

SITUATION ANALYSIS

OF CHILDREN AND WOMEN IN
THE EASTERN CARIBBEAN



For every child
Health, Education, Equality, Protection
ADVANCE HUMANITY



Situation Analysis of Children and Women:

In Antigua and Barbuda, Barbados, the British Virgin Islands, Dominica, Grenada, Montserrat, St. Lucia, St. Kitts and Nevis, St. Vincent and the Grenadines and the Turks and Caicos Islands

UNICEF OFFICE FOR BARBADOS AND
THE EASTERN CARIBBEAN

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INTRODUCTION

The UNICEF Barbados and Eastern Caribbean Office is very pleased to be able to share with you the Situation Analysis of Children and Women, which will surely contribute to the knowledge base on children and women in our sub-region. This Situation Analysis has been written in preparation for the development and finalization of UNICEF's Multi-Country Programme for 2008-2011. However, we sincerely hope that it will be used by many others who are interested in child rights issues including national governments, regional and sub-regional organizations, civil society organizations, other UN agencies, donors, IFIs, the media and of course, child-focused organizations and groups. We believe that this Situation Analysis can contribute to evidence-based advocacy for more child-focused policies and programmes throughout this sub-region and, in its own way, enable us all to work more effectively toward the achievement of both children's rights and the Millennium Development Goals, which are, in fact, primarily about children. While our region has advanced considerably in ensuring the well-being of its children, there remain many challenges – some well known and others just emerging – which we all need to focus on within the framework of the Convention on the Rights of the Child and other international commitments. At UNICEF, we continue to look forward to working with all of you within our forthcoming Multi-Country Programme and the United Nations Development Assistance Framework. We are committed to regularly and frequently sharing information on children and women's rights in our sub-region in the years to come, through multiple channels. UNICEF takes this opportunity to also thank Dr. Lorraine Blank, who prepared this Situation Analysis as a consultant to UNICEF. She did an excellent job. We also thank all the many partners (including children and youth) who so generously shared their time and knowledge with Dr. Blank and UNICEF for this purpose.



Tom Olsen

A handwritten signature in black ink, appearing to read 'Tom Olsen', with a horizontal line extending to the left.

**UNICEF Representative
Barbados and the Eastern Caribbean**

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Executive Summary

The ten countries covered by this report (Antigua and Barbuda, Barbados, the British Virgin Islands, Dominica, Grenada, Montserrat, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines and the Turks and Caicos Islands) are Small Island Developing States (SIDS). They are characterized by notable political stability, with open and competitive democratic systems and strong opposition parties. Social indicators are relatively good and point to the commitment of governments to improving the quality of life of residents. Despite these considerable advances, countries face unique challenges in providing services to children and their families. All countries have considerable work left to do to ensure the full realization of the rights of women and children to survival, development, protection and participation.

This Situation Analysis (prepared between October 2006 and January 2007) examines progress in the achievement of the rights of children and women and identifies gaps and priorities for future action. A rights based framework guided the report. The methodology involved both review and synthesis of existing data and consultations with programme partners and stakeholders, including children.

THE ECONOMIC ENVIRONMENT

All countries have predominantly service-based economies with Gross Domestic Products (GDP) per capita ranging from around US\$4,000 - \$4,700 in Dominica, Grenada, St. Lucia, and St. Vincent and the Grenadines, to around US\$10,000 in Barbados and Antigua and Barbuda, US\$17,000 in the Turks and Caicos Islands and US\$40,500 in the British Virgin Islands. Unemployment rates are high in most countries, with average unemployment equal to 12 per cent among men and 16 per cent among women. Youth unemployment is a concern, with average unemployment rates among youth ranging from 13 per cent in Antigua and Barbuda to an alarming 56 per cent in Dominica. The sub-region was characterized by steady economic growth throughout the 1980s and the first half of the 1990s. After that,

DESPITE THESE
CONSIDERABLE ADVANCES,
COUNTRIES FACE UNIQUE
CHALLENGES IN PROVIDING
SERVICES TO CHILDREN

BOX 1: THROUGH A RIGHTS BASED LENS

Fulfillment of human rights is the foundation for sustainable human development. Ensuring respect for human rights means creating the conditions for equality so that all people can realize their full potential. The 1989 Convention on the Rights of the Child identifies four broad categories as follows:

- Survival Rights, which cover a child's right to life and the needs that are basic to existence, including an adequate living standard, shelter, nutrition and access to medical services.
- Development Rights, which include things that children require to reach their full potential, including the right to education, play and leisure, cultural activities, and access to information.
- Protection Rights, which require that children be safeguarded against all forms of abuse, neglect and exploitation, with assurance of care for victims of abuse, orphans, children with disabilities, children in conflict with the law, and victims of labour and sexual exploitation.
- Participation Rights, which allow children to play an active role in their communities and nations,

including the freedom to express opinions, to have a say in matters affecting their own lives, to join associations and to assemble peacefully.

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) guarantees to women the full enjoyment of their political, economic, social and cultural rights by eliminating all forms of discrimination against them. CRC and CEDAW are mutually reinforcing. Women's rights are central to human development and to the rights of the child. The Millennium Development Goals (MDGs) must be met for these basic human rights to be realized.

Both Conventions reaffirm that children and women possess rights that are binding on the State and that they must be viewed as claim-holders rather than as objects of charity. At the same time, the human rights approach recognizes that, collectively, families, communities, institutions and governments are duty-bearers and have an obligation to ensure that the CRC and CEDAW are implemented.

A rights-based framework guided the selection of indicators and the assessment of those indicators. This framework, which is derived from the Convention on the Rights of the Child (CRC) and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), views children and women as claim-holders rather than objects of charity (**Box 1**). Under the overall umbrella of the Millennium Development Goals (MDGs) and its progress and challenges, the Situation Analysis provides a framework for understanding the latest information on the realization of the rights of children to survival, development, protection and participation. To the degree possible given time and data constraints, issues pertaining to CEDAW are also covered. The report focuses particularly on issues pertaining to UNICEF strategic priorities (young child survival and development; basic education and gender equality, HIV and children; child protection from violence, exploitation and abuse; and policy advocacy and partnerships for children's rights). It also addresses issues related to World Fit for Children goals (promoting healthy lives; providing quality education for all; protecting children against abuse, exploitation and violence; and combating HIV). The Situation Analysis has been informed by other key international processes pertaining to children and women, particularly the recommendations of the 2002 UN Special Session on Children and the UN Secretary General's Study on Violence Against Children.

The methodology for the analysis involved review and synthesis of existing quantitative and qualitative data. Completion of the SITAN required collection of a substantial quantity of data across 10 countries. The availability of statistical data was uneven from country to country, but a critical issue for all countries is the lack of systematic up-to-

date data with which to monitor implementation of the CRC and CEDAW. In many cases, the only available data were more than a decade old. As a result, a primary source for data was the on-line databases of international agencies, including UNICEF, the United Nations Development Programme (UNDP), the World Bank, the United Nations Population Fund (UNFPA) and the United States (US) Census International Division. This information was supplemented with available census data, poverty and welfare assessments, country reports on the status of implementation of the CRC, and other reports and publications (**Annex 1**). Several caveats about these data are in order. First, data from international sources are not always strictly comparable with those produced by countries since the various sources apply different definitions, classifications and calculation procedures. In addition, there is always a risk in attempting to draw conclusions and make recommendations across a number of countries, especially considerable variation in the availability and quality of data exists between countries. Finally, it is important to note that the intention in presenting data is not to compare countries, but rather to highlight issues that are common across the sub-region. Data collection also relied on a participatory methodology involving extensive consultations with programme partners and stakeholders. Structured interviews with key informants and focus groups with children and women were held in Barbados, the British Virgin Islands, Dominica, Grenada, Montserrat and St. Lucia (**Annex 2**). More than 100 children and adolescents and approximately 90 representatives from government, non-governmental and international agencies provided information and insights for this report (**Annex 3**).



THE EASTERN CARIBBEAN CONTEXT

This chapter provides a brief overview of the economic and social context of the countries covered by this report. Also included is a discussion of the unique nature of the vulnerability of these countries and issues of governance. The objective is to provide information on the environment that frames approaches to the fulfilment of the rights of children and women in the sub-region.

