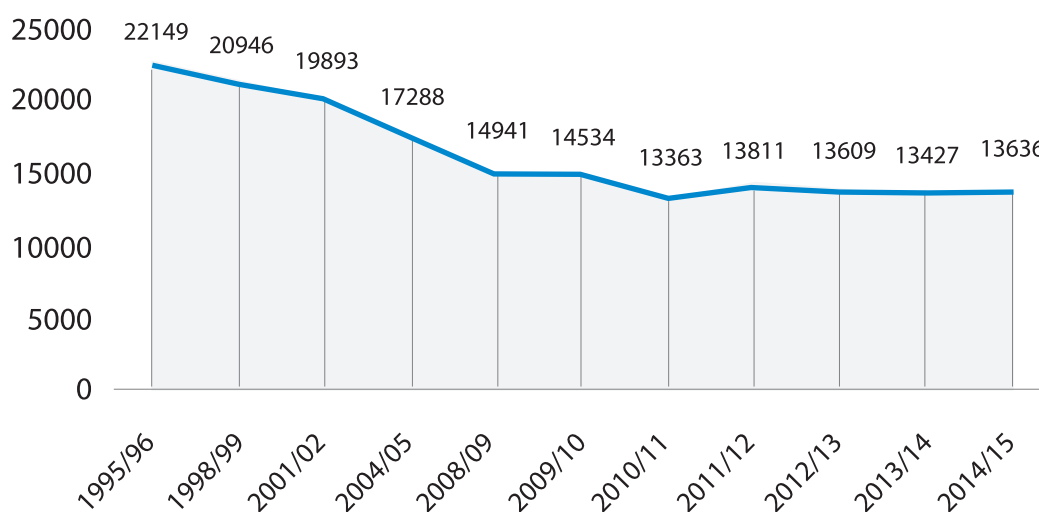
In 2004, the Roving Caregivers Programme (RCP) began as a pilot in three communities and was officially launched in 2005 to operate in eight communities.

By 2011, the RCP was reaching 308 children in a total of 301 families covering about 17 per cent of poor children.<sup>38</sup> The RCP targets 0–3-year-olds who do not have access to formal ECE and facilitates early stimulation interventions within the family and wider community. The Rovers reach rural children, especially those in families that cannot afford day-care or lack awareness of the importance of providing proper care and stimulation for ECD. Rovers work with young children and parents in the home, introducing them to developmentally appropriate child-care practices. The programme takes into account nutrition, disciplinary practices and parenting knowledge as they affect the family and children with a view to better prepare the child to meet standard growth and development milestones expected by pre-primary schooling.

With support for the RCP due to end in 2011, and in response to results emerging from a 2006

review of the programme, a new initiative – Early Childhood Outreach (ECHO) – consolidated the RCP and HighScope concepts and approaches to institutionalize these early childhood stimulation initiatives and extend their reach and coverage. The MoHWE partnered with the Caribbean Child Support Initiative (CCSI), UNICEF, PAHO and BvLF to pilot the ECHO programme in the Calliaqua health district over a two-year period (2010–2011). In addition to bringing greater parental/caregiver awareness to the cognitive, social and emotional development of children, ECHO placed great importance on the promotion of good health in the early childhood phase of the life cycle. It thus supplemented the work of MoHWE Community Health Aides (CHAs) to include RCP concepts and tools designed to strengthen the parent/guardian education and child development dimension of the work.

**Figure 5. Primary school enrolment 1995-2015**



The ECHO pilot demonstrated the need for further effort to ensure sustainability and institutionalization of these vital home-visiting services in order to expand outreach to disadvantaged families who do not have access to centre-based services.<sup>39</sup> Without

<sup>38</sup> Evaluation of Early Childhood Outreach Programme (ECHO) Pilot, Commissioned by UNICEF

<sup>39</sup> See UNICEF Office for the Eastern Caribbean Area 2015 for details.

ECHO-type services, developmental screening is often inadequate to detect and treat physical, emotional, social, behavioural, sensory and communication delays before children enter the formal education system. Because home visit programmes focus on enhancing cognitive development and socialization skills, to a certain degree they are helpful in detecting and addressing some developmental problems early on.

Although these programmatic approaches work with families, community members and teachers, continued effort to build closer relationships between parents, teachers and health-care workers is needed. A major bottleneck that weakens the ongoing efforts of health professionals to monitor and address physical and developmental progress of children through routine milestone visits to local health facilities is the limited number and quality of counselling professionals providing services to the health and ECD sectors. Increased investment in the number and level of training of caregivers, leaders and teachers and health workers is required, particularly to maintain or improve the existing teacher to student ratio as enrolment rises. ECD programmes

need to reach all children, particularly those in rural areas where parents adhere to long-held cultural and traditional practice of keeping younger children at home. Additional resources and a broader range of skill sets will be required to extend coverage to reach the most vulnerable and disadvantaged (indigent communities, migrant families, children living with disabilities, and families in remote areas). Moreover, a national multi-stakeholder coordination mechanism across the service delivery divisions such as health, social development, family services, gender affairs, education and human resource development is essential for improved coordination.

### Primary education

Primary education caters to students aged 5 to 11 years who attend kindergarten through grade six. Public schools are free, with private institutions benefitting from government assistance. Primary education continues to receive the largest share of the education budget: EC\$39.5 million in 2013; EC\$41.5 million in 2014; and, EC\$39 million in 2015. Progression through grades is automatic and on an age basis, although through parent and teacher collaboration a child may repeat a grade.

**Table 7. Primary schools at a glance, 2014–2015**

	Boys	Girls
<i>Net enrolment ratio (NER)</i>	95.6	96.8
<i>Gross enrolment rate (GER)</i>	106.1	105
<i>Gross intake ratio (GIR)</i>	115.7	110.8
<i>Net intake ratio (NIR)</i>	71.6	68.6
<i>Repetition rates</i>	4.5	3.4
<i>Dropout rates</i>	0.3	0.2
<i>Pupil teacher ratio (PTR)</i>	15	

NB: Figures are preliminary and subject to update according to revised population figures.

Source: Government of Saint Vincent and the Grenadines 2015b.



Universal primary education (UPE) was established as a national priority in SVG as early as the 1960s, seeking equal opportunities for girls and boys. Sweeping reforms in the education sector as a result of the OECS Education Policy Reform led to the abolishment of school fees and compulsory attendance from ages 5 to 14 in the mid-1980s followed by significant investments in the recruitment of human resources and construction and rehabilitation of schools in 2009. By 2015 there were 68 primary schools of which 57 are public and 11 private.<sup>40</sup> The Grenadines counts eight primary schools located on the islands of Bequia, Mustique, Canouan, Mayreau and Union.

The 2012–2017 Education Sector Development Plan (ESDP) targets underperformance issues of quality of education and student achievement (emphasis on literacy and numeracy), human resource development, collaborative partnerships, school management and financing. The National Economic and Social Development Plan (NESDP) 2013–2025 also reinforces effort and strategies to address the inadequate level of teacher quality and improvement in leadership and management of educational institutions.

Against this backdrop, the Government has made promising strides towards providing quality primary

school education to all children. In 2014/2015, total enrolment was 6,836 boys and 6,527 girls, with 10.57 per cent attending private schools. The number of new entrants to kindergarten who had attended preschool was close to 95 per cent in 2014–2015. Average daily attendance rates generally remain high (exceeding 95 per cent in 2013) with exceptions outside of the main towns and suburban areas. The repetition and dropout rates for 2013–2014 continue to be among the lowest in the OECS (see Table 7). Male dropout and repetition rates are slightly higher than among females.<sup>41</sup>



Whilst classroom space was boosted to achieve UPE, the decline in enrolment in primary school is in line with the steady decrease in population growth – for example, -2.3 per cent from 1991–2001<sup>42</sup> – and the decline in the population of children eligible to enter primary school, likely explained by migration and a decreasing number of live births. Similarly, the teacher to pupil ratio has also decreased from 26:1 in 2008–2009 to 15:1 in 2014–2015.<sup>43</sup> The primary school system counted 871 teachers in the 2014–2015 school

<sup>41</sup> Ibid.

<sup>42</sup> Government of Saint Vincent and the Grenadines 2015a.

<sup>43</sup> Ibid.

<sup>40</sup> Government of Saint Vincent and the Grenadines 2015b.



year, 82 per cent of whom were female.<sup>44</sup>

As with most countries in the sub region, SVG has struggled to skill-up teachers and attract males to the teaching profession. The percentage of trained teachers (completion of basic teacher training for graduates of secondary school) has steadily increased from 51 per cent in 1995–1996 to 85.7 per cent in 2014–2015 and more persons are being awarded undergraduate degrees. However, despite efforts to develop the appropriate teaching curriculum at the SVGCC and supportive government initiatives to provide scholarship opportunities, the number of persons with higher education degrees in teaching remains small. By the 2014–2015 school year, only 17.8 per cent of primary school teachers had at least an undergraduate degree.<sup>45</sup> In 2013, for example, only 52 (4.5 per cent) of the 1,169 students enrolled in the SVGCC were in teacher education.<sup>46</sup>

SVG is one of several countries in the sub-region to have introduced information and communications technology (ICT) programmes to primary schools with the One-Laptop-Per-Child Programme in 2010. This very ambitious programme, designed to foster the use of online resources for research and educational purposes, is aligned with a long-term vision for ICT to be fully integrated into education in order to prepare Vincentians to perform in an increasingly technologically advanced society. Training has been provided for teachers and administrators, but the programme is still in an embryonic state and struggling with some maintenance and access issues. When examining the bottlenecks and barriers challenging the achievement of quality primary education for all Vincentian children, a good starting point is to examine student performance on the Caribbean Primary Exit Assessment Exam (CPEA) and school leaving examination. The CPEA replaced the

Common Entrance Exam in 2014 when 1,934 pupils sat for exams covering language, mathematics and science with a 78.08 per cent pass rate. A total of 1,822 students sat for the exams in 2015 attaining an overall pass rate of 80.90 per cent. Girls out-performed boys in both 2014 (girls 87.50 per cent and boys 69.67 per cent) and 2015 (girls 73.28 per cent and boys 73.28 per cent), and all those who sat for the CPEA went on to placements in secondary school.<sup>47</sup>



It can be difficult to understand why nearly a quarter of children enter secondary school after less than passing performance at the primary level given the high levels of access to ECE opportunities; primary education consistently receiving the lion's share of the education budget; high daily attendance rates at the primary level; increasing numbers of professionally trained teachers including basic training and/or graduate degrees; newly revised curricula in core subject areas; government increases in school supplies and materials; upgrades to physical school environments; the introduction/integration of ICT; and, school feeding programme benefitting 60 per cent of student population (targeting pupils of a low socio-economic background and those who are nutritionally vulnerable).

Interviewees suggested that children living outside urban and suburban areas may not be accessing the

<sup>44</sup> Ibid.

<sup>45</sup> Government of Saint Vincent and the Grenadines 2015b.

<sup>46</sup> Government of Saint Vincent and the Grenadines 2015a.

<sup>47</sup> Government of Saint Vincent and the Grenadines 2015b.



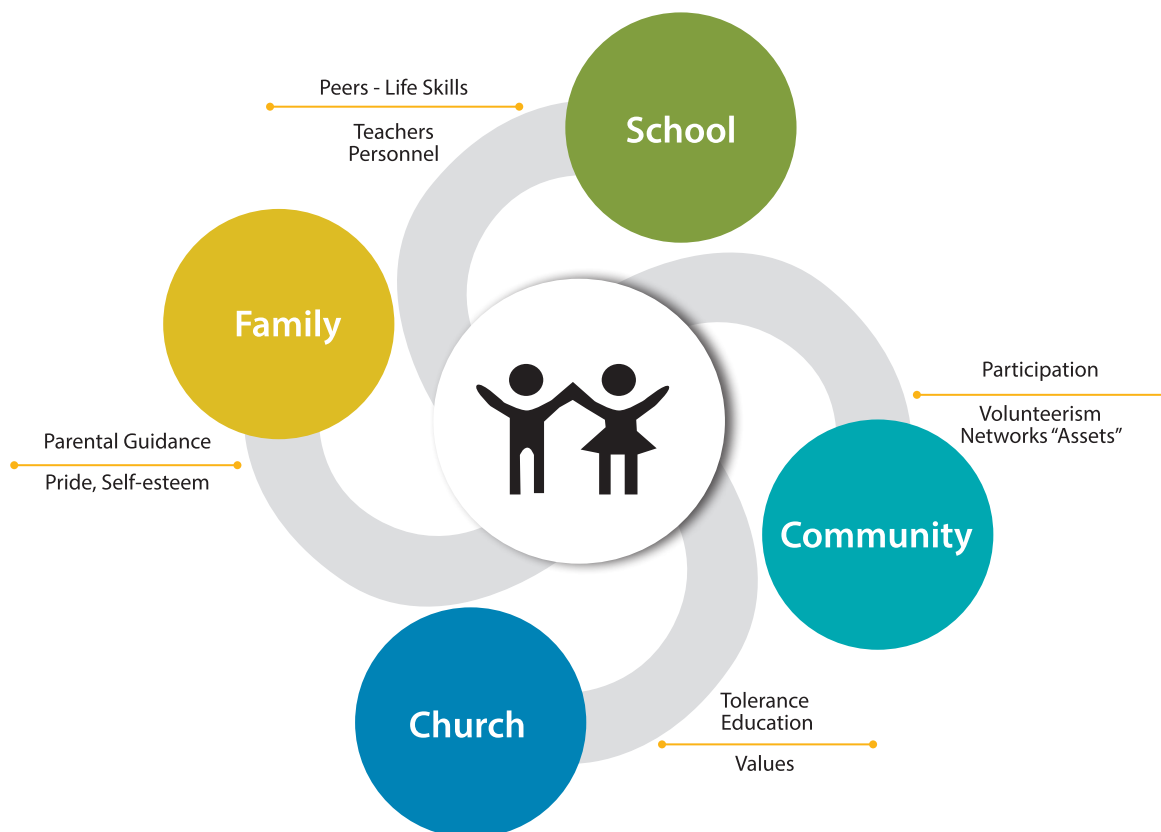
same quality of education as those in the cities and large towns. Standards in the school environment fall short in these areas, and the belief that the better-trained teachers are placed in the urban schools was often expressed.

