

NEEDS ASSESSMENT REPORT

FOR

THE REPLICATION OF

THE ROVING CAREGIVERS PROGRAMME

IN

ST. VINCENT AND THE GRENADINES



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Cover Page Photo of Ms. Amor Jackson, Community Worker; young mother Vanda Frederick, holding daughter, Vannasha.

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GLOSSARY OF ACRONYMS

BvLF	Bernard vanLeer Foundation
CAP	Children Against Poverty
CBO	Community Based Organizations
CCF	Christian Children Fund
CSI	Caribbean Support Initiative
CWSA	Central Water and Sewerage Authority
CWSN	Children With Special Needs
ECCD	Early Childhood Care And Development
ECD	Early Childhood Development
GDP	Gross Domestic Product
MH	Marion House
NGO	Non-governmental Organization
NESDC	National Economic and Social Development Council
NSPD	National Society of Persons with Disabilities
OECS	Organization of Eastern Caribbean States
PPP	Pillars for Partnership and Progress – OECS Education Reform Strategy:2010
RCP	Roving Caregivers Programme
SVG	St. Vincent and the Grenadines
VINSAVE	St. Vincent and the Grenadines Save the Children Fund
YAP	Youth Assistance Programme (MH)
YES	Youth Empowerment Services (Govt.)
YPEP	Young Parents Empowerment Programme (MH)

TERMS OF REFERENCE
CONSULTANT FOR NEEDS ASSESSMENT AND PROPOSAL DEVELOPMENT
FOR THE ROVING CAREGIVERS PROGRAMME
IN ST. VINCENT & THE GRENADINES

Introduction

The Caribbean Support Initiative established by the Bernard van Leer Foundation is a five-year regional programme with a thematic focus on parenting initiatives in Early Childhood Care and Development. In 2002, Dr. Didacus Jules carried out a study to examine the feasibility of replicating identified best practices in parenting support programmes and the steps that need to be taken to facilitate replication.

St. Vincent & The Grenadines was identified as one of the four countries to begin replication on a phased basis. As a result, a national consultation was held in January 2004 to review the report submitted by Dr. Jules and to make recommendations on the shape, scope and procedure for the pilot project on parenting.

A team of four persons involved in Early Childhood Care and Development programmes in St. Vincent visited Jamaica in November 2003 to observe the administration and operation of the Roving Caregivers programme in the parish of Clarendon. On the team's return, further discussion identified the need for a needs assessment to guide the preparation of the funding proposal.

The Committee agreed that the target areas would be Barrouallie, Byera and Sandy Bay.

Terms of Reference

The Consultant will be engaged to achieve two main objectives:

1. Conduct a needs assessment that will provide:
 - Contextual background information with specific reference to selected areas.
 - Background information based on key information and documentary sources on selected communities, families and children from birth to three years.
2. Prepare a proposal to be submitted for funding of the project.

Based on the objectives, the Consultant will prepare a report of the needs assessment that will include:

- Justification for the project;
- A topographical description of the targeted area;
- Population data including the number of families and children in the birth to three years group;
- The level of poverty based on the poverty assessment conducted;
- A brief description of the collaborating agencies within the locations;

- Community resources that may be available to the programme;
- Availability of caregivers;
- The inclusion of children with special needs;
- Recommendation for community mobilization;
- Sample pictures to highlight the issues.

It is also expected that the Consultant will prepare a funding proposal that will include:

- A problem statement;
- A description of the programme (a revised replication plan);
- Sustainability options;
- Job descriptions;
- Time lines, and
- A budget.