THE ECONOMIC ENVIRONMENT

The economies of the eastern Caribbean are all small open economies.⁴ GDP per capita ranges from around US\$4,000 - \$4,700 in Dominica, Grenada, St. Lucia and St. Vincent and the Grenadines to around US\$10,000 in Barbados and in Antigua and Barbuda, US\$17,000 in the Turks and Caicos Islands and US\$40,500 in the British Virgin Islands (**Table 1**). However, income inequality in the sub-region is significant, with Gini coefficients ranging from about 0.4 to 0.5. This inequality in the region will make it more difficult to address poverty, as international experience has taught that countries with high income inequality require higher GDP growth rates to reduce poverty than those with relatively lower levels of inequality.⁵

All countries in the sub-region have made the transition from primarily agriculture-based to predominantly service-based economies, which include communications, banking and insurance, distribution (wholesale and retail trade), transport and government services. This trend became even more pronounced when traditional exports, including sugar and bananas, collapsed in the face of eroding trade preferences over the past decade. Services currently account for between 65 and 85 per cent of GDP. Agriculture accounts for less than 10 per cent in all countries except Dominica and, even here, it contributes to only about 19 per cent of GDP. The industrial sector has been growing with growth concentrated in utilities and construction and largely driven by the expansion in tourism and public investments.

The sub-region was characterized by steady economic growth throughout the 1980s and the first half of the 1990s, but economic growth slowed after

⁴ Antigua and Barbuda, Dominica, Grenada, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines, Montserrat and the British Virgin Islands are members of the Organization of Eastern Caribbean States (OECS) and the Eastern Caribbean Currency Union (ECCU). They share a common central bank, the Eastern Caribbean Central Bank (ECCB), and a common currency.

⁵ See Economic Commission for Latin America and the Caribbean, *Shaping the Future of Social Protection: Access, Financing and Solidarity*, 2006, for an in depth discussion of these issues.

NATURAL DISASTERS AND VULNERABILITY

Natural disasters, including hurricanes, floods, landslides, droughts, earthquakes, and volcanic eruptions, are regular occurrences. In 1995, Hurricanes Luis and Marilyn caused direct damage estimated at US\$149 million in St. Kitts & Nevis, US\$254 million in Antigua and Barbuda and US\$175 million in Dominica. In 2004, Hurricane Ivan devastated Grenada, causing an estimated US\$900 million of damage. Then, in 2005, tropical storm Emily caused damage equal to about US\$51 million. In St. Kitts and Nevis, Hurricane George caused more than US\$400 million of damage in 1998. In Montserrat, the Mount Soufriere volcano erupted in 1997. There were 32 fatalities and approximately 70 per cent of the population had to be evacuated. Half the island is expected to remain uninhabitable for another decade and the agriculture sector continues to be affected by the lack of suitable land for farming. In 2004, Dominica experienced an earthquake, measuring 6.0 on the Richter scale and causing damages estimated at seven per cent of 2004 GDP. In addition to these widely publicized events, there are also ongoing “silent” emergencies, such as the droughts and floods that affect these countries every year.

Disasters affect people in many ways and compound the vulnerability of women and children. Families are made homeless and forced to live in shelters for long periods of time. Family members are sometimes injured or killed. Income is disrupted when businesses close. Natural disasters can lead to a loss of productive assets, such as fishing boats, crops, livestock or arable land. In the case of agricultural, the loss of income generating assets can be long term (as with the loss of the nutmeg crop in Grenada) and sometimes permanent (as in Montserrat after the volcano). Disasters are expensive for families. Insurance markets in the sub-region are underdeveloped and most households do not have property insurance. This implies significant expenses for home repairs and a reduction in disposable income. Single mothers, already vulnerable in the labour market, are most affected. Disasters can push vulnerable households below the poverty line or make it difficult for poor households to work their way out of poverty. Disasters disrupt daily lives and cause psychosocial trauma. School is interrupted; this may increase the risk of sexual abuse of children who are not in supervised environments. Moreover, it is mainly women who are called upon to manage with limited resources and to provide psychological support to family members (Box 3).

National disaster organizations, under the umbrella of the Caribbean Disaster Emergency Response Agency (CDERA), provide planning, coordination, education, training and advocacy for emergency response efforts but considerable work remains to be done if countries are to be better prepared. A number of regional and international agencies, including the Caribbean Development Bank (CDB), CDERA, the United States Agency for International Development (USAID), CIDA, the Inter-American Development Bank (IDB), among others provide technical assistance

DISASTERS CAN PUSH

VULNERABLE HOUSEHOLDS

BELOW THE POVERTY LINE



Hurricane Ivan caused much disruption to the lives of Grenadian children when it struck the Island in September 2004.

CARICOM. All initiatives will need to ensure that data disaggregated by gender and age are systematically collected and analysed.

Countries in the sub-region participate in a number of regional institutions that provide important opportunities for policy alignment, technical collaboration and capacity building. Regional cooperation is also a strategy for rationalizing the use of scarce resources by pooling resources at the sub-regional and regional levels. The OECS Secretariat provides research and strategic policy advice and resource mobilization and technical support to member countries. Regional programmes for capacity building and legal reform are underway at the OECS level and other regional initiatives could be cost effective for both the countries and the international agencies. All countries in the sub-region are members of the Caribbean Community (CARICOM), which addresses a range of issues that affect children and women. Of particular importance have been the Caribbean Plan of Action for Early Childhood Development, the Pan-Caribbean Partnership against HIV (PANCAP), the harmonizing education policies, the portability of social insurance benefits, and the Kingston Accord for persons with disabilities. CARICOM is also the key vehicle for moving the Caribbean Single Market Economy (CSME) forward and for addressing the challenge of cross-country harmonization of social programmes. Regional organizations provide an important forum for dialogue and consensus building; however, implementation of regional initiatives has often lagged and support for enhancing implementation capacity is needed.

Civil society, particularly non-governmental and community-based organizations, has been an active partner in advancing the rights based agenda. A number of non-governmental organizations are well-established and have ongoing partnerships with international agencies. Nevertheless, inadequate financing and weak administrative, monitoring and accountability systems are common characteristics of civil society organizations. These tendencies have weakened the organizations' implementation capacity and therefore their impact on the rights agenda. This is particularly true of community-based organizations. In addition, very few civil society organizations are youth-led and only a few specifically focus on children and youth. Stakeholders report that activism in civil society has declined in the past years. However, the existence of tripartite arrangements led by government (such as in Barbados, Dominica and St. Vincent and the Grenadines) suggests that, despite these constraints, civil society has an important role to play.

CHALLENGES FOR THE FUTURE

The above analysis indicates that overall economic and social indicators are positive but that a number of factors interfere with the fulfilment of the rights of children and women. These are crosscutting issues that undermine the realization of both the CRC and CEDAW.

- **Poverty**, including chronic poverty and transient poverty;
- **Gender discrimination** and conflict between traditionally-held

attitudes and values, including work stereotypes that restrict women's access to traditionally male occupations

- **Vulnerability** at the macroeconomic level as a result of the size, location, limited economic diversity and limited resource bases of these countries and at the household level as a result of poverty, having females as heads of household violence (including sexual violence and incest), disability, HIV, natural disasters, the changing social fabric due to migration and the weakening of extended families and community supports;
- **Weak governance**, including the weak planning, implementation, monitoring and evaluation capacity of both governments and civil society

The following recommendations emerge in light of the above:

- Sustaining and increasing inclusive economic growth by tightening fiscal policy through reductions in expenditure and reorientation of capital expenditures to projects geared to growth and poverty reduction, realization of fiscal savings from public sector reforms, increased efficiency of public service delivery, and improvements in monitoring and evaluation;
- Directing investments toward human capital development of children, including investments in preventive health services for children and adolescents, quality education relevant to the demands of the global economy, and social protection programmes that enable children who are poor to take advantage of these opportunities;
- Increasing efforts to address gender-based discrimination through initiatives to promote gender equality and equity, to empower girls and boys and women and men, to promote gender-sensitive policies, to sensitize programme partners; and to increase gender-sensitive communications and advocacy;
- Addressing sources of vulnerability at macro- and micro-economic levels, including enhanced disaster prevention and mitigation efforts;
- Building capacity to monitor the status of children and women, including child poverty, women's poverty and poverty-related manifestations of child rights violations.