Getting children into primary school at the right age, ensuring that they progress smoothly and facilitating completion are key elements to sustained UPE. In 2014–2015, 5.9 per cent of children entering kindergarten were younger than the official starting age of 5 and less than 0.5 per cent were 6 years old. The age of school entry is an important factor for both grade repetition and early school leaving.

Progression from kindergarten through grade six is equally important to sustain UPE. Inequalities begin very early, with the children at greatest disadvantage

falling behind at the very start of their schooling experience. Prospects of children entering, progressing and completing primary education is directly linked to their household and community situations. The more positive the school experience, the more easily children can develop ‘healthy connectedness’ in other areas (see Figure 7). The degree of healthy connectedness children experience with parents, families, communities, church and the learning environment can determine a successful start and completion of primary education. The more children experience healthy connectedness across all these areas, the more they are able to foster values such as mutual respect, responsibility and service within the community so as to access every opportunity to value themselves and to experience well-being.

**Figure 6. Environments of ‘healthy connectedness’**



It is important to understand the underlying causes of underachievement. Although the overall daily attendance rate is high, poor attendance is more likely to occur among the lowest consumption quintiles than among the higher quintiles, with illness, financial problems and transport issues most often cited as the cause of absenteeism. Student performance often falls among the households from the lower quintiles because they have little adult supervision and support for homework. Children living with high levels of poverty, disabilities and/or dysfunctional home environments are at greatest risk of experiencing psychological, social and developmental barriers during their primary years. They perform poorly due of improper nutrition, attention deficit disorders and inability to concentrate due to dysfunctional family environments and, sometimes, domestic violence. Most teaching staff are not trained to address these issues.

The Child Friendly Schools (CFS) concept, launched in 2012 with the introduction of 13 pilot schools, has demonstrated that it can help to improve the quality of education by creating a respectful and creative learning environment. It focuses on positive behaviour management, with the principles of student-centred classrooms, democratic participation and inclusiveness. It is designed to: help children learn how to meet the challenges of modern life; enhance children's health and well-being; guarantee them safe and protective spaces for learning, free from violence and abuse; raise teacher morale and motivation; and mobilize community support for education. CFS in SVG help children, teachers and communities to identify the inappropriate behaviours and identify the best action to respond to bullying and sexual abuse. The success of this model is impressive, as noted in a UNICEF-supported studies of CFS.<sup>48</sup> The study noted a decrease use of corporal punishment, often seen as a bottleneck to successful completion of primary

school. The lessons learned from this evaluation can be useful in orientations on human rights that should be part of training for teachers and other school personnel.

The specialized counselling services that are needed to deal with relationships, communication disorders and school and family environmental issues continue to be constrained by the limited number of trained professionals as well as the limited areas of special skills represented in the pool of counsellors needed to respond to children facing hardship and learning difficulties.



“ The quality of the experience is a key element for completing primary and secondary education satisfactorily... this alone can determine whether education ‘outputs’ are sufficient to prepare and/or permit adolescents for continuing the life long learning agenda and/or flow seamlessly into the workforce...”

Interviewee

## Secondary education

Access to secondary schools was a major barrier for Vincentian children until the late 1990s when the Government launched policy initiatives and allocated a considerable budget to the education sector in general, including teacher training. Universal secondary education (USE) was introduced in 2002 and attained in 2005. The Education Act (2006) and successive sector development plans emphasized equity, access and quality education for all. Progress

<sup>48</sup> CFS Practices in schools in St. Lucia, Anguilla, Antigua and Barbuda, UNICEF Area Office of Barbados, 2014

has been steady since: The number of secondary schools went from 21 in 2000 to 26 in 2015; enrolment climbed from 7,939 in 2000–2001 to 10,286 in 2014–2015; the number of teachers was recorded at 405 in 2000–2001 and 685 in 2014–2015; the student-teacher ratio has decreased from 20:1 in 2000–2001 and levelled out at 15:1 since 2011–2012; and total expenditure on secondary school education was EC\$12.3 million in 2000–2001 and 37.5 million in 2014–2015. Three of the 16 secondary schools are located in the Grenadines serving children on the islands of Bequia (2) and Union (1). Although only seven of the 26 schools are privately owned, nearly 28 per cent of all secondary students attend these private schools and government contributions are significant to ensure a high standard of operation.<sup>49</sup> All but four schools (two all-boys and two all-girls) are co-ed.

The school selection policy permits those scoring in the top 500 on the exams to enrol in the school of their choice. Otherwise, geographical location determines enrolment. The perception that this policy does not always work was shared by many interviewees, as many parents prefer to enrol their children in urban or suburban schools for convenience and/or the belief that “urban schools are better equipped and have the best teachers”.

---

*“I managed to get through the experience. . . it was very difficult, but like my grandmother said, you just have to suck salt”.*

19 year old from Canouan who graduated from secondary school in St. Vincent

---

Children completing primary school on the island of Canouan (in the southern Grenadines) must relocate to the mainland for secondary school because daily round-trip ferry rides are not an option due to cost and time. In the 2014–2015 school

year, 142 students were enrolled in the Canouan Government School, the only primary school on the island, and 18 sat for the CPEA. The parents of successful students are required to seek housing for them on Saint Vincent, often with non-relatives, and cover expenses for housing, food and transport during the five years of secondary school. Children and families interviewed in Canouan underscored the hardship experienced, particularly if more than one child per family is attending secondary school. They spoke of being separated from family, community and social networks and of pressures to excel in an effort to meet family expectations in view of the ‘sacrifice’. Those who complete secondary school feel a strong obligation to continue with tertiary education in order to maximize the family investment. Although no statistics were available, interviewees reported a number of dropouts due to these hardships in addition to a small number of students who were unable to attend secondary school due to financial constraints.

While the Government has made significant progress for education access and quality, recent national reports and analysis acknowledge several important challenges.<sup>50</sup> Access does not always translate into quality of education. Too many children in SVG, especially boys, complete primary school without the basic skills needed to perform successfully in the areas of mathematics, language and science. This results in them struggling academically in secondary school and potentially dropping out at an early age. Although the dropout rate has declined from 3.2 per cent in 2009–2010 to 1.9 per cent in 2014–2015, the majority of dropouts occurs in form 3, with boys more likely to leave school early than girls.<sup>51</sup> The 2007–2008 CPA report notes that dropout and absences from school in the lower economic consumption quintiles are attributed to a number of causes, including: illness; financial problems; truancy; not worth going/

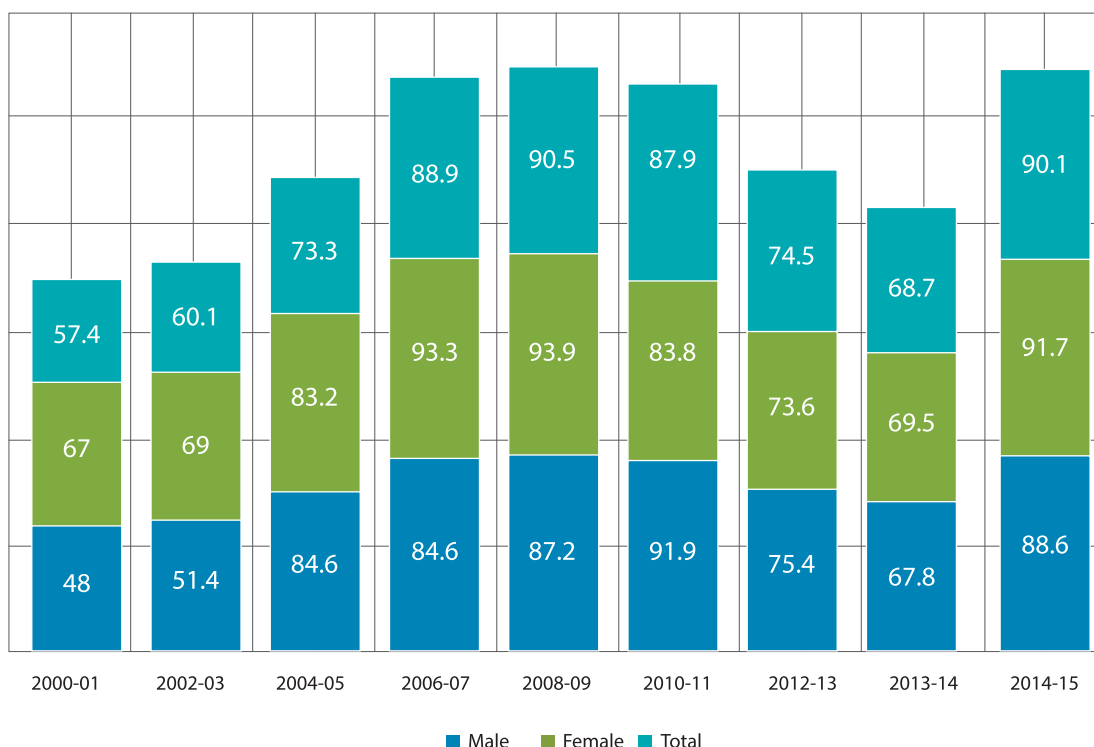
<sup>49</sup> Government assistance largely covers the salaries of teachers. Enrolment in privately owned secondary schools is based on annual school fees whereas government-owned schools are free.

<sup>50</sup> Education for All 2015 National Review, for example.

<sup>51</sup> Government of Saint Vincent and the Grenadines 2015.

low interest; and finding employment as a means of improving their quality of life. Dropout rates for girls have declined as the country has recorded a moderate decline in teenage pregnancy rates.

**Figure 7. Secondary school net enrolment rate, 2000-2015**



Secondary education in SVG typically begins at the age of 11+ for five years of study from Form 1 through Form 5 finishing with the Caribbean Examinations Council (CXC)/ Caribbean Secondary Education Certificate (CSEC) or 'O' level exams. Girls have represented about 49 per cent of the student body since the 2010–2011 school year. There were very few (eight) early entrants (below the official age of 5) in 2014–2015, but over 1,102 pupils were 17 years or older during the 2014–2015 school year (62 per cent male), of which 61 were aged 19+. Repetition rate for 2014–2015 was slightly over 13 per cent from Form 1 to Form 4 with only 2.2 per cent repeating Form 5. Repetition rates are consistently higher for boys than girls.<sup>52</sup>

The number of trained teachers at the secondary level in the 2013–2014 school year was the highest in the OECS (58 per cent compared to a 56 per cent average).<sup>53</sup> Nearly 55 per cent of the 685 secondary teachers had at least an undergraduate degree for the 2014–

*"Students are learning how to use their laptops for writing assignments, but I have also learned how to spot assignments 'cut and pasted' from the Internet. The programme has also helped teachers to collaborate better and more efficiently using our phones and laptops for messaging, etc."*

**Secondary teacher on Bequia**

2015 school year. The MoE has long acknowledged the feminization of the teacher corps in SVG, as over

<sup>52</sup> Ibid.

<sup>53</sup> Government of Saint Vincent and the Grenadines 2015a.

65 per cent were female in 2014–2015, and has made efforts to recruit and train more male teachers in order to provide positive male role models for boys and girls. Ensuring a solid initial base training for secondary teachers continues to challenge the Government due to issues related to employment qualification and teaching licensing issues, and the lack of consistency in providing appropriate and timely updating of knowledge and skills.

The Government introduced a revised curriculum a decade ago geared towards the CXC, which takes place in form 4 and 5. An important innovation is the introduction of ICT in the school system, discussed earlier. Teachers are using the ‘One Laptop per Child’ programme in creative ways to enhance the teacher network and challenge students to improve research and homework skills. Students interviewed agreed that the laptop helped them to look up information, create presentations and projects and work in small groups on assignments. However, working from home can be a challenge for many students, particularly for those coming from disadvantaged families, as only 57 per cent of the population have access to the Internet.