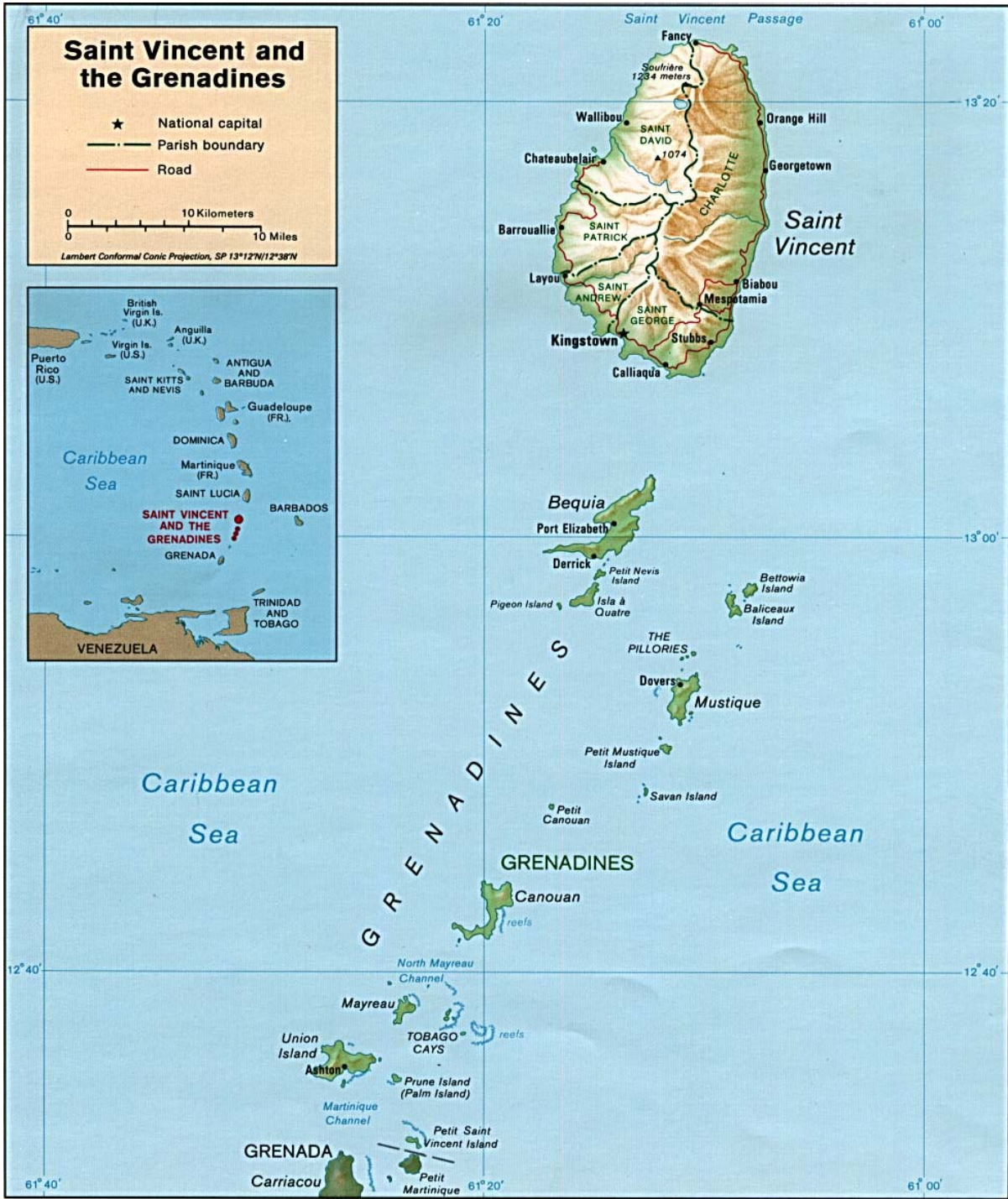
The Consultant will employ strategies that are necessary and appropriate for completion of the outputs specified and shall include:

- Conducting relevant research, interviews and reviewing relevant documents for the satisfactory completion of the needs assessment;
- Consulting with the steering committee and staff of The Ministry of Education and other ECD stakeholders;
- Visiting targeted sites for necessary inputs.

The report and funding proposal should be submitted in Microsoft word format on both diskette and hard copy.

MAP OF ST. VINCENT AND THE GRENADINES

http://www.lib.utexas.edu/maps/islands_oceans_poles/st_vincent_rel96.jpg



Base 802429 (546180) 1-96

Note: Byera is situated close to & S of Georgetown; Sandy Bay is further N of Orange Hill.

Chapter 1: INTRODUCTION

1.1 Rationale

“Every Child A Chance” is the slogan of the current government of St. Vincent and the Grenadines, particularly as they strive for universal secondary education. Current educational wisdom concurs that every child deserves a chance to reach his/her optimal potential. The most assured way is through effective parenting.

This Needs Assessment study is a critical element of the regional Early Childhood Parenting project sponsored by the Bernard van Leer Foundation (BvLF). The Caribbean Support Initiative (CSI) was established by the BvL Foundation for a five year regional programme with a thematic focus on parenting initiatives in Early Childhood Care and Development. The replication of the successful Roving Caregivers Programme (RCP) in Jamaica is one chosen vehicle for addressing regional concerns of inappropriate parenting in the Caribbean – particularly within the poorer communities.

In 2002 Dr. Didacus Jules was commissioned to do a study that might support the following major objectives of the CSI as he reviewed the RCP and other existing programmes in the OECS countries:

- To promote good parenting practice in early childhood education with specific emphasis on high risk groups;
- To share parenting knowledge in early childhood development
- To build capacity in parenting for early childhood development

Dr. Jules identified some common core elements that stood out in all of the early childhood programs that were examined or visited:¹

- Strong recognition of the importance of parenting education in early childhood development
- Parents seen as partners; as teachers; as core influence and the home as a site of primary transmission
- Targeted interventions seen as important and cost effective means of reaching the marginalized
- Increasing convergence between education and health sectors. Broad health education concerns and specific crisis interventions being incorporated into education programming
- A growing focus on fathers – the widespread absence of fathers at almost every level of engagement relative to their social and domestic responsibilities has spurred social workers and policy makers to search for new modalities of engagement of fathers.