ANALYSIS OF THE SITUATION OF CHILDREN AND WOMEN

SURVIVAL RIGHTS

The CRC establishes the obligation of States Parties to ensure the highest attainable standard of health, with facilities for treatment and rehabilitation, and to ensure that no child is deprived of his or her right of access to health care services. More specifically, the Convention provides that States Parties will take appropriate measures to: diminish infant and child mortality; ensure provision of necessary medical assistance and health care to all children; combat disease and malnutrition; ensure appropriate prenatal and postnatal health care for mothers; ensure that all segments of society are informed of, have access to education and are supported in the use of basic knowledge of child health and nutrition; and develop preventive health care, guidance and family planning services.

Because of the public commitment to health care, most health indicators are quite good. However, a number of pressing health concerns challenge health systems and interfere with the realization of the rights of children and women. This section reviews the health status of children, adolescents and women in light of these concerns.

The Health Status of Children

Infant mortality rates are low and declining. Average infant mortality (less than one year old) fell from 25 per 1,000 live births in 1990 to 17 per 1,000 in 2004; average child mortality (less than five years old) fell from 22 per 1,000 to 14 per 1,000 over the same period (**Table 7**). Most countries are not strictly on target for meeting the MDG target of a reduction of infant mortality rates by 1990 to 2015, but it is important to recognize that the MDGs get harder to achieve as countries move closer to relatively low mortality rates. For this reason, the specified target for this MDG may not be relevant for the sub-region due to its already low child mortality.

Mortality rates among newborns less than one week old have either remained stable or increased in all countries. This seems to be partly related to the

A training manual on Home-Based Care was developed by the Caribbean Conference of Churches (CCC) for the purpose of equipping volunteers with skills required to support PLWHA. The International HIV Alliance in the Caribbean has trained peer treatment counsellors and treatment advocates from St. Lucia, Grenada and St. Vincent and the Grenadines. These counsellors will provide treatment adherence counselling in their respective countries and will work with national programmes to advocate for clients on care and treatment issues.⁶²

YOUTH WORKERS WERE TRAINED IN COMMUNITY RESOURCE MAPPING. MINI-GRANTS EACH WORTH US\$5,000 AWARDED TO YOUTH GROUPS IN FIVE COUNTRIES ALLOW YOUTH ORGANIZATIONS TO UNDERTAKE ACTIVITIES WITH AN HIV ORIENTATION.

The need for improved monitoring systems to track the epidemic is widely recognized. A Monitoring and Evaluation Framework for the Caribbean was developed in collaboration with partner agencies and representatives from National AIDS Programmes/Commissions. The framework should serve as a blueprint for the monitoring and evaluation of National AIDS Programmes, reporting requirements and coordination of technical assistance. In addition, the Caribbean Health Research Council entered into a Co-operative Agreement with the Centres for Disease Control and Prevention/Global AIDS Programme to “Build National Monitoring and Evaluation Capacity in the Caribbean.” This Agreement provides for support of infrastructure development, recruitment of staff and delivery of technical services to participating countries. However, many countries need to update or develop National Strategic Plans and strengthen Monitoring and Evaluation Plans. CAREC is assisting in the establishment of a regional treatment and care database, including the development of patient tracking and monitoring tools. UNAIDS is also supporting this component.

A number of HIV prevention initiatives targeted to youth have been implemented with technical leadership and funding from UNICEF, UNDP, UNAIDS, UNIFEM, UNFPA and others. CARICOM Youth Ambassadors developed a regional youth-friendly communication campaign aimed at reducing HIV-related stigma and discrimination. Four messages for television, radio and print were developed. HIV sensitization and project development methodologies were produced and applied in delivering capacity building programmes for youth workers and leaders. Youth workers and leaders participated in a monitoring and evaluation workshop. Youth workers were trained in community resource mapping. Mini-grants each worth US\$5,000 awarded to youth groups in five countries allowed youth organizations to undertake activities with an HIV orientation. A manual for the training of out-of-school youth was developed and a core of persons from across the Caribbean were trained as trainers in its application. Out-of-school youth from St. Kitts and Nevis, St. Lucia and St. Vincent and the Grenadines have been exposed to HIV and AIDS education using this method. Community Animators, drawn from identified at-risk groups such as men who have sex with men, people who exchange sex, and PLWHA, undertake peer exchanges at bars and clubs, on the street and during private social gatherings. Their interventions include risk assessment with clients, presentation of risk reduction practices and condom demonstration. Information is also provided about HIV and sexual health services. If requested,



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Caricom Youth Ambassadors attending a workshop at the UN House, Barbados, aimed at drafting a Behaviour Change Campaign to reach their peers

Community Animators will go with persons to receive services. This activity is being led by the International HIV Alliance in the Caribbean.

The major challenge for the sub-region will be to reduce the incidence of the disease in the face of the social and behavioural norms that fuel the epidemic.

These include early initiation of sexual activity, acceptance of multiple sex partners, and the prevalence of gender roles and socialization that contribute to poor communication between partners. Social and economic dependence of women on men limits their ability to negotiate safe sex. Limited places for confidential testing, continuing myths about HIV, and stigma, discrimination and lack of legal protections for PLWHA are other factors. Limited fiscal and human resources, including the frequent turnover of human resources, result in limited institutional capacity. Finally, while a few countries have made progress in monitoring and in dealing with their epidemics, inadequate HIV surveillance hampers real understanding of epidemiological trends and required responses. Moreover, AIDS reporting is not mandatory in all countries and this further hampers data collection. Despite the availability of free testing in many countries, it has been hard to overcome resistance to testing. Violence against women and

⁶² PANCAP VI, Consolidated Implementation Report, 2006.

- Enhanced quality of programmes for juvenile offenders with the objective of reducing recidivism
- Advocacy to identify and address gaps in juvenile justice between policy and practice
- Measures to strengthen the social safety net, including improved coverage, targeting and benefit levels, to help to reduce the number of children in especially difficult circumstances and the resulting demands on care and protection services.
- Advocacy for social protection to ensure implementation of an appropriate social protection framework that addresses barriers to the fulfilment of the rights of children and women
- Better understanding of families including:
 - Examination of whether disciplinary practices are changing;
 - Examination of whether age or gender (of parents or children) makes a difference in parenting,
 - Assessment of the impact of physical punishment and other forms of punishment on children,
 - The social/cultural factors that make adults resistant to adopting less harsh discipline practices,
 - Identification of the challenges parents are confronted with and how they respond,
 - Assessment of the situation of unmarried mothers resulting from inequities in access to insurance, pensions and inheritance and the special circumstances of “outside children” and the social impact of migration on children and women
 - Determination of the status and needs of children left behind when parents migrate
 - Identification of the status and needs of children in families of households affected by HIV

PARTICIPATION RIGHTS

Children and Participation

The CRC provides that the views of children be given due weight in all matters affecting them, in accordance with their age and maturity (the ladder of participation) but, in practice, participation among children is not widely promoted and social norms do not consider participation by children important.

As discussed before, child-rearing practices in the sub-region tend to be authoritarian and do not encourage participation of children. The old adage that children “should be seen and not heard” is still widely accepted.

There does appear, however, to be greater acceptance of participation of children among wealthier and more educated households.

The education system also offers limited opportunities for participation.

Teaching relies on traditional methods that do not encourage student participation in the learning process. Institutional structures for student participation are in place in schools, principally the prefect system, student councils and student governments. These are frequently vibrant, but it is not clear what impact they have on school policies and programmes, and they are often perceived as popularity contests in which only the best students (i.e., those least at risk) participate. CARE in St. Lucia implements an innovative mechanism for participation: the agency asks students to evaluate all teachers at the end of each course.

More attention to soliciting the opinions of young people in the development of public policies and the design of programmes for young people is needed.

At present, adults develop social services for children with limited or no involvement of children. Children and young people participate in youth and sports groups, but, as noted above, access to these is limited and it is not clear the degree to which the children participate in decisions about the operation of these programmes. A number of opportunities for the promotion of youth participation have been established. Examples include Youth Councils, Youth Forum, Youth Ambassadors, Peer Counselling Programmes and others. Again, it is not clear that these are representative, especially of youth at risk.

Creating a participatory culture can build on a process that has already started. Parenting education, teacher training and HFLE already include discussions on the importance of participation, but these



A secondary school student poses questions during the Yes Minister session at the Harrison College School, Barbados

THE LEGAL AND POLICY FRAMEWORK

This chapter examines the degree to which foundations for implementation of the CRC have been put in place. When countries ratified the CRC, they agreed to review their laws relating to children, and they are obliged to take all necessary steps, including changing existing laws or creating new ones, to ensure that the minimum standards set by the Convention are being met. This chapter reviews progress on legal reform. It also looks briefly at the policy-making environment.