The overall pass rate in the CSEC increased from 71.16 per cent in 2014 to 75.16 in 2015. However, less than 30 per cent of students achieved five subjects passes including English and mathematics in 2011–2014 (19 per cent in 2011, 18 per cent in 2012, 20 per cent in

2013 and 29 per cent in 2014), with girls outperforming boys.<sup>54</sup> This means that more than 70 per cent of students did not attain the minimum matriculations required to continue their academic education. In the 2013–2014 school year, only 825 of the 1,511 pupils sitting the CSEC exams achieved a pass in five subjects, and only 445 achieved a pass in five subjects including English and mathematics. Generally, more students are sitting for the CSEC compared to the period before universal access, but they are not scoring strongly in English and particularly mathematics. Those taking the exam tend to do better in subjects such as social studies, integrated science, electronic document preparation and principles of business.

### Technical, vocational and educational training

The focus of formal education in SVG, as with most Eastern Caribbean countries, has traditionally been academic results rather than vocational or technical outcomes. However, with only 30 per cent or less of secondary students primed to continue their academic education after form 5, the success of USE will likely be determined by its relevance to labour market demands.



<sup>54</sup> Organisation of Eastern Caribbean States 2015.



The success of the National Literacy Crusade (NLC) and universal access to secondary education paved the way for the integration of technical and vocational education (TVET) within the secondary curriculum, offering opportunities for long-term roles for both adult and continuing education (ACE) and the TVET sub-sectors. The management of TVET is currently under the authority of the Division of Technical and Vocational Education within the MoE. In addition to four TVET centres (2012) and partnership with the SVGCC, 15 full-time programmes are currently offered across three departments at the associate degree level. The TVET sub-sector developed a strategy through the STATVET Project, with competency-based training developed in 90 different trades.



The Government has taken steps to broaden the scope of ongoing TVET initiatives by expanding the supply of skilled and employable labour with certification that has national and regional acceptability. A National Qualification Department (NQD) was established with the passage of the Sector Skills Development Act of 2010. The NQD is mandated to certify all vocational programmes in SVG and is responsible for the certification of National Vocation Qualifications (NVQ) as well as the development and implementation of training programmes in the TVET sector. The Caribbean Vocational Qualifications (CVQ) programme, introduced in 2012, is beginning to produce graduates who will go for the certification.

For example, 12 persons completed the CVQ Electrical Installation Programme in 2017.

The CVQ framework: (1) allows for regional recognition of skills across the CARICOM Single Market and Economy (CSME) as the qualifications are officially recognized across the region; (2) develops progressive learning with a modular approach (300 to 600 learning hours) and is effective in guiding individuals in their choice of training since it informs the competencies required to move to the next level of proficiency; and (3) values prior learning and makes certification possible as self-taught or informally learned competencies can be assessed and certified. The CVQ programme is designed to facilitate certification corresponding to a changing environment of specific occupational areas that are relevant to employment needs and based on a regional set of standards and competencies.

With support from the CDB, the Government has also taken steps in 2016 to enhance the learning environment for expanded and improved TVET inclusive of rehabilitation works at the Kingstown, Georgetown, Camden Park and Barrouallie Technical Institutes and the Bequia

---

*“... the notion that TVET is for slow learners is a major barrier to achieving TVET objectives. Also more pathways and loop-back options for students to access higher education are needed to eliminate the perception that TVET programmes are dead-ends.”*

---

Interviewee

Community High School. The funding also earmarked construction of state-of-the-art classroom blocks and ancillary works for the technical institutes as well as construction of science and technology labs at Bishops College and Dr. J. P. Eustace Memorial Secondary. In addition to capacity building for an enhanced and sustainable TVET system, this will lay the groundwork for accelerated access to training for at least 1,000 unemployed youth and adults at-risk, including 90 inmates at the Kingstown Prison.

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

### Education for children with special needs

The Government ratified the UN Convention on the Rights of Persons with Disabilities in 2010. An official number of persons living with disabilities in SVG was not available, but discussions with civil society suggest that the overall number of children with disabilities could be considerable.



Inclusiveness and equity are themes central to the education legal and policy framework in SVG. The Education Act (2006) and the ESDP 2012–2017 clearly state that the goal of education in SVG is to attain “A well-managed, effective and efficient education system based on national policies of inclusion and transparency”.<sup>55</sup> The Government remains committed to eliminate any form of discrimination and inequality within the educational system.

### Principles guiding education in St. Vincent and the Grenadines:

“...a person who is eligible for admission to an educational institution or school as a student shall not be refused admission on any discriminatory ground .... [D] iscrimatory ground means a ground based on religion, race, place of origin, political opinion, colour, creed, social status, physical handicap and in the case of mixed gender schools-sex.” Part III, Division 3, #27

Three centres for children with intellectual or mental disabilities exist in SVG (one in Bequia) serving 113 children (2012), and all three receive government funding. There is no fee for children attending these schools. However, the location of the schools does not coincide with the areas in which this population resides.

Moreover, enrolment in the schools represents less than 1 per cent of pre-primary and primary-school-age children in SVG whereas general estimates for children with disabilities in any given population is 7 to 10 per cent.

In the absence of an early intervention programme, children with special needs often enter preschool or primary school without options for advancement into the mainstream educational system. Without properly trained teachers and access to technological devices to assist those with hearing and visual impairment, these children are denied the opportunity to realize their right to education. Governance in the special schools and the policy environment needed to ensure re-integration into mainstream schools are very weak. The MoE employs one education officer with the responsibility for special needs education (SNE). There is an acute shortage of teachers skilled to work with children with disabilities at all levels of the education system. Sporadic workshops have been conducted to train teachers (training of trainers) in assessment and intervention strategies. However, difficulties were encountered to release them from their ‘routine’

<sup>55</sup> Government of Saint Vincent and the Grenadines 2014, p. 18.

activities to train others. The SNE schools have very little access to specialized support in terms of teachers, curriculum material, assessment, diagnosis and therapeutic intervention services in speech and language or clinical psychology.

In terms of physical access, all three schools are located in two-storey buildings and only one has wheelchair access to the second floor. Wheelchair access is also a problem at mainstream schools. Washrooms and handrails would greatly facilitate access to all schools for children with exceptionalities.

Child Friendly Schools (CFS) include a focus on training that aims to combat attitudes towards children with exceptionalities including disabilities, and the CFS approach was recently introduced at one of the schools for children with special needs. However, two serious problems that remain regarding the education of children with disabilities are the stigma facing those children who are mainstreamed in the public school system and the extension of educational opportunities to children in rural areas who remain in their homes.



# 5

# The Right to Protection



*States parties shall take all legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*

*Such protective measure should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement. (CRC, article 19).*

As outlined in the CRC, all children under 18 years old have the right to be protected from sexual, physical and emotional abuse and neglect, among other forms of mistreatment. Actors and institutions at the individual, interpersonal, community, organizational and policy levels bear the duty of delivering the services and enabling environment essential for the realization of this right.

Investing in children is central to the development targets set out in SVG's key planning documents, which prioritize poverty alleviation and strengthening the social protection framework and policies, with particular attention to children and the most vulnerable. These planning documents convey the Government's view of social protection as a basic right for all, one that it continues to translate into policies, programmes and activities that meet the best interests of children, with a focus on those children most at-risk, vulnerable and excluded.

SVG is steadily building an impressive framework of support for its children that calls for the involvement of and interventions from ministries, civil society and

development partners. Early childhood care services are accessible for much of the population. All children are enrolled in primary education. Health care is widely accessible. Women and children in need can find referral services from the Family Services and Gender Affairs Divisions and Liberty Lodge Training Centre, under the Ministry of National Mobilization, Social Development, Family, Gender Affairs, Persons with Disabilities and Youth (MNMSD). A range of social transfers, grants, public assistance and protection services are available for direct relief in the areas of counselling, foster care, housing, education and welfare. Optimal implementation of these services and programmes are dependent on a robust legal and institutional framework, which includes the 2011 Child Care and Adoption Act, the 2011 Status of the Children Act, the 2015 Domestic Violence Act and the National Child Protection Policy (the first of its kind in the Caribbean, launched in April 2016). A draft Child Justice Bill is under discussion as of this writing.

The Criminal Code (section 125) establishes the age of sexual consent at 15 years and makes sexual intercourse with a girl above the age of 13 but below the age of 15 punishable by imprisonment for up to five years.<sup>56</sup> In 2011 the Government ratified the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime, and established a ministerial National Task Force against Trafficking in Persons in 2012. SVG passed the Cybercrime Act in 2016 to protect children from sexual exploitation, prohibiting the use of children in pornography and further stipulating that the procurement and distribution of child pornography is illegal.

<sup>56</sup> The Criminal Code goes on to explain that a man is not guilty of an offence under this section if he is under the age of 19 years and has not previously been charged with a like offence and, at the time of intercourse, he believed the girl to be of or over the age of 15 and had reasonable cause for that belief.



Moreover, steps taken in mid-2016 to institutionalize the national mechanism on monitoring, reporting and follow-up of human rights treaty obligations are intended to facilitate timely preparation and reporting to the various human rights treaty bodies.

The 2007 Joint Report by the United Nations Office on Drugs and Crime and the Latin America and the Caribbean Region of the World Bank raised the alarm regarding an increase in sexual assault, sexual violence and domestic violence in the region.<sup>57</sup> The universality of child sexual abuse is not in doubt, but many experts agree that per capita rates of sexual violence against women and girls in the Caribbean are higher than the global average. The well-respected research conducted region-wide by the University of Huddersfield and commissioned by UNICEF helped to deepen the understanding, magnitude and complexities of child sexual abuse in the region.<sup>58</sup>

### Birth registration

Article 7 of the CRC calls for the registration of a child immediately after birth. In 2013, the Government estimated that 1,420 children under the age of 18 did not have their names registered and approximately 15,000 birth certificates did not include the father's name. In response, it launched the 'Catch Up Birth Registration Campaign' in January 2013. A second phase, implemented later in 2013, was expected to ensure that all children were registered by 2015. This initiative is region-wide and received support from UNICEF and the Foundation for the Development of Caribbean Children.

To address the issue, the MoHWE introduced a bedside registration procedure at Milton Cato General Hospital, where the majority of births took place in 2011–2015.

This effort will ensure birth registration is completed in a timely and efficient manner and that the right for every child to be registered at birth is respected. This process requires fathers of children born out of wedlock to be present with their own birth certificate and valid picture identification in order to have their name immediately entered on the birth record. These initiatives are designed to ensure that every child is fully registered before s/he leaves the hospital.

### Sexual, physical and emotional abuse and neglect



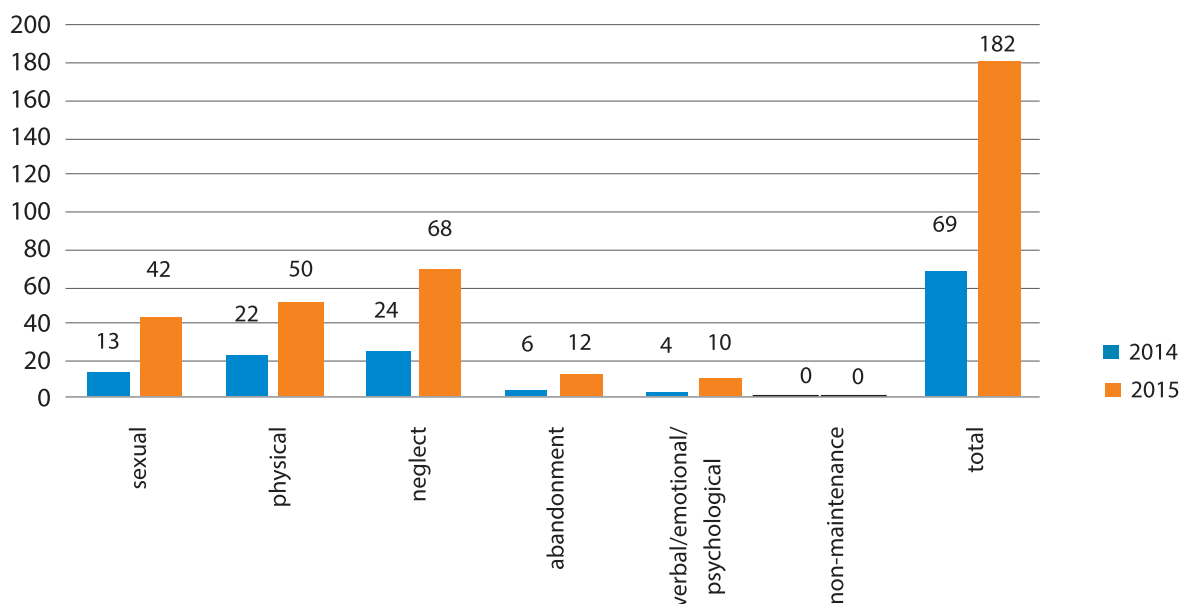
The Children (Care and Adoption) Act of 2010 established the office of Directorate of Family Services mandated, under the leadership of the Minister of MNMSD, to carry out the provisions of the Act (Part II), which includes principal responsibility for documenting and processing cases of sexual, physical and emotional abuse and neglect of children. Because child protection issues are treated by numerous ministries and departments (education, health and labour, for example), centralization of data collection has been an issue for most island nations until recently. Changes in the interpretation of 'abuse' and in the categorization of data from year to year, as well as lack of disaggregation by age and sex, make it difficult to interrogate the data for detailed analysis. Reform of protection frameworks across the region have aided in standardizing a data collection format and informing strategies on how these data can be used. The M&E

<sup>57</sup> Crime, Violence, and Development: Trends, Costs, and Policy Options in the Caribbean, A Joint Report by the United Nations Office on Drugs and Crime and the Latin America and the Caribbean Region of the World Bank, March 2007

<sup>58</sup> Child Sexual Abuse in the Eastern Caribbean. University of Huddersfield and UNICEF (2010)

Unit in the Family Services Division has made much progress in terms of centralizing data collection and monitoring.

**Figure 8. Number of child abuse cases, 2014 & 2015**



Whilst some data can be found in media reports and ad hoc documents, Figure 8 provides overall numbers prepared by the M&E Unit of cases of abuse reported during for 2014 and 2015. As this data illustrates, the number of reported cases more than doubled over the two-year period, with neglect and physical and sexual abuse leading in number of cases and more female than male victims in both years (95 per cent of sexual abuse cases reported in 2015 were of girls).

With regard to the ages of the victims, 17 per cent and 43 per cent are under 10 years of age in 2014 and 2015, respectively. The majority of abuse incidents occur in the 10–14 age group. It should be noted that numerous incidents might have been reported involving the same child and thus the 251 cases reported during 2014 and 2015 do not necessarily reflect the total number of child victims.<sup>59</sup>

<sup>59</sup> Source of figures: Government of Saint Vincent and the Grenadines 2016.

**Table 8. Beliefs about what constitutes sexual abuse (%)**

	Yes	No
Engaging in sexual activities with a child	97	3
Indecent exposure (showing private parts to a child)	94	6
Physical contact of a sexual nature (like touching or stroking child's private parts)	98	2
Showing pornography to a child	93	7
Asking to see a child's private parts	96	4
Voyeurism (peeping/looking at a child's private parts for adult sexual gratification)	95	5

Source: Social Survey on Attitudes to Corporal Punishment, Child Sexual Abuse and domestic Violence in the Eastern Caribbean, UNICEF, 2014

Findings from the 2007–2008 CPA noted that sexual abuse, mainly of children, was common.<sup>60</sup> The 2014 CGA further noted that, “community members expressed deep concerns about crime and, in particular, domestic violence and the abuse of child”.<sup>61</sup> Although many interviewed for the SitAn during the fieldwork saw child sexual abuse as “socially repugnant”, “unacceptable” and “terribly traumatizing”, the general perception is that it remains “endured” or “tolerated”. It is suspected that many cases are still not being reported.

Despite numerous calls throughout the Caribbean for repealing laws that permit the use of corporal punishment, the practice continues in schools, at home, in residential centres and as a sentence for crime. In May 2014, UNICEF conducted a survey on attitudes to corporal punishment, child sexual abuse and domestic violence in the Eastern Caribbean (including SVG) that included face-to-face interviews with 600 adult men and women. It showed that 61 per cent of respondents in SVG understand what constitutes corporal punishment and 45 per cent generally support its use. More support for corporal punishment was found among the older group of

respondents (31–50 years) than the younger group (21–30), 52 per cent and 31 per cent respectively. The results indicate a slight cultural shift in terms of acknowledging that discipline of children is possible without the use of corporal punishment (83 per cent) and a possible willingness to see a ban on the use of corporal punishment in schools (46 per cent) and in the home (27 per cent).

**Table 9. Reason people do not report child sexual abuse (%)**

Fear of negative consequences	69
Embarrassment at stepping forward	70
Belief that it is not their business	59
Belief the process will take too long	58
Do not know who to report to	42
Belief the authorities will not act	49

Source: UNICEF survey, 2014

With regard to child sexual abuse, 62 per cent of the respondents in the survey believed this to be a major problem in the country, which agreed with the perceptions of those interviewed for the SitAn exercise. Nearly 100 per cent of the survey takers said they understood what constitutes child sexual abuse (see Table 8); 37 per cent personally knew of a child who had been (or was still) a victim; and 26 per cent knew of an instance that was reported. More than half

<sup>60</sup> Kairi Consultants Ltd. 2007–2008, p. 137

<sup>61</sup> Result of stakeholder discussions conducted for Vassall 2015, p. 80.

(28) of the 42 secondary school children interviewed in focus groups for the SitAn admitted knowing someone (friend or relative) who is/had been a victim of sexual abuse.

The majority of survey respondents knew what to do when confronting a situation of child sexual abuse, saying they would report the incident (59 per cent) or seek help for the child (3 per cent). However, 29 per cent of respondents said they would “keep silent”. Reasons survey respondents gave as to why they think people do not report incidents are shown in Table 9. Interviews for this SitAn indicate some similar views on why many cases continue to go unreported: (1) SVG is a small society and the chance of breach of confidentiality may be costly in terms of the stigma and long-term memory on the islands; (2) negative consequences of cultural values prevail that devalue the role and place of children; (3) there is a belief, among both men and women, that the end of childhood for a girl coincides with beginning of menstruation; (4) many of the perpetrators are powerful people who can influence status and income in a small society; and (5) abuse often occurs in poor, single female-headed households where the mother has ‘visiting’ boyfriends.

When it comes to reporting incidents of child sexual abuse, the Children (Care and Adoption) Act calls for a mechanism to implement mandatory reporting (Child Abuse Protocol 2006) of abuse cases, with penalties for failure to comply. Operationalizing such a mechanism will take time and more advocacy efforts. The UNICEF survey and the SitAn interviews confirm that much work is yet to be done to: (1) convince children, parents, and service providers to take the appropriate action when learning that a child has been abused (report the incident to relevant authority); (2) ensure that the child is protected and counselled to avoid cumulative effects of the incident; and (3) apprehend and prosecute the perpetrator to the full extent of the law.

Discussions and interviews equally pointed out the importance of legislation addressing the issue of child abuse and pornography. The use of cell phones to access pornography and the mounting prevalence of ‘sexting’ among teenagers were raised as genuine concerns. Sexting was recently sensationalized in a story widely reported in the print media and openly discussed on radio talk shows. With newly approved legislation that will facilitate prosecution of adults engaging in child pornography activities, this is an area that is no longer uncharted territory for Vincentians. However, success in processing and sentencing perpetrators of sexual, physical and emotional abuse and neglect remains very limited. Again, the discussions with stakeholders gave the perception that there are serious delays in the court processing system and a lack of capacity to respond to breach of orders. Discussants also noted that “a payoff to the parents” often occurs before a case gets to court.

In an effort to strengthen parental responsibility and their ability to support and protect their children, parenting programmes are being conducted by MNMSD, The Marion House and other NGOs and faith-based organizations. The Marion House, established in 1989 and facilitated by the Roman Catholic Church, implements several programmes designed to improve parenting skills and economic conditions as a means to reinforce parent-child relationships. While many of the current parenting initiatives tend to be attended by mothers – overlooking the need to involve fathers – recent trends indicate a conscious effort to target men. The National Parenting Programme conducted two cycles of child protection parenting sessions in 2015, including ‘Men as Partners’. Others programmes focus on parents of high-risk children and/or children who are already in ‘the system’ due to care and protection issues.

Children who experience sexual, physical and emotional abuse and neglect can face enormous

difficulty normalizing their lives, and in many cases there are long-term effects that can be debilitating. With limited counselling and psychological support capacity, the Family Services Division is strapped in its effort to do more in providing support to child victims and their families. Working with child victims requires trained and experienced personnel, who are in limited supply in SVG and the sub-region in general. Offering an incentive for university students to specialize in areas needed and providing opportunities for exchange visits to other countries can help to fill this gap. Peer groups and networks at community level and in schools can provide support for child victims and help to eliminate the stigmatization associated with child abuse.

The data collection and collation capacity in SVG has greatly improved over the past five years, as has the willingness to report. A 'Breaking the Silence' awareness campaign, launched in April 2013, has greatly influenced this change. However, children living with disabilities and those in migrant communities experience added vulnerabilities specific to their status. For example, migrant families may not report abuse cases for fear of deportation even though these children have the right to the same assistance as nationals. Children with speech and hearing disabilities can meet unique challenges in reporting and processing cases of abuse.



The Government has a National Child Protection Policy Framework (2015–2020) in place and is strongly committed to investing more in services and resources required to fight child abuse. Many of the actions that are needed to improve the institutional response to the sexual, physical and emotional abuse of children in SVG are included in existing sectoral plans and pending legislation. Additional actions for enforcement, advocacy, mapping, reporting and monitoring would strengthen the existing framework. The qualitative analysis for the SitAn presented a general perception of high crime, anti-social behaviour and 'delinquent' misbehaviour among youth. Interviewees attribute the cause to a complex interaction of risk factors including but not limited to: poor parenting (lack of "care and control"); increasing numbers of female single-parent households; unemployment; growing drug use (alcohol and cannabis); teenage pregnancy; problems with suspension/expulsion/dropout from school; child abuse and exposure to violence; and general poverty. Careful causal analysis of these risk factors shows that not all households headed by single females are at the centre of criminal behaviour among young people.



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

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

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

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



## Residential care and adoption

The placement of a child in a "suitable institution for the care and protection" should only occur when it is in the best interests of the child and when the child cannot be placed within a family environment (CRC articles 9 and 20). Adoption should only be undertaken as a uniquely child-centred practice and only if it is in accordance with all of the other rights of the child concerned. The Family Services Division is responsible for social and community services that assist families on protection issues as provided for under the Children (Care and Adoption) Act 2010. There are several formal

social assistance programmes in SVG, but many of the existing programmes are currently dispersed across ministries and agencies with very modest budgets and often informal coordination mechanisms. This loosely structured system can present obstacles to finding effective, appropriate and swift solutions to children in need of protection. This is particularly important for children who must be removed from the home and require a temporary solution until they can be permanently placed with biological family members or in foster care.

## Residential care

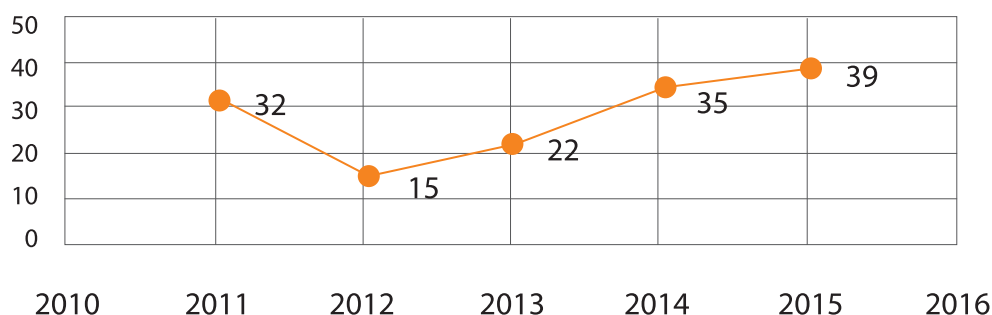
**Table 10. Residential Care Centres**

Residential Care Centres		Capacity
<b>Guadalupe Home for Girls</b>	12-18 years abused, abandoned, at-risk	
<b>Liberty Lodge Boys' Training Centre</b>	7-16 years olds	
<b>Salvation Army</b>	Safe haven for vulnerable children	
<b>Bread for Life</b>	Safe haven for victims of neglect and abuse, children with HIV/AIDS	24
<b>St. Benedict's Children Home</b>	3 months -4 years short- and long-term care	

Residential homes provide care and protection for children suffering from neglect and abandonment, sexual or physical abuse or homelessness or whose parent/ guardian/caregiver is unable to care for them. In 2016, there are five residential care centres in SVG

(see Table 10) with approximately 143 children in care over the period of 2011–2015 (see Figure 9). Although the centres take in children from 0–18 years, nearly half of the children in care are between the ages of 10 and 14.

**Figure 9. Children in residential care, 2011-2015**



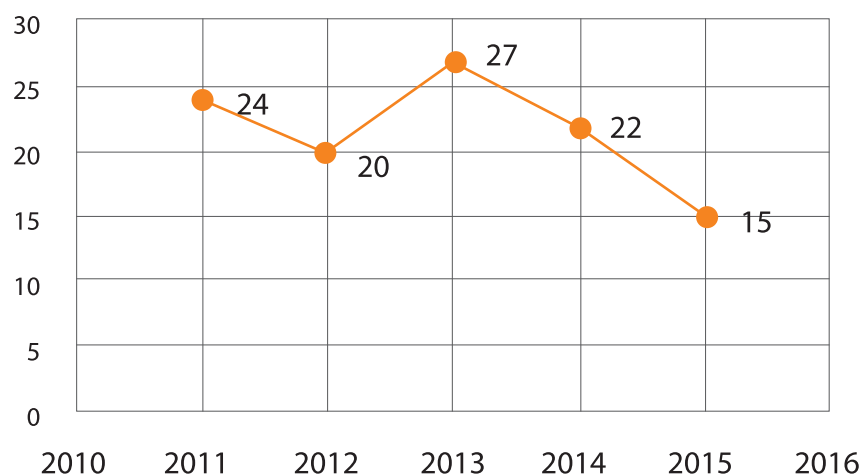
Children are assigned a case worker from the Family Services Division who has oversight for the operation and delivery of child care services, including the responsibility for developing a ‘care plan’ for each child that should be routinely monitored and reviewed with care centre staff. There are no local residential care centres in the Grenadines. The system struggles with large and demanding caseloads, insufficient staff capacity and fragmented formal written procedures to guide and standardize processes. These reported weaknesses are major barriers to effective and efficient monitoring of standards set for residential care centres, but addressing them is an integral part of the social protection reform underway.