IMPLEMENTATION OF THE CRC AND CEDAW

Implementation of the CRC and CEDAW is a multi-sector process, with many different agencies involved in developing policies related to children. Mechanisms for coordination are either weak or nonexistent. As a result, most of the countries in the sub-region lack comprehensive national agendas and strategies for implementation of the CRC. Independent national institutions for children's rights, such as children's ombudsman offices, child rights commissioners and focal points within national human rights institutions, still need to be established.

To the degree possible, States Parties are required to allocate sufficient resources for implementation of the CRC. It was impossible to examine financial allocations to children's programmes across the sub-region; however, available information suggests that resource allocations for education, health and social assistance compare favourably to those in countries at similar income levels.¹¹² The challenge for governments will be to improve the efficiency of spending in these sectors. Resources for social care and juvenile justice are not sufficient to ensure implementation of the CRC.

Accountability of duty-bearers is at the heart of the CRC but accountability requires systematic data collection and monitoring of the implementation of the CRC. However, as highlighted throughout this document, most countries in the sub-region have significant data gaps and data that is collected is often unreliable and/or is not disaggregated by

gender and age. Social policy analysis capacity is weak and data that do exist are not fully analysed, evaluated or disseminated.

Education, training and awareness-raising about children's rights is another key element of CRC implementation. There has been considerable progress in raising awareness about the rights of children. However, continued effort is needed. Social norms are inconsistent with children's rights in many ways, especially as they relate to corporal punishment and participation of children and adolescents. Misconceptions about what is good for children are widespread. Continued involvement of civil society, especially NGOs, CBOs and children, will be critical for progress on implementation of the CRC. A long planning horizon is needed to change these deeply engrained social norms.

THE LEGAL FOUNDATION

Almost all OECS countries have undertaken a review of their family laws and some revision and reform has taken place in all countries, albeit at a slower than desired pace and typically in an ad hoc fashion. Some examples are given here. Barbados approved domestic violence, child protection, family law and other legislation. Dominica, Antigua, the British Virgin Islands, Montserrat, St. Kitts and Nevis, St. Lucia and St. Vincent and the Grenadines introduced domestic violence legislation. Dominica also introduced status of children and adoption legislation. Antigua and Barbuda passed the Child Care and Protection Act in 2003. That law defines a child as person under 18, defines abuse and neglect, establishes a Child Care and Protection Agency, lays down procedure for investigating and reporting abuse and neglect of child and for licensing, registration and supervision of child care facilities. St. Vincent and the Grenadines drafted a Child Protection Protocol. Dominica, St. Lucia and St. Vincent and the Grenadines have family courts. Barbados, Dominica, and Antigua and Barbuda implemented sexual offences legislation. The British Virgin Islands decreased the age of maturity from twenty one to eighteen years and, in 2005, approved four pieces of legislation: the Child and Young Persons Act, the Youth Court Act, the Criminal Justice Alternative Sentencing Act and the Probation Act. These were designed along the principles of the CRC and together help to set a legislative framework on which to approach the rights of the child.

Legislation in most countries still does not fully recognize social realities. Many children are born out-of-wedlock and legislation in some countries discriminates against these children. Legislation often discriminates against the putative fathers. Even in countries where status of children legislation exists, significant discrimination often continues around issues of proof of paternity. Child protection and domestic violence legislation is absent or not sufficiently comprehensive. Where legislation does exist, legislative attempts at protecting children are fragmented, found in different pieces of legislation, although some countries have moved forward in this regard. The age of maturity varies and does not reflect international definitions. The

¹¹² World Bank, OECS Fiscal Issues, various countries and years; World Bank, Caribbean Social Protection Strategy, draft, 2006.

PRIORITIES FOR THE FUTURE

The social landscape of the sub-region is shaped by families, governments and civil society working to promote the rights of children. Country level recognition of the rights of children and women has come via ratification of the CRC and CEDAW and through significant country level efforts to address rights violations. Recognition of the rights of children and women by regional bodies (OECS and CARICOM) has helped to promote the rights based agenda. There is increased awareness, albeit not full acceptance, of the rights of children and women. Despite these gains, a number of factors interfere with the realization of the rights of children and women. These include: persistent and transient poverty; gender discrimination; unemployment; teenage pregnancy; HIV, and aggressive interpersonal relations and high levels of violence against women and children. Traditionally-held attitudes and values are often in conflict with international norms, especially with regard to violence against children and women, attitudes towards participation of children, and attitudes towards persons with disabilities and persons affected by HIV. Gaps in service delivery are extensive, particularly with respect to early childhood services, adolescent health services, social protection, social care and juvenile justice. Weaknesses in planning, administration, implementation, monitoring and evaluation are pervasive. Moreover, health, education, judicial and care systems are not sufficiently focused on the holistic development of the child. Determined efforts by all those responsible for the fulfilment of the rights of children are required.

A number of priorities emerge from this Situation Analysis. Giving effect to these priorities will require sustained and systematic advocacy. Data and data analysis to empower advocacy and strengthen policymaking are vital. Capacity for planning, implementing and monitoring programmes for children and women is required for all priority areas. In addition, it will be important to develop a deeper understanding of the cultural context, values and attitudes that shape perceptions of the rights of children and women in order to identify more clearly risks to the realization of these rights and to be more effective in addressing these risks. Finally, political and institutional champions need to be identified.

Strengthen Families

Children growing up in families that are poor are at great risk of having their basic rights denied. Governments, civil society organizations and international organizations need to support families to enable them to fulfil their obligations toward children through better targeted and more efficient safety net programmes that are viewed as a right and not a handout. Strengthening the social safety net would strengthen families and advance the rights of children who are poor by helping parents to keep children healthy and in school. Improving social safety nets would also reduce the need for care and protection services and free those resources for more positive investments in children.

Advocacy is needed for coordinated social protection strategies that are gender sensitive and that adequately support vulnerable children. Reform of domestic and juvenile legislation and systems would also strengthen families. Strengthening families will require long-term poverty reduction strategies to promote labour-intensive growth. Discrimination against women affects their labour market outcomes and is a determinant of poverty among children. Therefore, the impact of economic growth on children will be limited unless it is accompanied by elimination of gender biases in training, employment and wages. Empowerment of women in the labour market is critical to strengthening families. A situation assessment and analysis of women in the labour force is urgently needed. Weaknesses in parenting skills affect children of all ages and in many ways, so expanded parenting education is required to help parents provide healthy and nurturing environments. More attention is also needed to address the negative impacts of gender socialization on men and women. Support for families needs to include promotion of non-violent mechanisms for conflict resolution. Filling the knowledge gaps about families is critical.

Fill Gaps in Service Delivery for Young Children

There have been significant accomplishments in creating programmes for early childhood care and development in the sub-region and it will be important to continue efforts to broaden and deepen these reforms. As in the past, this should focus on the systematization of regulations, with standards for providers and certification for caregivers, to ensure that children are provided with more than just custodial care. Outreach to pregnant women and pregnant adolescents could reduce requirements for more expensive curative services for mothers and babies. Critical gaps in nutrition and development monitoring and in early intervention programmes need to be filled. This is of particular concern for poor children who are most at risk of having parents who lack the knowledge, skills and time to provide adequate stimulation for their children. There is considerable international evidence that well-designed early childhood programmes are effective protective strategies and that investments in early childhood are a cost-effective way to break the intergenerational cycle of poverty and

reduce the number of at risk youth. Strategies to increase both the supply and demand for day care and pre-school care are needed.

Make Education for All More Meaningful

Education is central to individual and economic development; therefore, expanding access to education and improving the quality of education should remain a priority. Addressing the financial barriers to education through improved coverage and targeting of social safety net programmes is an important part of this strategy. Continued curriculum reform to ensure that curriculum is relevant to the global economy is important, but curriculum also needs to be inclusive, to promote diversity and tolerance and to include gender and rights issues, conflict resolution, HIV prevention and life-skills. Helping teachers (those already in the classroom and teachers in training) to move from traditional to student-centred teaching methods needs to be a part of education reforms. Child-friendly protective school environments will be required, including guidelines and training for teachers and principals on alternative disciplinary practices, providing information to parents, and as part of teacher training. Implementation of these elements of the reform should be incorporated into the monitoring and accountability of educational institutions. A better understanding of factors that affect academic performance is needed. This should include analysis of factors that result in gender differences in performance. Some populations of adolescents – those who are working, teenage mothers, disabled children, school dropouts and students for whom there is no place in upper secondary school – need access to alternative education. Partnerships involving government, civil society and international agencies will be needed to fill this education gap.

Increase Priority to Children with Disabilities

The importance of promoting inclusion of special needs children and of expanding the services provided to children with disabilities should be the subject of public information programmes. Inclusion is essential in areas such as education, training, counselling and recreation services. Resources for improved screening, for early response to special needs and for school support services that include specialist teachers, therapists, and mental health professionals need to be identified. In addition, there should be increased attention to inclusive education that considers access in the design of schools, as well as the special issues/needs of children with disabilities in curriculum design and the design of support services. Partnerships with civil society to increase access to home and community-based care and to provide parenting education and support for parents and caregivers of children with disabilities would be one way to address gaps in service delivery. Building the capacity of health and education ministries to address the special needs of children with disabilities is also recommended. Regional approaches for development monitoring, early intervention and school-based services should be explored to address the diseconomies of scale in provision of services for children with disabilities.

Mobilize Civil Society to Protect Adolescents and Youth

Mobilizing civil society through expanded partnerships among government, non-governmental organizations, community-based organizations, the private sector and the international community would help to advance the rights of children. Civil society organizations are in a unique position to offer tailored preventive and remedial services designed for different vulnerable groups. There are numerous examples in the sub-region of successful programmes implemented by non-governmental and community-based organizations. Capacity building is essential, and monitoring and evaluation need to be built in from beginning. It will be important to identify best practices to enhance the impact of these programmes. Resource mobilization through partnerships with government, private sector and international agencies will be required but, at the same time, it is essential to identify and build in mechanisms for sustainability.

Strengthen Monitoring, Evaluation and Policy Development

Policy-making is stymied by lack of information and analysis. As discussed above, initiatives are underway to build statistical capacity across the sub-region, so that policy-making can become more data-driven and so that the impact of policy decisions can be measured. Efforts in all countries of the sub-region will be needed to improve data collection and data management and to train staff in the associated skills. Information on the service implications and costs of proposed reforms is needed. For example, alternative sentencing has implications for facilities, staffing and budgets. It is necessary to understand what services and facilities will be required to implement alternative sentencing, including monitoring and regulation. How will they be financed? Similar questions apply to possible changes in family law, domestic violence and child protection legislation. These need to be addressed. In addition, there is a need to think about how to ensure a continuing supply of professionals for the public sector who would be able to monitor policy implementation, including MDGs and other internationally-agreed indicators, to and address research questions about the coverage and application of social programmes and about the efficiency and effectiveness of those programmes.

Expand Public Information and Education

Sustained public information and education campaigns will be needed. These should focus on changing underlying social norms that interfere with the realization of the rights of children; informing and teaching parents about new ways of thinking about child rearing; educating children, adolescents and women about maternal and child health, healthy lifestyles and safer sex, and conflict resolution; and gender sensitisation. Finding innovative, creative, cost-effective and sustainable ways of delivering culturally appropriate

messages will be important. Public education campaigns that rely on electronic media (radio, T.V., ICT) and production of videos for distribution to health centres, schools, youth clubs and community centres could potentially reach the largest target audiences.

Children Have the Last Word

The issues identified in this report have been noted in numerous documents produced by governments and international development agencies, in conferences, action plans and social development strategies but, more importantly, these concerns are also on the minds of children. Children confront them everyday. In country after country, SITAN focus group participants highlighted concerns about poverty, inequality, violence (at home, at school and in communities), unwanted pregnancies, substandard housing, lack of road safety, and the need for both confidential health services and positive recreation. When children were asked to name the children they worry about most, they did so without hesitation (**Box 15**). That children could so easily identify vulnerable children speaks to the need for duty bearers to act with greater urgency and effectiveness.

BOX 15: CHILDREN WHOM CHILDREN WORRY MOST ABOUT

Children said they worry most about the following children:

- Children who are poor
- Victims of physical abuse
- Children in rural areas
- Children who are disabled
- School dropouts
- Teenage mothers
- Children who don't have parents

SITAN Focus Group Participants

NOTES

DOMINICA

		Indicator-Value	Year	Source
BASIC INDICATORS				
Crude Death Rate (Per 1,000)		7.9	2000-2005*	CDB, Social and Economic Indicators, 2005
Crude Birth Rate (Per 1,000)		15	2000-2005*	
Total Fertility Rate (Per 1,000)		2.0	2000-2005*	
Life Expectancy at Birth (Years)	Male	72	2000-2005*	WHO, Core Health Indicators Database
	Female	75	2000-2005*	
Population Using Improved Drinking Water Sources	Total	97	2002	UNICEF, State of the World's Children 2006, online statistical database;
	Urban	100	2002	
	Rural	90	2002	
Population Using Adequate Sanitation Facilities (%)	Total	83	2002	TANGO International, Overview of Food/Nutrition Security and Natural Disaster Risk Analysis in Eight Caribbean Countries: Regional Summary, WFP/ UNICEF, 2006
	Urban	86	2002	
	Rural	75	2002	
CHILDREN'S HEALTH INDICATORS				
Under-5 Mortality Rate		14	2004	
Infant Mortality Rate (under 1)		13	2004	
Infants with Low Birth weight (%)		10	1998-2004*	
Children who are Exclusively Breastfed (<6 months) (%)		n.a.		
Per cent of Children Under Five Who Are:				
Moderately and Severely Underweight (< -2 SD)		5	n.a.	
Wasted (< -2 SD)		2	n.a.	
Stunted (< -2 SD)		6	n.a.	
Per cent of 1-Year-Old Children Receiving Immunizations				
BCG		99	2004	
DPT1		99	2004	
DPT3		99	2004	
Polio3		99	2004	
Measles		99	2004	
HepB3		n.a.		
Hib3		n.a.		
MATERNAL HEALTH INDICATORS				
Contraceptive Prevalence (%)		50	1996-2004*	
Antenatal Care Coverage (%)		100	1996-2004*	
Skilled Attendant at Delivery (%)		100	1996-2004*	
Maternal mortality ratio (reported) (%)		67	1996-2004*	
EDUCATION INDICATORS				
Gross Enrolment Rates (Total)	Birth to 2	10	n.a.	UNESCO, Global Monitoring Report on Early Childhood Education, 2006
	Pre-school	55	n.a.	
Gross Enrolment Rates (Male)	Birth to 2	11	n.a.	
	Pre-school	84	n.a.	
Gross Enrolment Rates (Female)	Birth to 2	9	n.a.	
	Pre-school	83	n.a.	

Gross Primary School Enrolment Ratio	Total	95	2004	World Bank, EdStats, online data base; UNESCO, Statistics Database
	Male	96	2004	
	Female	95	2004	
Net Primary School Enrolment Ratio	Total	88	2004	
	Male	87	2004	
	Female	88	2004	
Expected Primary School Completion Rates	Total	63	2001-2004*	
	Male	64	2001-2004*	
	Female	61	2001-2004*	
Gross Secondary School Enrolment Ratio	Total	107	2004	
	Male	107	2004	
	Female	107	2004	
Net Secondary School Enrolment Ratio	Total	90	2004	
	Male	89	2004	
	Female	92	2004	
Expected Secondary School Completion Rates	Total	57	2004	
	Male	55	2004	
	Female	58	2004	
ECONOMIC INDICATORS				
GDP at Constant 1990 Prices (\$USmn)		428.6	2004	CDB, Social and Economic Indicators, 2005
GDP at Current Market Prices (\$USmn)		771.0	2004	
GDP Constant Prices % Change		3.2	2004	
Consumer Prices % Change		2.5	2004	
Current Revenues		234.6	2004	
Current Grants		n.a.		
Current Expenditures		218.4	2004	
Current Account Surplus/(Deficit)		16.2	2004	
Capital Revenue and Grants		73.2	2004	
Capital Expenditure		69.6	2004	
Overall Surplus/(Deficit)		19.8	2004	
Current Surplus/(Deficit) as % of GDP		2.1	2004	
Overall Surplus/(Deficit) as % of GDP		(2.6)	2004	
Total Domestic Credit, net (\$mn)		362.4	2004	
Total External Debt Outstanding		186.7	2004	
Debt Service		14.9	2004	
Debt Service as % of GDP		5.2	2004	
Debt Service as % of Current Revenue		17.1	2004	
Debt Service Ratio (%)		11.4	2004	