In accordance with the Children (Care and Adoption) Act 2010, the Director of Social Services guides the placement of children in foster care in cases of an absent parent or guardian. In 2016 there were 98 children in foster care and 24 children in kinship care in SVG.<sup>62</sup>

Administrators interviewed for the SitAn suggested that a closer partnership between care providers and Family Services would allow them to “better prepare” the children for their arrival, stay and exit from the residential services they provide. SVG could benefit from a more robust policy framework and strategy (with appropriate support and resources) to help the Family Services fully operationalize its mandate for: (1) timely investigation of all reported and suspected cases of child abuse; (2) governing/monitoring the process of placing children in residential and alternative care services (when and for what reasons); (3) introduction of a complaint mechanism with procedures for effective implementation of foster care; (4) staff and adequate resources to ensure closer engagement with families of children who are in care in order to strengthen home environments in preparation for reintegration/return; (5) monitoring the standards and conditions of all residential care centres; and (6) re-enforcement of the mandatory reporting abuse or suspected abuse cases.

<sup>62</sup> Government of Saint Vincent and the Grenadines 2016.

**Figure 10. Number of adoptions, 2010-2015**



Numerous awareness and prevention activities are conducted throughout the year under the leadership of the MNMSD. The introduction of child testimony via video link in 2011 represents a major milestone to combat witness intimidation and protect young victims from the results of stigma. Because Family Services collaborates with the police force, MoE, MoHWE and a wide range of NGOs and faith-based groups, a functional, vigorous multi-stakeholder coordination mechanism is needed to support all actors and stakeholders to fully realize their important role as duty-bearers.

### Adoption

The Children (Care and Adoption) Act 2010 sets forth basic principles that guide adoption decisions including:

- Aligned with the CRC, the best interest of the child, both in childhood and later life, must be the paramount consideration
- Adoption must be respected as a service for the child, not for the persons wishing to acquire and care for the child
- The given name of the child, identity, religious ties and cultural identity shall, as far as possible, be identified and preserved.

The Act addresses issues such as single person adoption, role of review panel, maintenance of an adoption list, improved supervision of placement, framework for inter-country adoption and good care and placement

practices. The Act equally establishes the composition and functions of the Adoption Committee, created in November of 2016, which was instrumental in re-establishing the rhythm of the overall process after a brief hiatus. Sixty-one per cent of adopted children in 2011–2015 were female and 59 per cent were under the age of 4 (see Figure 10 for the number of adoptions finalized during this period).<sup>63</sup>

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

*The reform of the juvenile justice system will see “Our youth prosper and have second chance opportunities in life”*

Minister of State Frederick Stephenson, October 2013

The series of laws that govern the treatment of children in conflict with the law in SVG are outdated (the Juveniles Act, the Probation of

Offenders Act, the Corporal Punishment of Juveniles Act and the Criminal Code). Under the Juveniles Act, for example, the age of criminal responsibility is 8 and the Act does not speak to treatment of children between the ages of 16 and 18. (The CRC establishes the definition of a child as below 18 years of age.) Under this Act, children aged 16–18 can legally be sent to jail or sentenced to death. Further the Criminal Code leaves

<sup>63</sup> Ibid.

a window open for sentencing a child over the age of 16 to death and permits the court to detain him/her at Her Majesty's pleasure in lieu of the death sentence.

The Family Court, which became operational in 1995, hears and addresses all criminal cases involving juveniles. There are interview and counselling rooms, hearings are held in camera and there are restrictions on reporting of juvenile matters. Although the Act states that a child shall be provided with legal representation by the State, juvenile offenders in SVG have difficulty accessing legal aid services, limiting access to legal representation or appeal for poor families. There are no remand facilities for juveniles who, if they are not freed on bail, are remanded in police stations, where they sit on benches in full view of the general populace and adult detainees. If a juvenile is considered 'unruly' or violent s/he could be placed in a cell at the police station or remanded to adult facilities. Moreover, as noted above, corporal punishment remains a lawful practice as a sentence in criminal cases. Generally, the current juvenile justice system is concerned with punishment as opposed to prevention and restorative justice.

Under the leadership of the MNMSD, a situation analysis was completed and a juvenile justice reform project launched in 2013. This speaks to establishing and implementing a juvenile justice process that (1) respects and conforms to international instruments and standards; (2) incorporates diversion of cases away from the formal court processes; (3) provides for a compulsory initial inquiry procedure; (4) ensures that trials of juveniles take place in an appropriate court;

and (5) underscores the notion of restorative justice. Reform of the Juvenile Justice Act will complement the 2011 Children's Act and improve the legislative and policy framework, increase human resource capacity, transform programmes and strengthen the role of civil society.

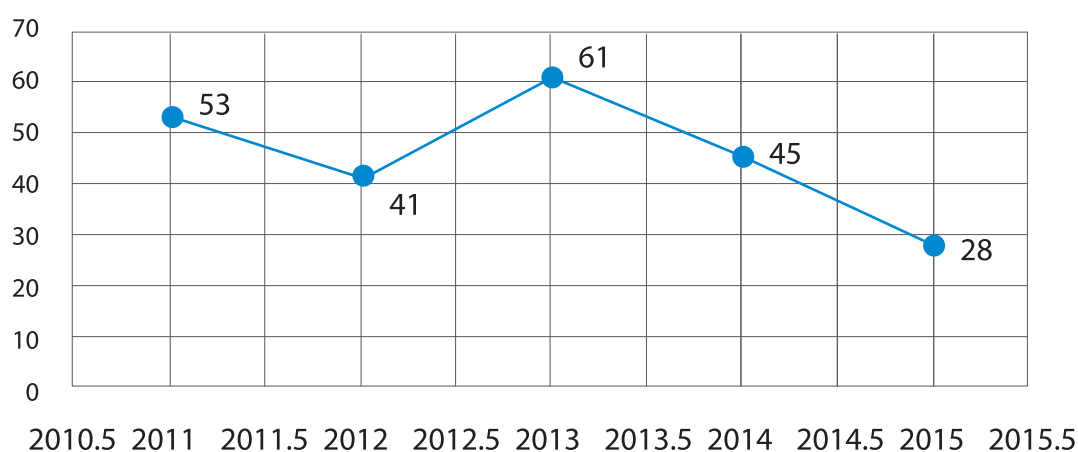
The reform project intends to further render the Juveniles Act compliant with the CRC using the OECS model child justice bill as a guide. The model bill was produced by the OECS as part of regional juvenile justice reform to harmonize the judicial process for children accused of committing offences and can be contextualized to national realities. Changes under discussion call for the establishment of a Child Justice Committee to preside over the initial inquiry stage of juvenile justice proceedings.

**Table 11. Main types of juvenile offences, 2011–2015 (#)**

Theft	50
Unlawful malicious wounding	25
Burglary	22
Unlawful sexual intercourse	20
Buggery	15
Indecent assault	15
Damage to property	14
Wounding	13
Actual bodily harm	13
Assault	12

Source: Government of Saint Vincent and the Grenadines 2016.

**Figure 11. No. of juveniles arrested, 2011-2015**



Despite these positive proposed law reform advances, there are significant gaps in the social service infrastructure vital to support the effectiveness of the laws, including adequate probation services, enhanced legal aid and other important services. The newly rehabilitated Liberty House Boys Centre is designated as a secure facility for the treatment and rehabilitation of young boys (7–16 years), providing them with a structured programme. They spend part of each weekday doing academic subjects in a classroom setting, studying agriculture both in the classroom and in the field and studying woodwork in the workshop. Skills-building programmes are designed for each boy. The educational programme includes computer literacy and fine arts, and recreational facilities are available. Those with academic promise continue schooling at public primary and secondary schools. The rehabilitated Centre will provide treatment and reintegration services in view of the ultimate objective of providing interventions that will allow children to go back into their communities, able to function as productive members of society.

Under diversion, a Court will refer juvenile offenders to the probation service, which aids in the rehabilitation process by providing supervision, guidance and counselling. The juvenile is normally enrolled in a relevant life skills course provided by community-based organizations. For most OECS countries, preventative

and diversion programmes, where juveniles who have committed an offence are kept out of prison, are becoming the preferred option as they emphasize rehabilitation approaches within a restorative justice framework rather than criminalization and punitive measures. Referral options are available to ensure diversion of juvenile cases away from formal criminal court procedures towards community support, particularly at the pre-charge stage of the process.

According to a 2015 UNICEF-supported background paper prepared for Parliamentarian's Symposium on Juvenile justice, the most common nature of offences for which juveniles in the OECS region are charged is assault, wounding, harm, theft, stealing, burglary, indecent/obscene language, fighting, possession of drug, sexual offences and care and protection.<sup>64</sup> Children in diversion programmes were most commonly arrested for theft, bodily harm, common assault, shoplifting and petty theft. Although the Government made available basic data trends on juvenile offences for the period of 2011–2015 (see Table 11), analysis on the scope and categories of juvenile offenders is somewhat constrained by the limited data available. Of the 228 juveniles arrested in 2011–2015 (Figure 11), over 90 per cent were male, and 79 per cent of the boys were under

<sup>64</sup> Background Paper on the Status of Juvenile Justice in the OECS and other specified Caribbean Countries, commissioned by the OECS Secretariat, October 2015



the age of 15 compared to 66 per cent of the girls who were under the age of 14 years.<sup>65</sup>

### Adolescent pregnancy

The problem of adolescent pregnancy continues to be a focus for the Government, with an adolescent (age 15–19) fertility rate of 51.7 births per 1,000 in 2014.<sup>66</sup> According to the 2007–2008 CPA, 49.3 per cent of women reported having their first pregnancy between 15–19 years of age and 2.5 per cent had their first child before the age of 15. Although cultural paradigms have shifted to more modern views, with more accessibility to contraceptives and information concerning sexual and reproductive rights, the 2012 Housing and Population Census noted 16.9 per cent of births were to teen mothers. The United Nations Population Fund cited SVG among several Caribbean countries with the highest rate of teenage pregnancy (with Belize, the Dominican Republic, Guyana and Jamaica).<sup>67</sup>

*"The area that continues to worry my ministry is teenage pregnancy. The teenage pregnancy rate in 2012 remained high, standing at 17.9 per cent with eight girls between 11 and 14 giving birth"*

Health Minister Clayton Burgin, March 2013

As is the case in several Caribbean nations in the sub-region, legislation allows for pregnant teens to continue at school for as long as possible. Policy also provides that girls may go back to school after giving birth. However, few opt to do so due to the stigma attached to teenage pregnancy, and it should be noted that the decision to return is often 'delegated' to the school principal or administrator. If girls do opt to return, they usually go to a different school. Girls who do not go back to school but desire to complete their secondary

education are able to enrol in courses that allow them to attain their certificate of completion and sit for exams. Government programmes provide support for fees associated with these courses that allow young mothers to gain employment and independence. The Marion House offers parents between the ages of 15 and 25 a chance to improve their parenting skills and rebuild self-esteem and confidence through the Young Parents' Empowerment Programme.

The public health system offers provision for access to modern contraceptive methods. While abortion is generally prohibited,<sup>68</sup> many interviewees perceive the introduction to the 'morning after pill' as a principle reason for the decline in adolescent pregnancies and insist that abortion, while illegal, is accessible. The legal age of consent to sex is 15 but the legal age of majority is 18. Below the age of 16, the law requires parental consent for medical treatment. Access to contraceptives and other aspects of sexual and reproductive health (SRH) care and services for 15-year-olds is restricted although legally they are allowed to have sex. Adolescents have little access to SRH information. Health services provide very basic family planning options that include distribution of condoms. Most schools do not offer comprehensive sex education despite the evidence that the number of sexually active adolescents in SVG is high. Open dialogue between adults and children regarding sexuality and reproductive health rights is likely constrained among a population that is predominantly conservative Christians.

65 All statistics from Government of Saint Vincent and the Grenadines 2016.

66 World Bank 2014, <http://data.worldbank.org/indicator/SP.ADO.TFRT?locations=VC>.

67 UNFPA 2013.

68 "[U]nder the Section 149 of the *Criminal Code Cap 124*, a pregnancy may be lawfully terminated in order to save the mother's life or preserve the mother's physical or mental health; in cases of rape, incest, or foetal impairment; or for economic or social reasons; if the medical practitioners attending to the woman/girl agree 'in good faith' that circumstances warrant such an action" (Vassall 2014).

# 6

# The Right to Health



*Children have the right to live. Governments should ensure that children survive and develop healthily (CRC, article 6).*

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

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

There are nine health districts in SVG, each managed by a District Medical Officer who reports on service use, statistics and disease patterns. Public sector health services are delivered through five rural hospitals, one secondary care facility in the capital, one polyclinic and 39 health facilities. Reports on basic health indicators, such as births attended by a skilled health care worker and immunization coverage, are excellent.