* Most recent available year

GRENADA

	Indicator Value	Year	Source	
BASIC INDICATORS				
Crude Death Rate (Per 1,000)	7.1	2000-2005*	CDB, Social and Economic Indicators, 2005	
Crude Birth Rate (Per 1,000)	18.6	2000-2005*		
Total Fertility Rate (Per 1,000)	2.4	2000-2005*	WHO, Core Health Indicators Database	
Life Expectancy at Birth (Years)	Male	66		2000-2005*
	Female	69		
Population Using Improved Drinking Water Sources	Total	95	UNICEF, State of the World's Children 2006, online statistical database	
	Urban	97		
	Rural	93		
Population Using Adequate Sanitation Facilities (%)	Total	97	2002	
	Urban	96		
	Rural	97		
CHILDREN'S HEALTH INDICATORS				
Under-5 Mortality Rate	21	2004		
Infant Mortality Rate (under 1)	18	2004		
Infants with Low Birth weight (%)	9	1998-2004*		
Children who are Exclusively Breastfed (<6 months) (%)	39	1996-2004*		
Per cent of Children Under Five Who Are:				
Moderately and Severely Underweight (< -2 SD)	>6	n.a.		
Wasted (< -2 SD)	n.a.	n.a.		
Stunted (< -2 SD)	n.a.	n.a.		
Per cent of 1-Year-Old Children Receiving Immunizations				
BCG	n.a.	2004		
DPT1	87	2004		
DPT3	83	2004		
Polio3	84	2004		
Measles	74	2004		
HepB3	83	2004		
Hib3	83	2004		
MATERNAL HEALTH INDICATORS				
Contraceptive Prevalence (%)	54	1996-2004*		
Antenatal Care Coverage (%)	98	1996-2004*		
Skilled Attendant at Delivery (%)	100	1996-2004*		
Maternal mortality ratio (reported) (%)	1	1996-2004*		
EDUCATION INDICATORS				
Gross Enrolment Rates (Total)	Birth to 2	9	n.a.	UNESCO, Global Monitoring Report on Early Childhood Education, 2006
	Pre-school	95	n.a.	
Gross Enrolment Rates (Male)	Birth to 2	10	n.a.	
	Pre-school	88	n.a.	
Gross Enrolment Rates (Female)	Birth to 2	8	n.a.	
	Pre-school	102	n.a.	

Gross Primary School Enrolment Ratio	Total	92	2004	World Bank, EdStats, online data base; UNESCO, Statistics Database
	Male	94	2004	
	Female	90	2004	
Net Primary School Enrolment Ratio	Total	84	2004	
	Male	84	2004	
	Female	84	2004	
Expected Primary School Completion Rates	Total	79	2001-2004*	
	Male	n.a.		
	Female	n.a.		
Gross Secondary School Enrolment Ratio	Total	101	2004	
	Male	101	2004	
	Female	101	2004	
Net Secondary School Enrolment Ratio	Total	78	2004	
	Male	75	2004	
	Female	82	2004	
Expected Secondary School Completion Rates	Total	66	2004	
	Male	55	2004	
	Female	76	2004	
ECONOMIC INDICATORS				
GDP at Constant 1990 Prices (\$USmn)	693.9	2004	CDB, Social and Economic Indicators, 2005	
GDP at Current Market Prices (\$USmn)	1,180.1	2004		
GDP Constant Prices % Change	(3.0)	2004		
Consumer Prices % Change	2.3	2004		
Current Revenues	301.2	2004		
Current Grants	n.a.			
Current Expenditures	329.6	2004		
Current Account Surplus/(Deficit)	29.7	2004		
Capital Revenue and Grants	31.4	2004		
Capital Expenditure	93.8	2004		
Overall Surplus/(Deficit)	(32.7)	2004		
Current Surplus/(Deficit) as % of GDP	2.5	2004		
Overall Surplus/(Deficit) as % of GDP	(2.8)	2004		
Total Domestic Credit, net (\$mn)	929.9	2004		
Total External Debt Outstanding	330.4	2004		
Debt Service	21.4	2004		
Debt Service as % of GDP	4.9	2004		
Debt Service as % of Current Revenue	19.2	2004		
Debt Service Ratio (%)	11.0	2004		

* Most recent available year

MONTserrat

		Indicator Value	Year	Source
BASIC INDICATORS				
Crude Death Rate (Per 1,000)		12.3	2000-2005*	CDB, Social and Economic Indicators, 2005
Crude Birth Rate (Per 1,000)		9.6	2000-2005*	
Total Fertility Rate (Per 1,000)		n.a.		WHO, Core Health Indicators Database
Life Expectancy at Birth (Years)	Male	n.a.		
	Female	n.a.		
Population Using Improved Drinking Water Sources	Total	n.a.		UNICEF, State of the World's Children 2006, online statistical database
	Urban	n.a.		
	Rural	n.a.		
Population Using Adequate Sanitation Facilities (%)	Total	n.a.		
	Urban	n.a.		
	Rural	n.a.		
CHILDREN'S HEALTH INDICATORS				
Under-5 Mortality Rate		n.a.		
Infant Mortality Rate (under 1)		n.a.		
Infants with Low Birth weight (%)		n.a.		
Children who are Exclusively Breastfed (<6 months) (%)		n.a.		
Per cent of Children Under Five Who Are:				
Moderately and Severely Underweight (< -2 SD)		n.a.		
Wasted (< -2 SD)		n.a.		
Stunted (< -2 SD)		n.a.		
Per cent of 1-Year-Old Children Receiving Immunizations				
BCG		n.a.		
DPT1		n.a.		
DPT3		n.a.		
Polio3		n.a.		
Measles		n.a.		
HepB3		n.a.		
Hib3		n.a.		
MATERNAL HEALTH INDICATORS				
Contraceptive Prevalence (%)		n.a.		
Antenatal Care Coverage (%)		n.a.		
Skilled Attendant at Delivery (%)		n.a.		
Maternal mortality ratio (reported) (%)		n.a.		
EDUCATION INDICATORS				
Gross Enrolment Rates (Total)	Birth to 2	40	n.a.	UNESCO, Global Monitoring Report on Early Childhood Education, 2006
	Pre-school	111	n.a.	
Gross Enrolment Rates (Male)	Birth to 2	n.a.	n.a.	
	Pre-school	n.a.	n.a.	
Gross Enrolment Rates (Female)	Birth to 2	n.a.	n.a.	
	Pre-school	n.a.	n.a.	

Gross Primary School Enrolment Ratio	Total	108	2004	World Bank, EdStats, online data base; UNESCO, Statistics Database
	Male	109	2004	
	Female	106	2004	
Net Primary School Enrolment Ratio	Total	94	2004	
	Male	96	2004	
	Female	92	2004	
Expected Primary School Completion Rates	Total	n.a.		
	Male	n.a.		
	Female	n.a.		
Gross Secondary School Enrolment Ratio	Total	114	2004	
	Male	114	2004	
	Female	114	2004	
Net Secondary School Enrolment Ratio	Total	100	2004	
	Male	n.a.	2004	
	Female	n.a.	2004	
Expected Secondary School Completion Rates	Total	n.a.	2004	
	Male	n.a.	2004	
	Female	n.a.	2004	
ECONOMIC INDICATORS				
GDP at Constant 1990 Prices (\$USmn)		60.9	2004	CDB, Social and Economic Indicators, 2005
GDP at Current Market Prices (\$USmn)		111.0	2004	
GDP Constant Prices % Change		4.5	2004	
Consumer Prices % Change		2.4	2004	
Current Revenues		32.3	2004	
Current Grants		56.4	2004	
Current Expenditures		83.0	2004	
Current Account Surplus/(Deficit)		5.7	2004	
Capital Revenue and Grants		36.3	2004	
Capital Expenditure		32.8	2004	
Overall Surplus/(Deficit)		9.2	2004	
Current Surplus/(Deficit) as % of GDP		5.1	2004	
Overall Surplus/(Deficit) as % of GDP		83.0	2004	
Total Domestic Credit, net (\$mn)		(39.3)	2004	
Total External Debt Outstanding		10.7	2004	
Debt Service		0.1	2004	
Debt Service as % of GDP		0.1	2004	
Debt Service as % of Current Revenue		0.4	2004	
Debt Service Ratio (%)		0.3	2004	

* Most recent available year

St. KITTS AND NEVIS

		Indicator-Value	Year	Source
BASIC INDICATORS				
Crude Death Rate (Per 1,000)		7.6	2000-2005*	CDB, Social and Economic Indicators, 2005
Crude Birth Rate (Per 1,000)		15.6	2000-2005*	
Total Fertility Rate (Per 1,000)		2.4	2000-2005*	WHO, Core Health Indicators Database
Life Expectancy at Birth (Years)	Male	69	2000-2005*	
	Female	72	2000-2005*	
Population Using Improved Drinking Water Sources	Total	99	2002	UNICEF, State of the World's Children 2006, online statistical database
	Urban	99	2002	
	Rural	99	2002	
Population Using Adequate Sanitation Facilities (%)	Total	96	2002	
	Urban	96	2002	
	Rural	96	2002	
CHILDREN'S HEALTH INDICATORS				
Under-5 Mortality Rate		21	2004	
Infant Mortality Rate (under 1)		18	2004	
Infants with Low Birth weight (%)		9	1998-2004*	
Children who are Exclusively Breastfed (<6 months) (%)		56	1996-2004*	
Per cent of Children Under Five Who Are:				
Moderately and Severely Underweight (< -2 SD)		n.a.		
Wasted (< -2 SD)		n.a.		
Stunted (< -2 SD)		n.a.		
Per cent of 1-Year-Old Children Receiving Immunizations				
BCG		89	2004	
DPT1		87	2004	
DPT3		96	2004	
Polio3		96	2004	
Measles		98	2004	
HepB3		96	2004	
Hib3		95	2004	
MATERNAL HEALTH INDICATORS				
Contraceptive Prevalence (%)		41	1996-2004*	
Antenatal Care Coverage (%)		100	1996-2004*	
Skilled Attendant at Delivery (%)		99	1996-2004*	
Maternal mortality ratio (reported) (%)		250	1996-2004*	
EDUCATION INDICATORS				
Gross Enrolment Rates (Total)	Birth to 2	53	n.a.	UNESCO, Global Monitoring Report on Early Childhood Education, 2006
	Pre-school	81	n.a.	
Gross Enrolment Rates (Male)	Birth to 2	52	n.a.	
	Pre-school	78	n.a.	
Gross Enrolment Rates (Female)	Birth to 2	54	n.a.	
	Pre-school	84	n.a.	

Gross Primary School Enrolment Ratio	Total	101	2004	World Bank, EdStats, online data base; UNESCO, Statistics Database
	Male	98	2004	
	Female	105	2004	
Net Primary School Enrolment Ratio	Total	94	2004	
	Male	91	2004	
	Female	98	2004	
Expected Primary School Completion Rates	Total	94	20012004*	
	Male	n.a.		
	Female	n.a.		
Gross Secondary School Enrolment Ratio	Total	94	2004	
	Male	94	2004	
	Female	94	2004	
Net Secondary School Enrolment Ratio	Total	87	2004	
	Male	86	2004	
	Female	88	2004	
Expected Secondary School Completion Rates	Total	61	2004	
	Male	55	2004	
	Female	66	2004	
ECONOMIC INDICATORS				
GDP at Constant 1990 Prices (\$USmn)		593.0	2004	CDB, Social and Economic Indicators, 2005
GDP at Current Market Prices (\$USmn)		1,092.2	2004	
GDP Constant Prices % Change		6.4	2004	
Consumer Prices % Change		2.3	2004	
Current Revenues		365.2	2004	
Current Grants		n.a.		
Current Expenditures		376.3	2004	
Current Account Surplus/(Deficit)		(11.1)	2004	
Capital Revenue and Grants		8.7	2004	
Capital Expenditure		78.1	2004	
Overall Surplus/(Deficit)		(80.5)	2004	
Current Surplus/(Deficit) as % of GDP		(1.0)	2004	
Overall Surplus/(Deficit) as % of GDP		(7.4)	2004	
Total Domestic Credit, net (\$mn)		991.2	2004	
Total External Debt Outstanding		304.4	2004	
Debt Service		45.7	2004	
Debt Service as % of GDP		11.3	2004	
Debt Service as % of Current Revenue		33.8	2004	
Debt Service Ratio (%)		22.0	2004	

* Most recent available year

St. LUCIA

	Indicator Value	Year	Source	
BASIC INDICATORS				
Crude Death Rate (Per 1,000)	6.9	2000-2005*	CDB, Social and Economic Indicators, 2005	
Crude Birth Rate (Per 1,000)	14.6	2000-2005*		
Total Fertility Rate (Per 1,000)	2.2	2000-2005*	WHO, Core Health Indicators Database	
Life Expectancy at Birth (Years)	Male 71	2000-2005*		
	Female 77	2000-2005*		
Population Using Improved Drinking Water Sources	Total 98	2002	UNICEF, State of the World's Children 2006, online statistical database; TANGO International, Overview of Food/Nutrition Security and Natural Disaster Risk Analysis in Eight Caribbean Countries: Regional Summary, WFP/ UNICEF, 2006	
	Urban 98	2002		
	Rural 98	2002		
Population Using Adequate Sanitation Facilities (%)	Total 89	2002		
	Urban 89	2002		
	Rural 89	2002		
CHILDREN'S HEALTH INDICATORS				
Under-5 Mortality Rate	14	2004		
Infant Mortality Rate (under 1)	13	2004		
Infants with Low Birth weight (%)	8	1998-2004*		
Children who are Exclusively Breastfed (<6 months) (%)	n.a.			
Per cent of Children Under Five Who Are:				
Moderately and Severely Underweight (< -2 SD)	14	n.a.		
Wasted (< -2 SD)	6	n.a.		
Stunted (< -2 SD)	11	n.a.		
Per cent of 1-Year-Old Children Receiving Immunizations				
BCG	99	2004		
DPT1	99	2004		
DPT3	91	2004		
Polio3	91	2004		
Measles	95	2004		
HepB3	91	2004		
Hib3	91	2004		
MATERNAL HEALTH INDICATORS				
Contraceptive Prevalence (%)	47	1996-2004*		
Antenatal Care Coverage (%)	100	1996-2004*		
Skilled Attendant at Delivery (%)	100	1996-2004*		
Maternal mortality ratio (reported) (%)	35	1996-2004*		
EDUCATION INDICATORS				
Gross Enrolment Rates (Total)	Birth to 2	19	n.a.	UNESCO, Global Monitoring Report on Early Childhood Education, 2006
	Pre-school	57	n.a.	
Gross Enrolment Rates (Male)	Birth to 2	19	n.a.	
	Pre-school	56	n.a.	
Gross Enrolment Rates (Female)	Birth to 2	20	n.a.	
	Pre-school	57	n.a.	

Gross Primary School Enrolment Ratio	Total	106	2004	World Bank, EdStats, online data base; UNESCO, Statistics Database
	Male	108	2004	
	Female	103	2004	
Net Primary School Enrolment Ratio	Total	98	2004	
	Male	99	2004	
	Female	96	2004	
Expected Primary School Completion Rates	Total	n.a.		
	Male	n.a.		
	Female	n.a.		
Gross Secondary School Enrolment Ratio	Total	81	2004	
	Male	81	2004	
	Female	81	2004	
Net Secondary School Enrolment Ratio	Total	71	2004	
	Male	68	2004	
	Female	74	2004	
Expected Secondary School Completion Rates	Total	62	2004	
	Male	60	2004	
	Female	64	2004	
ECONOMIC INDICATORS				
GDP at Constant 1990 Prices (\$USmn)		1,259.3	2004	CDB, Social and Economic Indicators, 2005
GDP at Current Market Prices (\$USmn)		2,064.6	2004	
GDP Constant Prices % Change		3.6	2004	
Consumer Prices % Change		1.5	2004	
Current Revenues		535.2	2004	
Current Grants		n.a.		
Current Expenditures		481.8	2004	
Current Account Surplus/(Deficit)		53.4	2004	
Capital Revenue and Grants		7.0	2004	
Capital Expenditure		113.0	2004	
Overall Surplus/(Deficit)		(52.5)	2004	
Current Surplus/(Deficit) as % of GDP		2.6	2004	
Overall Surplus/(Deficit) as % of GDP		(2.5)	2004	
Total Domestic Credit, net (\$mn)		1,470.7	2004	
Total External Debt Outstanding		308.6	2004	
Debt Service		33.5	2004	
Debt Service as % of GDP		4.4	2004	
Debt Service as % of Current Revenue		16.9	2004	
Debt Service Ratio (%)		7.0	2004	