**Table 12. Number and ratio of health professionals**

	Number	Ratio (per 10,000 pop)
Physicians	102	9.5
Registered nurses	229	22.9
Lab technicians	10	0.9
Pharmacists	12	1.2
Psychiatrists	1	0.1
Psychologists	1	0.08
Nutrition officers	3	0.3
Social workers	3	0.3

*Source: PAHO, Health in the Americas, SVG 2011.*

At the primary care level, health care is through a network of health centres. Secondary care is accessed through the 211-bed Milton Cato Memorial Hospital (MCMH) – the country's only government-operated acute care referral hospital providing specialist care – staffed with 24 physicians and surgeons, while five rural hospitals provide a minimum level of secondary care. The MCMH has limited trauma capacity (about 60 cases) and X-ray facilities, and the Caribbean Medical Centre (separately operated) provides CAT scan. A diagnostic

laboratory, blood bank and reliable ambulance service are also available. Specialist services (cardiology, oncology and endocrinology) and urgent catastrophic care usually require evacuation to a larger Caribbean island. The Government also operates a 186-bed mental health centre and the 106-bed Lewis Punnett Home for the indigent elderly and physically and mentally challenged adults.

With support from the Government of Cuba, a modern medical complex is due to be completed in 2016 in Georgetown to provide surgical, dialysis and outpatient units. Three health centres were also upgraded to polyclinics in 2010 (two in the Grenadines). Provision of health-care services by the private sector has grown in recent years to complement the limited specialty services and alleviate some of the burden on the public sector, particularly at the tertiary level. The Maryfield Hospital with 12 beds is privately owned and operated. Five private institutions with a combined bed capacity of 55 offer resident care to the elderly. The use of private health-care establishments, largely by middle-class families and others who can pay, is increasing due to their high-technology diagnostic equipment, specialist outpatient care and medical investigations and the perception of shorter waiting time.

Hospitals provide support to all 39 health centres through a wide range of services, including ambulance, laboratory, maternal health, radiology, obstetrics and gynaecology, eye care and testing, dental care and surgery. On average, each centre is equipped to cover a population of 3,000. There is good geographic coverage of public health services, with few people having to travel more than three miles to access care. Community Health Aides (CHAs) also provide outreach services to rural households, largely through the ECHO Project (see section on early childhood education in Chapter 4). CHAs receive a basic six-month training in Integrated Management of Childhood Illnesses (IMCI) that focuses on the proper identification and treatment of childhood illness within the home, community and health facilities.



Two of the nine health districts cover the Grenadines, where several islands are required to ferry to the larger islands for some services. The island of Canouan (estimated population 1,800), for example, has one doctor who operates a recently opened clinic. Pharmacy services can be very basic and expensive on many of the Grenadines, with reliance on delivery from the mainland via ferry and air services. The public health workforce grew very slightly from 2005 to 2010. Whilst the number of registered nurses grew by over 58 per cent from 2006 to 2010, in some professions the number declined (nursing auxiliaries, assistants, lab technicians, psychiatrists, dentists and nutrition officers). Many OECS countries reflect this trend due to the emigration of health-care workers to Canada and the United States in the mid-2000s.

The SVG Strategic Health Plan dates to 2007. Although the National Economic and Social Development Strategy (NESDS) outlines basic health strategies, an updated plan is needed to address emerging issues such as chronic non-communicable diseases (NCDs). The capacity of the Ministry of Health, Wellness and the Environment (MoHWE) for evidence-based planning, monitoring, evaluation and budgeting could be strengthened. The SVG Planned Parenthood Association and the media are energetically engaged in SVG's health sector. However, formal mechanisms for citizen engagement are weak, and consumer feedback systems are ad-hoc.

The health-care system is reasonably funded, with external funds received for the HIV/AIDS response and refurbishment of health facilities. HIV/AIDS funding is decreasing as the epidemic is stabilizing and sustainable systems are put in place. The Government allocates about 9 per cent of the capital and recurrent budget to health each year, and the percentage of government health expenditure is estimated at 4 per cent of GDP. The Government provides funding for 63 per cent of health care cost annually, with 30 per cent allocated to primary health care, 42 per cent to secondary health care and 28 per cent to education, administration and pharmaceutical supplies.<sup>69</sup> As a member of the OECS, SVG participates in the Pharmaceutical Procurement System, which results in savings through high-volume purchase of basic drugs.

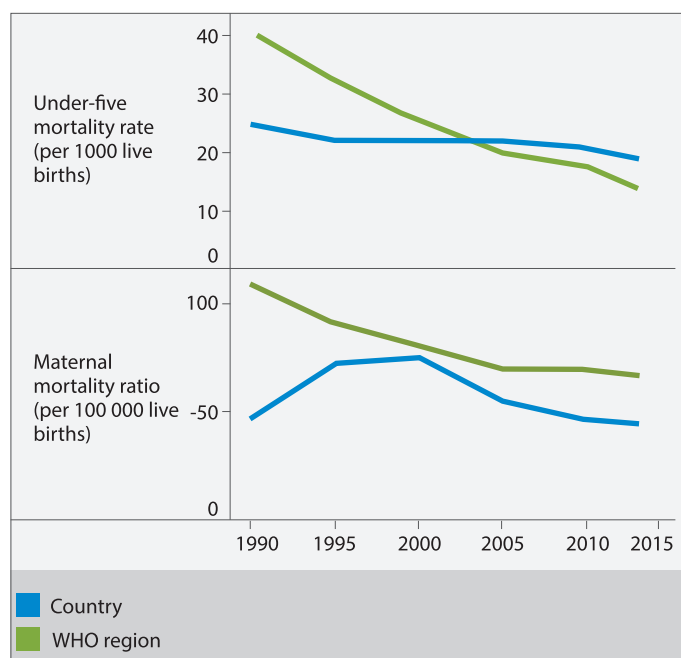
The Population Housing and Census Report in 2012 noted an increase in the use of medical facilities from 19.6 per cent in 2001 to 22.4 per cent in 2011, with more women than men having utilized a medical facility with one month before the census. The main medical facilities utilized were district health centres/ health clinic (48.3 per cent), private doctor's office (28.8 per cent) and public hospital (17.2 per cent). Other less commonly utilized facilities were pharmacies (2.1 per cent), private clinics/hospital (1.1 per cent) and family planning clinics (0.2 per cent).<sup>70</sup>



<sup>69</sup> PAHO

<sup>70</sup> Census Office 2012.

**Figure 12. Under-5 and maternal mortality, 1990–2015**



Source: WHO. Global Health Observatory (<http://www.who.int/gho/en/>) St. Vincent and the Grenadines Country Profile

Against the targets set forth in the MDGs, SVG registered a number of achievements in health in 2006–2015: a decrease in the incidence of vaccine-preventable diseases (nearly 100 per cent immunization coverage); a decline in communicable diseases due to improved sanitation and food handling; and continued access to antiretroviral drugs, which has helped to reduce the number of AIDS-related deaths and improved the quality of life for persons living with HIV. As a result, there has been a general reduction in both infant and maternal mortality and overall increased life expectancy for Vincentians. The health system has prioritized action to meet cross-cutting challenges by putting in place strategies that favour intersectoral collaboration as the foundation of health promotion and use of public messages to deliver essential health information to the public. It continues to maintain strategic cooperative relationships with the United Nations, NGOs, faith-based organizations and the private sector to ensure maximum outreach and effective public education.

However, SVG still faces significant challenges related to the health and well-being of its women and children (see below). The 2007–2008 CPA highlights issues of inequity particularly regarding the delivery of health care to indigent, poor, vulnerable and migrant communities.<sup>71</sup> The unacceptable level of gender-based violence places stresses on the health-care system. Although the capacity to provide secondary and tertiary care via the public hospital has increased, demand for such care has also risen due to the increase in NCDs, causing concern that the health system is becoming overburdened. These developments, coupled with the fact that the country is fast becoming ineligible for donor funding due to its high-income status, reinforce the need to put an updated national health sector plan in place – including both public and private aspects – to understand strengths and weaknesses, address challenges and follow-up with appropriate action for promoting greater efficiencies and strengthening the system.

### Infant and child mortality

The infant mortality rate (IMR) has not declined as steadily as in the rest of the sub-region (see Figure 12). It has fluctuated since 1995 when it was reported at 18 per 1,000 births, rising to a high of 25.7 in 2006, declining to as low as 13.7 in 2009 and reaching 17 in 2013.<sup>72</sup> The majority of infant deaths occur within the first 28 days and are due to prematurity and perinatal infections or congenital conditions originating in the perinatal period. According to UNICEF, 7.9 per cent of infants were moderately undernourished in 2008–2009, and although most infants were breastfed, only per cent were exclusively breastfed for at least three months.<sup>73</sup> The antenatal care coverage rate is reported at nearly 100 per cent in the MDG Progress report of 2009, with all births delivered in a hospital by a trained personnel.

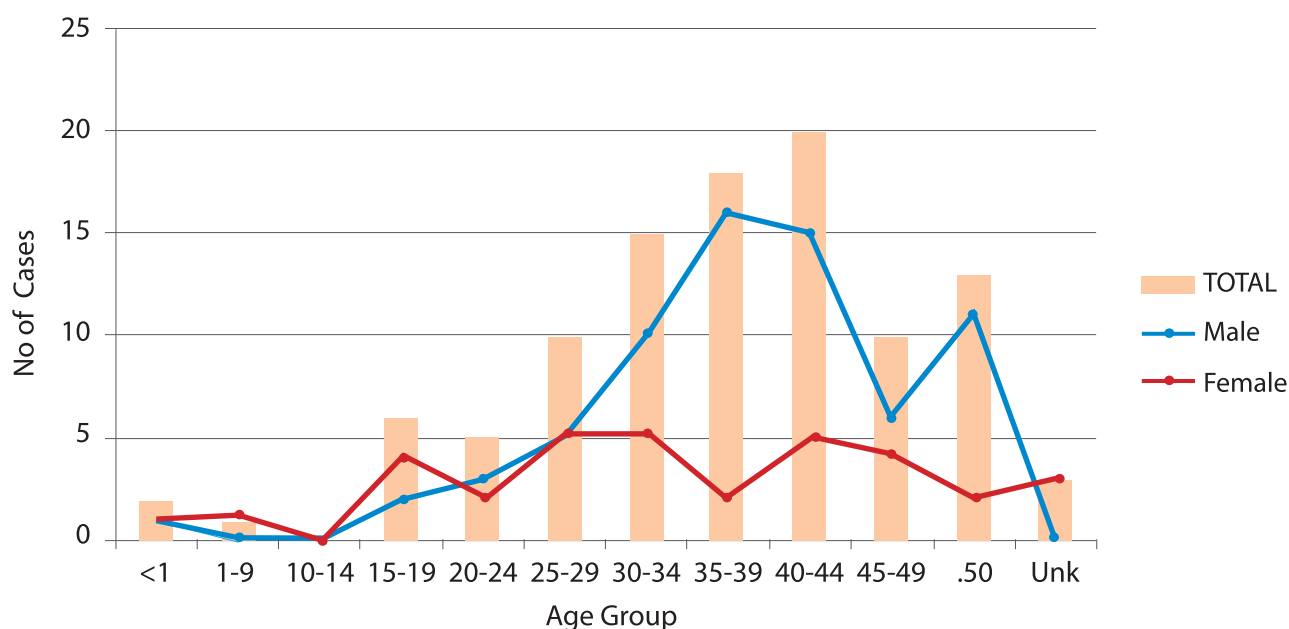
<sup>71</sup> Kairi Consultants Ltd., 2007–2008.

<sup>72</sup> UNIGME 2015, PAHO 2011 Health in the Americas, SVG.

<sup>73</sup> Ibid.



**Figure 13. Reported HIV cases by age group and sex, 2012-2013**



SVG has managed to achieve a steady decline in the under-5 mortality rate (U5MR), with 25 deaths per 1,000 births reported in 1990, 22 in 2000 and 18 in 2015.<sup>74</sup> The leading causes for morbidity in children under 5 years include acute respiratory infections and gastroenteritis. The U5MR average for the Latin America and Caribbean region was 19 per 1,000 births for 2015.<sup>75</sup> The MDG goal for 2015 for upper-middle-income countries was 18.

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

## HIV/AIDS

The Caribbean region has the second-highest HIV prevalence rate in the world after sub-Saharan Africa and, although the concentration of the epidemic is outside the OECS, HIV-related deaths continue to be the leading cause of death among the 25–44 age group in

the broader region. However, by 2012 – and largely due to a successful coordinated response – the region also recorded the world’s most profound decline (49 per cent) in infections since 2001. The remaining epidemic is concentrated in key high-risk populations including sex workers and their partners, men who have sex with men and men and women engaged in transactional sex.<sup>76</sup>

The first case of HIV was diagnosed in SVG in 1984, and a cumulative total of 1,093 persons were identified as HIV positive as of 2009, with consistently more males affected than females.<sup>77</sup> The highest annual number of HIV cases recorded was 108 in 2004. The number of HIV cases reported in 2010–2011 and 2012–2013 remained relatively constant at 103 and 108, respectively. Figure 13 shows the reported number of deaths in 2012–2013 reporting period by age group and sex.<sup>78</sup> Statistics for 2013 reveal a total of 264 adults and five children under 15 years receiving antiretroviral therapy (ART).<sup>79</sup>

<sup>76</sup> UNAIDS, Annual Report 2012

<sup>77</sup> Government of Saint Vincent and the Grenadines 2010.

<sup>78</sup> Ibid.

<sup>79</sup> Ibid.

<sup>74</sup> UNIGME 2015.

<sup>75</sup> Ibid.

With regard to the prevention of mother-to-child transmission (PMTCT) of HIV, a programme was initiated in 2000. By 2004, 8 per cent of the 796 reported cases of

HIV were vertically transmitted but by 2012–13 only 3 per cent were noted.<sup>80</sup> Since 2004, PMTCT has been well integrated in all health centres, with HIV an integral part of routine antenatal testing and screening. Treatment and care interventions have since reached coverage rates of 89 per cent and 84 per cent, respectively.<sup>81</sup> The SVG 2014 Global AIDS Response and Progress Report notes that five of the 269 persons receiving ART were under 15 years of age during 2013.<sup>82</sup>

**Table 13. Key PMTCT indicator data, 2012 and 2013**

	2012	2103
% of HIV-positive pregnant women who receive ART to reduce risk of MTCT	89.47% (17/19)	80% (12/15)
% of women living with HIV receiving ART meds for themselves or their infants during breastfeeding	100% (1/1)	100% 2/2
% of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	73.68% (14/19)	87% 13/15)

Source: HIV/AIDS/STI Clinic, Milton Cato Memorial Hospital

The Government has developed strong partnerships with civil society organizations (CSOs) in an effort to build a stigma-free environment. Work with the Caribbean HIV/AIDS Alliance (CHAA) and St. Vincent Planned Parenthood Association (SVPPA)/Population Services International has strengthened service delivery to the key target groups. These CSOs have boosted the distribution of free commodities including lubricants, condoms and information, education and communications (IEC) materials, the uptake of services

(family planning, sexually transmitted infections and HIV rapid testing) and the training of faith-based leaders and peer educators in the workplace, among others.

Although SVG acceded to the International Covenant on Civil and Political Rights in 1981 without reservations, there are few signs of a cultural shift towards upholding the civil and political rights of lesbian, gay, bisexual and transgender (LGBT) persons. Consensual same-sex sexual activity between men remains criminalized and carries a penalty of up to 10 years in prison. Arguments have been advanced in favour of repealing the law, but there is also strong resistance to change. Nevertheless, there has been ‘relaxed enforcement’. No official reports of violence or discrimination based on sexual orientation have been made, but some unofficial reports indicate that discrimination against LGBT persons continues and negatively affects their employment opportunities and willingness and ability to seek medical treatment and/or counselling on disease prevention.

*“We [my boyfriend and I] have a child but want to continue our education and raise our son together... but we need our parents help to get contraceptives.”*

*15-year-old new mother*

Sex education is taught in schools as part of the HFLE curriculum, but it does not include human rights issues of Lesbian, Gay, Bisexual and Transgender children. During the examination of the CRC report of SVG

in January of 2017, experts expressed concern for the treatment of LGBT children. The government delegation noted that homosexuality continued to be criminalised, however, discrimination against children on the basis of sexual orientation and gender identity did not occur because the determining principle was the best interest of the child. Treatment programmes and psycho-socio support is available through which they could express their views and have their voices heard.<sup>83</sup> Inclusion of LGBT rights issues in the HFLE would go a long way

<sup>80</sup> Ibid.

<sup>81</sup> Ibid

<sup>82</sup> Ibid.

<sup>83</sup> Committee on the Rights of the Child examines the report of SVG, Geneva, January 2017, <http://ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=21128&LangID=E>

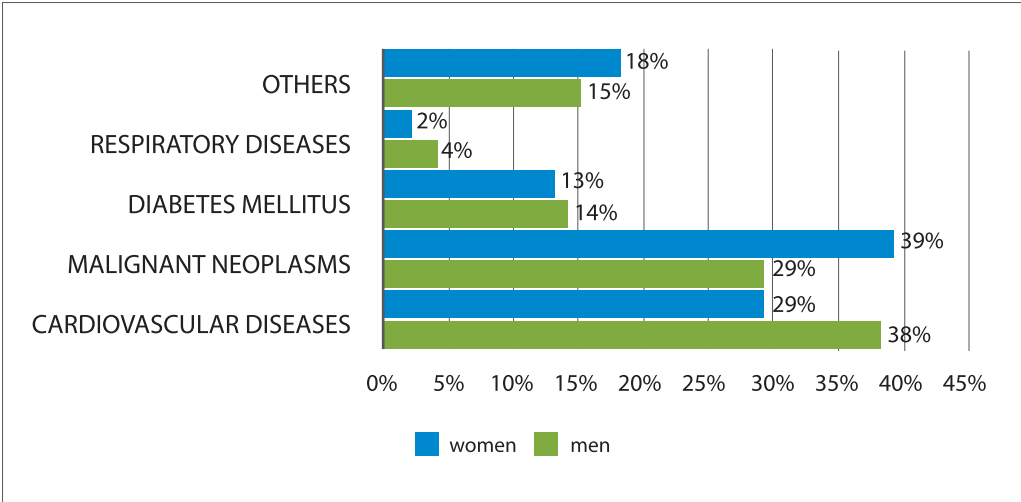
towards eliminating stigma of LGBT children. Moreover, with a predominately Christian population in the sub-region, teaching of SRH in general covers the minimum of information, as is the case in the sub-region. The Government has made provision for access to a variety of modern contraceptive methods through the public health system, without discrimination on the basis of sex. However, as noted above in the discussion of teenage pregnancy, adolescents (16 and under) require parental approval to access medical services including SRH information services. Laws and policies should be clear in protecting confidential SRH information for adolescents and an effort should be made to ensure user-friendly access including for adolescent parents who share childrearing responsibilities. The promotion and protection of adolescents' right to access

comprehensive SRH information should go beyond the distribution of condoms. The fight to stamp out the HIV/ AIDS epidemic must include access to family planning and sexual health education for in and out-of-school youth.

Chronic diseases and obesity

A major shift transforming the field of health has been the replacement of malnutrition and infectious diseases with chronic non-communicable diseases (NCDs) as major health issues. The functioning health system described at the beginning of this chapter is one largely designed to combat malnutrition and preventable infectious diseases and struggling to meet the demands of responding to increases in NCDs.

Figure 14. Percentage of premature deaths (30-69 years) from four major NCDs (2013)



According to the PAHO 2012 County Report, NCDs – including diabetes, hypertension, heart disease, breast cancer among women and prostate cancer among men – rank among the leading causes of adult illness, disability and death in SVG. Visits to health centres for NCDs totalled 29,868 in 2010, representing a 10.5 per cent increase over the 2005 figures.<sup>84</sup> Premature deaths caused by NCDs in the 30–69 year age group totalled 76 per cent in 2013, with 64 per cent of these due to the four major NCDs: cardiovascular diseases, malignant

neoplasms, diabetes mellitus and respiratory diseases (Figure 14).

The public health system is no longer adequate for optimal performance in an environment where control of NCDs requires: (1) different equipment (lab set-ups and x-ray tools), at both the central and sub-national levels, for investigation and diagnosis NCDs using delicate imaging instruments; (2) a change in outreach strategies including rigorous efforts to equip health personnel with skills to monitor and communicate for behavioural change; and (3) a higher quality of human

84 PAHO 2012.

resources to handle patients dependent on drugs and alcohol as a result of stressful home and work environments. Additionally, unlike the fight against infectious diseases, efforts to reduce the incidence of NCDs will not produce immediate results but require long and sustained input to register significant change. Data produced from growth monitoring efforts in 2008 and 2009 revealed that 86 per cent of children had normal weight for their age, 10 per cent were recorded as obese and 4 per cent were considered moderately undernourished.<sup>85</sup>

## Alcohol and drug use

**Table 14. Use of tobacco, alcohol and marijuana by secondary school students, 2010**

	Male	Female
Cigarette use		
Lifetime prevalence	26.31	16.15
Past year prevalence	7.98	3.69
Past month prevalence	4.37	1.2
Alcohol use		
Lifetime prevalence	71.98	59.67
Past year prevalence	53.89	39.98
Past month prevalence	39.35	17.97
Marijuana use		
Lifetime prevalence	20.13	
Past year prevalence	12.92	
Past month prevalence	5.82	

Source: CICAD 2010.

Alcohol over-consumption is a problem in SVG, with the total adult consumption reported at 6.26 litres per person per year in 2010, the highest rate recorded over nearly two decades.<sup>86</sup> Around 63 per cent of drinkers

prefer spirits over beer, wine and other alcoholic beverages. The prevalence of heavy drinking episodes was 9.6 per cent among males 15 years and older compared to 0.9 per cent among females.<sup>87</sup>

Due to the strong linkages between domestic violence, child abuse, HIV/AIDS and drug and alcohol abuse, robust coordination efforts between the different government agencies responsible for service delivery and protection services requires reinforcement. The recently established inter-ministerial commission on CNCDS, including child obesity, is an example. With the CSA reporting protocol under discussion and the revised national policy framework for child protection agreed upon, successful implementation will rely on a similar coordination mechanisms across national institutions.

Marijuana continues to be the main controlled substance used in SVG (see Table 14 for estimated use by secondary school students). Recent data on the prevalence of marijuana consumption show an increase over the figures presented in the table as indicated in the 2016 Report on Students' Drug Use in 13 Countries which notes that SVG went from 12.9 in 2010 to 19.4 in 2013 with regard to the past year prevalence of marijuana use.<sup>88</sup> Overall, males use cannabis more than females. A March 2012 article in the Observer stated that "Police have also observed a trend of younger

*"With high unemployment rates among youth many boys and some girls are growing ganja in the hills for money."*

Police officer

nationals entering the [drug] trade".<sup>89</sup> The same article mentioned that the Government estimates that there are "over 200 acres under marijuana cultivation". Government

<sup>85</sup> Ibid.

<sup>86</sup> WHO, 2014 Global Status Report on Alcohol and Health.

<sup>87</sup> According to the World Health Organization 2014, per capita consumption is defined as the per capita amount of alcohol consumed in litres of pure alcohol among individuals 15 years of age or older. Heavy drinking means consuming at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days).

<sup>88</sup> OAS CICAD, Comparative Analysis of Student Drug Use in 12 Caribbean Countries, pg. 39, 2010 and A Report on Students' Drug Use in 13 Caribbean Countries, 2016 (pg.73).

<sup>89</sup> The Observer, St. Vincent 'still source for most cannabis' in the Caribbean, March 8 2012.

efforts succeeded in eradicating 70 acres of marijuana, destroying 1.7 million plants and seizing 10.2 million tonnes of cannabis in addition to 39 kilogrammes of cocaine and 180 cocaine rocks.<sup>90</sup> It is estimated that 30 per cent of abusers use marijuana and only 2 per cent use cocaine.<sup>91</sup>

The trafficking of cocaine into SVG continues to decline. However, data show that the trans-shipment of cocaine in the Caribbean increased significantly in 2014 compared to 2013.<sup>92</sup> As SVG is on the trans-shipment route, it must remain vigilant as regards this situation. Interviewees indicated that the use of crack cocaine is mainly concentrated among older men and “users can be seen frequenting a ‘crack house’ located in downtown Kingstown”.

While discussions are underway in the region regarding the legalization of cannabis, most of the OECS Member States continue to strongly resist this idea.

---

<sup>90</sup> Ibid.

<sup>91</sup> Ibid.

<sup>92</sup> UNODC, World Drug Report, 2015



# 7

## The SDGs and a New Framework for Children



While the Millennium Development Goals (MDGs) set the international development framework for action until 2015, United Nations' Member States had agreed at the Rio +20 Conference to create a set of Sustainable Development Goals (SDGs) to coordinate the development efforts post-2015. The SDGs represent a new framework for global development that was officially adopted at the SDG Summit in September 2015.<sup>93</sup> The process of developing the SDGs was not limited to the United Nations; it involved vast participation from different stakeholders from civil society, private enterprises and citizens around the world.<sup>94</sup> There are 17 Goals (Table 15) and 169 targets. They are action-oriented, global in nature and universally applicable.<sup>95</sup> Indicators to measurable progress on outcomes have also been adopted.

Children, youth and future generations are referenced as central to the SDGs. Children are directly related to 12 of the goals and indirectly to the other five. The SDGs call for explicit targets on reducing inequality, ending violence against children and combating child poverty. At the same time, UNICEF emphasizes the importance of “leaving no one behind”; reaching first the poorest and most disadvantaged children must be reflected in all targets, indicators and national implementation frameworks as they are developed.<sup>96</sup>

The SDGs call for a “data revolution”. All targets must be measurable to ensure equitable results for all children. In addition, disaggregated data will be essential for monitoring equity gaps, strengthening social accountability and ensuring that the gaps

**Table 15. The 17 Sustainable Development Goals**

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

<sup>93</sup> UNICEF 2014.

<sup>94</sup> For more on the civil society engagement in the post-2015 debate, see [www.beyond2015.org/](http://www.beyond2015.org/) (accessed 18 June 2015).