* Most recent available year

St. VINCENT AND THE GRENADINES

		Indicator Value	Year	Source
BASIC INDICATORS				
Crude Death Rate (Per 1,000)		7.6	2000-2005*	CDB, Social and Economic Indicators, 2005
Crude Birth Rate (Per 1,000)		18.5	2000-2005*	
Total Fertility Rate (Per 1,000)		2.2	2000-2005*	WHO, Core Health Indicators Database
Life Expectancy at Birth (Years)	Male	66	2000-2005*	
	Female	73	2000-2005*	
Population Using Improved Drinking Water Sources	Total	n.a.		UNICEF, State of the World's Children 2006, online statistical database
	Urban	n.a.		
	Rural	93	2002	
Population Using Adequate Sanitation Facilities (%)	Total	n.a.		
	Urban	n.a.		
	Rural	96	2002	
CHILDREN'S HEALTH INDICATORS				
Under-5 Mortality Rate		22	2004	
Infant Mortality Rate (under 1)		18	2004	
Infants with Low Birth weight (%)		10	2004	
Children who are Exclusively Breastfed (<6 months) (%)		n.a.		
Per cent of Children Under Five Who Are:				
Moderately and Severely Underweight (< -2 SD)		n.a.		
Wasted (< -2 SD)		n.a.		
Stunted (< -2 SD)		n.a.		
Per cent of 1-Year-Old Children Receiving Immunizations				
BCG		99	2004	
DPT1		99	2004	
DPT3		99	2004	
Polio3		99	2004	
Measles		99	2004	
HepB3		99	2004	
Hib3		99	2004	
MATERNAL HEALTH INDICATORS				
Contraceptive Prevalence (%)		58	1996-2004*	
Antenatal Care Coverage (%)		99	1996-2004*	
Skilled Attendant at Delivery (%)		100	1996-2004*	
Maternal mortality ratio (reported) (%)		93	1996-2004*	
EDUCATION INDICATORS				
Gross Enrolment Rates (Total)	Birth to 2	5	n.a.	UNESCO, Global Monitoring Report on Early Childhood Education, 2006
	Pre-school	89		
Gross Enrolment Rates (Male)	Birth to 2	5	n.a.	
	Pre-school	89	n.a.	
Gross Enrolment Rates (Female)	Birth to 2	5	n.a.	
	Pre-school	88	n.a.	

Gross Primary School Enrolment Ratio	Total	106	2004	World Bank, EdStats, online data base; UNESCO, Statistics Database
	Male	109	2004	
	Female	103	2004	
Net Primary School Enrolment Ratio	Total	94	2004	
	Male	95	2004	
	Female	92	2004	
Expected Primary School Completion Rates	Total	76	20012004*	
	Male	n.a.		
	Female	n.a.		
Gross Secondary School Enrolment Ratio	Total	78	2004	
	Male	78	2004	
	Female	78	2004	
Net Secondary School Enrolment Ratio	Total	62	2004	
	Male	60	2004	
	Female	65	2004	
Expected Secondary School Completion Rates	Total	42	2004	
	Male	27	2004	
	Female	53	2004	
ECONOMIC INDICATORS				
GDP at Constant 1990 Prices (\$USmn)		688.7	2004	CDB, Social and Economic Indicators, 2005
GDP at Current Market Prices (\$USmn)		1,101.2	2004	
GDP Constant Prices % Change		5.4	2004	
Consumer Prices % Change		3.0	2004	
Current Revenues		322.4	2004	
Current Grants		n.a.		
Current Expenditures		288.4	2004	
Current Account Surplus/(Deficit)		34.0	2004	
Capital Revenue and Grants		9.8	2004	
Capital Expenditure		79.7	2004	
Overall Surplus/(Deficit)		(35.8)	2004	
Current Surplus/(Deficit) as % of GDP		31.0	2004	
Overall Surplus/(Deficit) as % of GDP		(3.3)	2004	
Total Domestic Credit, net (\$mn)		554.2	2004	
Total External Debt Outstanding		170.1	2004	
Debt Service		20.2	2004	
Debt Service as % of GDP		5.0	2004	
Debt Service as % of Current Revenue		16.9	2004	
Debt Service Ratio (%)		10.9	2004	

* Most recent available year

TURKS AND CAICOS ISLANDS

	Indicator Value	Year	Source
BASIC INDICATORS			
Crude Death Rate (Per 1,000)	1.7	2000-2005*	CDB, Social and Economic Indicators, 2005
Crude Birth Rate (Per 1,000)	10.4	2000-2005*	
Total Fertility Rate (Per 1,000)	n.a.		WHO, Core Health Indicators Database
Life Expectancy at Birth (Years)	Male	n.a.	
	Female	n.a.	
Population Using Improved Drinking Water Sources	Total	n.a.	UNICEF, State of the World's Children 2006, online statistical database; Data submitted by Government of the Turks and Caicos Islands
	Urban	n.a.	
	Rural	n.a.	
Population Using Adequate Sanitation Facilities (%)	Total	n.a.	
	Urban	n.a.	
	Rural	n.a.	
CHILDREN'S HEALTH INDICATORS			
Under-5 Mortality Rate	n.a.		
Infant Mortality Rate (under 1)	n.a.		
Infants with Low Birth weight (%)	n.a.		
Children who are Exclusively Breastfed (<6 months) (%)	n.a.		
Per cent of Children Under Five Who Are:			
Moderately and Severely Underweight (< -2 SD)	n.a.		
Wasted (< -2 SD)	n.a.		
Stunted (< -2 SD)	n.a.		
Per cent of 1-Year-Old Children Receiving Immunizations			
BCG	95	2004	
DPT1	95	2004	
DPT3	95	2004	
Polio3	95	2004	
Measles	95	2004	
HepB3	95	2004	
Hib3	95	2004	
MATERNAL HEALTH INDICATORS			
Contraceptive Prevalence (%)	n.a.		
Antenatal Care Coverage (%)	n.a.		
Skilled Attendant at Delivery (%)	n.a.		
Maternal mortality ratio (reported) (%)	n.a.		
EDUCATION INDICATORS			
Gross Enrolment Rates (Total)	Birth to 2	n.a.	UNESCO, Global Monitoring Report on Early Childhood Education, 2006
	Pre-school	n.a.	
Gross Enrolment Rates (Male)	Birth to 2	n.a.	
	Pre-school	n.a.	
Gross Enrolment Rates (Female)	Birth to 2	n.a.	
	Pre-school	n.a.	

Gross Primary School Enrolment Ratio	Total	94	2004	World Bank, EdStats, online data base; UNESCO, Statistics Database
	Male	92	2004	
	Female	95	2004	
Net Primary School Enrolment Ratio	Total	81	2004	
	Male	78	2004	
	Female	85	2004	
Expected Primary School Completion Rates	Total	n.a.		
	Male	n.a.		
	Female	n.a.		
Gross Secondary School Enrolment Ratio	Total	91	2004	
	Male	91	2004	
	Female	91	2004	
Net Secondary School Enrolment Ratio	Total	78	2004	
	Male	78	2004	
	Female	78	2004	
Expected Secondary School Completion Rates	Total	n.a.	2004	
	Male	n.a.	2004	
	Female	n.a.	2004	
ECONOMIC INDICATORS				
GDP at Constant 1990 Prices (\$USmn)		372.8	2004	CDB, Social and Economic Indicators, 2005
GDP at Current Market Prices (\$USmn)		485.6	2004	
GDP Constant Prices % Change		12.9	2004	
Consumer Prices % Change		3.3	2004	
Current Revenues		117.1	2004	
Current Grants		n.a.		
Current Expenditures		122.0	2004	
Current Account Surplus/(Deficit)		(4.9)	2004	
Capital Revenue and Grants		185.0	2004	
Capital Expenditure		31.2	2004	
Overall Surplus/(Deficit)		(1.0)	2004	
Current Surplus/(Deficit) as % of GDP		(1.0)	2004	
Overall Surplus/(Deficit) as % of GDP		(3.6)	2004	
Total Domestic Credit, net (\$mn)		n.a.		
Total External Debt Outstanding		48.0	2004	
Debt Service		1.4	2004	
Debt Service as % of GDP		0.3	2004	
Debt Service as % of Current Revenue		1.2	2004	
Debt Service Ratio (%)		n.a.		

* Most recent available year

NOTES

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