<sup>95</sup> Based on <https://sustainabledevelopment.un.org/sdgsproposal> (accessed 18 June 2015).

<sup>96</sup> UNICEF 2014.

between the most and least advantaged groups are narrowing. Data should also be disaggregated by all grounds of discrimination prohibited by international human rights law, including by sex, age, race, ethnicity, income, location, disability and other grounds relevant to specific countries and contexts (e.g., caste, minority groups, indigenous peoples, migrant or displacement status).<sup>97</sup> The global framework of goals, targets and expected indicators for 2016–2030 have significantly expanded compared to the MDG era and will place higher demand on data collection. Adequate resources and increased capacities will be critical to generating quality disaggregated data for SDGs monitoring. This will be particularly challenging for SVG and other islands in the Eastern Caribbean area, given their resource and capacity constraints.

---

97 Ibid.



# 8

## Conclusion and Recommendations



This Situation Analysis (SitAn) has identified a number of areas in which action is needed in order to ensure that the rights of all girls and boys in SVG are realized. These general observations and recommendations are being made with the acknowledgement that a proper, equity-based analysis of the situation of children depends on the availability of disaggregated data covering different aspects that might influence their lives, including, but not limited to, gender, age and socio-economic status. While the Government produces some data related to children's rights, those made available for the SitAn do not capture the full range of issues to allow for an in-depth assessment of the situation of girls and boys related to education, health, social protection and child protection. Lack of data not only disrupts proper analysis, but also interferes with how public policies are designed, implemented, monitored and evaluated. Results-based public policies are connected to the availability and use of information.

SVG currently has insufficient infrastructure and human resources for consistent data collection, collation and presentation. Information collection and sharing can be highly centralized, often requiring high-level clearance before reports, studies, surveys and basic information regarding budgets and expenditures can be widely distributed. There is thus a lack of information sharing among government departments and CSOs and with the public in general. The absence of detailed and current data was notably acute in relation to indicators for inequality, gender, unemployment and social determinants of poverty.

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

### Legal and policy framework

The legislative framework for child protection in SVG is grounded in international and regional conventions. The Juvenile Justice Act, currently under discussion, will

hopefully align legislation with CRC standards, while the Domestic Violence Act of 2015, once proclaimed, will address the protection of children from domestic violence.

Nevertheless, there are still actions that need to be taken in order for the rights of children to be fully realized. It is recommended that the Government:

- i. Prohibit the use of corporal punishment of children in all settings including the home and as a sentence for crime and explicitly repeal the right "to administer reasonable punishment" in the Juveniles Act 1952 (as called for by the Universal Periodic Review)
- ii. Raise the age of marriage (currently 16 and 15) and make it the same for males and females
- iii. Raise the age of sexual consent to 16 years
- iv. Harmonize the age of criminal responsibility with the definition of a child as stated in the CRC
- v. Align the minimum age of employment with the age of compulsory education (16 years)
- vi. Implement the Juvenile Justice Bill, which embraces restorative justice and non-punitive approaches to dealing with children in conflict with the law, operationalize the Liberty Lodge Boys' Centre and complete a similar centre for girls
- vii. Update and implement of a national health strategy including for HIV/AIDS
- viii. Draft, approve and implement policies and legislation to guide service delivery in the area of NCDs and to reduce discrimination against persons living with HIV/AIDS
- ix. Accelerate the completion, adoption and enforcement of legislation and policies currently in draft form.

### Survival rights

SVG registered a number of achievements in health between 2006 and 2015: a decrease in the incidence of vaccine-preventable diseases; a decline in communicable diseases; and continued access to antiretroviral drugs. As a result, there has been a general reduction in both infant and maternal mortality and overall increased life expectancy. However, there are still significant challenges related to the health and well-



being of women and children, including the delivery of health care to indigent, poor, vulnerable and migrant communities; the high level of gender-based violence; an increase in non-communicable diseases (NCDs); and alcohol and drug abuse.

It is therefore recommended that the Government:

- i. Strengthen the capacity of the MoHWE for evidence-based planning, monitoring, evaluation and budgeting
- ii. Ensure there is an adequate number of health professionals to monitor and address the physical and developmental progress of children through routine milestone visits
- iii. Reduce adolescent pregnancies by introducing policies that empower girls, guarantee adolescents' access to reproductive health information and contraceptives and penalize those who abuse young girls
- iv. Improve outreach and communication with the LGBT community
- v. Create a programme for preventing and controlling child obesity with integral indicators and goals (involving all the relevant ministries)
- vi. Address drug and alcohol use among adolescents through educational programmes.

### Development rights

The Government has shown commitment to and made achievements in early childhood education (ECE), but important deficiencies persist in access, quality and system support. Despite universal access to primary and secondary education, there is room for improvement here also in terms of guaranteeing quality of education for all as, although these schools do not charge tuition, there are hidden costs in terms of uniforms, shoes, textbooks and – particularly for those in the Grenadines – transport (and even accommodation). To address some of these issues, it is recommended that policymakers:

- i. Expand access to ECE and improve standards
- ii. Takes steps to ensure that children from lower income quintiles attend ECE
- iii. Reinforce the multi-stakeholder coordination mechanism for ECE

- iv. Maintain and increase coverage and efficiency of government pro-poor education assistance programmes
- v. Address the issue of children lagging behind in school and ensure the retention of children and adolescents
- vi. Make secondary education more relevant by aligning the curriculum with current social and economic needs and steering it away from strict preparation for tertiary education
- vii. Increase the provision of vocational technical education in primary and secondary schools and address its low status.

### Protection rights

SVG is steadily building an impressive framework of support for its children that calls for the involvement of and interventions from ministries, civil society and development partners. However, while data on child abuse remain limited, interviews for the SitAn as well as previous surveys suggest sexual abuse is a major problem. Moreover, corporal punishment continues to be used in schools, at home, in residential centres and as a sentence for crime. It is recommended that the Government:

- i. Improve the data collection capacity with regard to statistics on victims of child sexual abuse as well as juveniles charged with offences (disaggregation of data by sex and age is essential)
- ii. Operationalize the mechanism for mandatory reporting of abuse cases, as called for in the Child Abuse Protocol 2006)
- iii. Enforce confidentiality and anonymity in those cases where children are the victims or perpetrators of violence
- iv. Promote programmes for improving parenting skills and include men in their parenting role
- v. Maintain funding of projects addressing troubled children and dropouts, particularly targeting residential care for children in need of care and protection
- vi. Improve standards, monitoring and support to residential care services including collaborative partnerships.

## The SDGs and the future

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

For SVG, that means some strategic changes in terms of producing and using data. Information systems that collate, manage and generate information should be easily accessible and shared across different agencies and with partners to produce evidence-based decisions and a national research agenda that fills the notable gaps in the existing body of knowledge.

With the rebound from the global financial crisis, budgets are stretched thin according to real growth and competing priorities. These times of austerity

require the development of innovative private-public funding partnerships at the local, national, regional and global level. The shift in human and financial resources toward emerging priorities such as NCDs, TVET, ECE and poverty eradication will be a costly one, coming at a moment when the economy is showing timid signs of recovery. Careful consideration should be given to child-centred initiatives and to sustain recent gains in the areas of education.

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

# Bibliography

Caribbean Development Bank (CDB), 'Country Strategy Paper 2014–2018', CDB, Wilkey, Barbados, February 2014.

Census Office, Central Planning Division, '2012 Population and Housing Census: Preliminary report', Ministry of Finance and Economic Planning, Kingstown, 2012.

Charles and Associates Inc. 2011 [in footnotes]

CICAD (Inter-American Drug Abuse Control Commission), 'Comparative Analysis of Student Drug Use in Caribbean Countries: A report on student drug use in 12 Caribbean countries', Organization of American States, Washington, DC, 2010.

Engel, Patrice L. and Maureen M. Black, *The Effect of Poverty on Child Development and Educational Outcomes*, New York Academy of Sciences, NY, 2008.

Global Initiative to End All Corporal Punishment of Children, 'Prohibiting Corporal Punishment of Children in the Caribbean: Progress report 2012', Global Initiative to End All Corporal Punishment of Children, London, 2012.

Gonsalves, Ralph E., 'Building a Sustainable, Resilient Economy in Challenging Times', Budget Speech by the Prime Minister, 2013.

Government of Saint Vincent and the Grenadines, 'Saint Vincent and the Grenadines HIV and AIDS National Strategic Plan, 2010–2014', Ministry of Health and the Environment, Kingstown, 2010 .

Government of Saint Vincent and the Grenadines, 'Education Sector Development Plan St. Vincent and the Grenadines 2012-2017', Ministry of Education, Kingstown, DATE.

Government of Saint Vincent and the Grenadines, 'Saint Vincent and the Grenadines Educational Statistics Digest, 2014–2015', Ministry of Education, Kingstown, 2015a.

Government of Saint Vincent and the Grenadines, 'St. Vincent and the Grenadines Education for All 2015 Review', Education Research and Information Communication Technology Department, Ministry of Education, Kingstown, 2015b.

Government of Saint Vincent and the Grenadines, 'Child Protection Statistical Digest', 2016 (draft).

Government of St Vincent and the Grenadines and UNESCO (United Nations Educational, Scientific and Cultural Organization), 'National Report on the Development of Education in St. Vincent and the Grenadines', International Conference on Education (ICE), Geneva, 25–28 November, 2008.

Kandel, Elizabeth, 'Physical Punishment and the Development of Aggressive and Violent Behavior: A review', June 1992, <<http://www.neverhitachild.org/areview.html>>, accessed 16 February 2017.

Kairi Consultants Limited, 'St Vincent and the Grenadines Country Poverty Assessment, 2007–2008', Tunapuna, Trinidad and Tobago, DATE.

Labour Market and Poverty Studies Unit, 'The Working Poor in the Caribbean', ILO Working Paper, University of the West Indies, St. Augustine, Trinidad and Tobago, 2010.

Observer, The, 'St. Vincent "Still Source for Most Cannabis" in the Caribbean', 18 March 2012, <<http://antiguaobserver.com/st-vincent-still-source-for-most-cannabis-in-the-caribbean/>>, accessed 16 February 2017.

Organisation of Eastern Caribbean States (OECS), 'OECS Education Statistical Digest 2014–2015', Education Development Management Unit, OECS Commission, Castries, Saint Lucia, 2015.

PAHO [in footnotes]

PAHO 2011 [in footnotes]

PAHO (Pan American Health Organization), 'Saint Vincent and the Grenadines', in *Health in Americas: Country Volume*, 2012 Edition, PAHO, Washington, DC, 2012.

Sumner, Andy, 'Global Poverty and the New Bottom Billion: What if three-quarters of the world's poor live in middle-income countries?', Institute of Development Studies, Sussex, UK, September 2010.

United Nations, Department of Economic and Social Affairs, Population Division, 2015 [in footnotes]

UNICEF (United Nations Children's Fund), *Narrowing the Gaps to Meet the Goals*, UNICEF, New York, September 2010.

UNICEF (United Nations Children's Fund), 'A Post-2015 World Fit for Children: A review of the Open Working Group Report on Sustainable Development Goals from a child rights perspective', UNICEF, New York, 2014.

UNICEF (United Nations Children's Fund), *State of the World's Children 2015: Reimagine the future – Innovation for every child*, UNICEF, New York, 2015.

UNICEF Office for the Eastern Caribbean Area, 'Evaluation of the Early Childhood Outreach Programme (ECHO) Pilot', UNICEF, Christchurch, Barbados, January 2015.

UNIGME (United Nations Inter-agency Group for Child Mortality Estimates), *Levels and Trends in Child Mortality: Report 2015*, United Nations Children's Fund, New York, 2015.

UNFPA (United Nations Population Fund), *State of the World Population 2013*, UNFPA, New York, 2013.

Vassell, Linette, 'Country Gender Assessment (CGA): St. Vincent and the Grenadines', Caribbean Development Bank, Wilkey, Barbados, July 2015.

World Bank 2014 [in footnotes]

World Bank 2015 [in footnotes]

World Bank, 'Net Migration', 2016, <<http://data.worldbank.org/indicator/SM.POP.NETM>>, accessed 17 February 2017.

World Bank, Migration and Remittances Factbook, 2016, [bank.org/INTROSPECTS/Resources/334934-119908806/4549025/Factbook2016.pdf](http://bank.org/INTROSPECTS/Resources/334934-119908806/4549025/Factbook2016.pdf), accessed February 2017

WHO [in footnotes]

World Health Organization (WHO), *Global Status Report on Alcohol and Health 2014*, WHO, Geneva, 2014.

SVG, Global AIDS Response Progress Report, 2014 [in footnotes]







Published by the UNICEF Office of the Eastern Caribbean Area  
First Floor, UN House, Marine Gardens, Hastings  
Christ Church, Barbados  
Tel: (246) 467 6000 Fax: (246) 426 3812  
Email: [bridgetown@unicef.org](mailto:bridgetown@unicef.org)  
Website: [www.unicef.org/easterncaribbean](http://www.unicef.org/easterncaribbean)  
[www.youtube.com/UNICEFeastcaribbean](http://www.youtube.com/UNICEFeastcaribbean)  
2017