¹ Report - A Regional Framework for Parenting Education, Report and Recommendations, Prepared by Dr. Jules, Didacus, for the Caribbean Support Initiative, Section 4.2, p.2

These features or areas of concern must be taken into consideration in the development of any new parenting initiative, and fits well into a Roving Caregivers Programme.

It is quite fair to suggest that significant concerns, as well as the CSI objectives, relate specifically to those Caribbean families who may be classified as economically disadvantaged. Hence Dr. Jules suggests that regional initiatives in early childhood parenting must ask the critical question of “how do we reach the unreached?” Continuing, he surmises that three critical gaps need to be taken into consideration in the design of parenting education programs:

Box 1 Critical Gaps in designing Parenting Education Programmes

- **Gaps in early childhood provision** – in several countries provision is less than half of the demand.....In most countries, there is either a tacit or explicit acceptance by government that early childhood education is an area in which private participation can help ensure universal coverage.
- **Gaps in parenting education** – the major deficiency in this area is the difficulty of reaching thjose most in need...
- **Gaps between policy and action; legislation and enforcement.** In most Caribbean countries, thanks to the concerted lobby presented by NGOs and international agencies, policy and legislative frameworks are more advanced than actual action towards improvement of early childhood provision.

(Jules Report 2002 Sec 4.1 Design Principles)²

1.2 The Roving Caregivers Programme (RCP)

The Roving Caregivers Programme (RCP) has proved to be successful in Jamaica, and to date is being developed in other countries in the Organization of Eastern Caribbean States (OECS), namely Grenada, the Commonwealth of Dominica and St. Lucia. The obvious and critical need for such a programme in St. Vincent and the Grenadines (SVG) is evident. However, it is essential to properly examine the situation, conditions and peculiar circumstances in SVG before commencing any efforts to begin design and implementation. This Needs Assessment will inform the feasibility of conducting the RCP in SVG. The context and parameters of this study will encompass those gaps identified in Box 1 by the Jules 2002 report.

Further, should this study indicate justification and feasibility of the RCP, its findings are to be incorporated in the required Funding Proposal that will determine the availability of resources for its implementation. (See the Terms of Reference p v)

Given the relatively small size of St. Vincent and the Grenadines, national information and data are critical in order to fully understand the issues and conditions in the specific areas targeted for the RCP in SVG. These are Barrouallie, Byera, and Sandy Bay.

² Ibid Jules, Section 4.1, p.1

1.3 BACKGROUND TO SVG INVOLVEMENT IN THE RCP TO DATE

In order to prepare for the SVG Replication of the RCP, a Ministerial delegation of four traveled to Jamaica to have a first hand experience of the RCP in May Pen. Certain structures had to be put in place to proceed. At a meeting with the Senior Education Officials it was decided that Ms. Judith Hull-Ballah was to be appointed as the RCP Coordinator, since she was already an active member of the Steering Group of the CSI.

In January 2004, a Management Committee was established from among government, private and NGO sectors. At a subsequent meeting VINSAVE was elected by secret ballot to serve as the Lead Agency of the Project.

A local consultant was retained in April 2004, to conduct a Needs Assessment of the viability of the RCP in SVG, and to assist in the preparation of a Funding Proposal for Implementation.

1.4 THE SIGNIFICANCE OF THE NEEDS ASSESSMENT / JUSTIFICATION FOR THE RCP

The first three years of a child's life are critical for his/her development. For the most part governments have agreed – invariably tacitly – that this life-period of learning and development is best left to parents and the private sector. This study examines the harmful existing limitations of this approach, particularly among the least advantaged in the society, and demonstrates the critical need for the type of collaborative intervention that can be provided by the Roving Caregivers Programme (RCP).

In essence, this Needs Assessment study will provide **the justification** of the need for a parenting programme. Not only will it attempt to show good reason or not for the Roving Caregivers Programme in SVG, it will provide some empirical data to highlight the shortcomings of current practices and policies with regards to the raising of children.

Justification appears to be a given in SVG. Without exception, persons questioned informally agreed unhesitatingly that such a programme was in dire need particularly in the poorer and rural communities:

One such person, recalled that going out with her Church visitation group, they observed a yard encompassing several small houses. The visiting team was horrified to see the negative interaction in the small space and particularly the manner in which the children were being treated. One boy was literally being 'banged about' by his mother. The intervention of the visitors was met with the holler that "de boy so bad, it's the only thing me could do when me ketch he – bang him".

A pediatric nurse at the Milton Cato Memorial Hospital in Kingstown, echoed the sentiment, that the parents need a lot of help in understanding how to rear their children. The abuse and neglect that small children receive is an issue of grave concern. She referred particularly to abuse in relation to "visiting relationships" – boyfriends, baby-

sitters etc. Another child worker said that in some rural areas, mothers spend the whole day gambling, with their children on their laps.

Further, too often we read in the local newspapers of such incidents as occurred in Sandy Bay on the night of March 29, 2004 when a one month old baby was burnt to death, while her 15 year old mother stated that she went to the shop to buy diapers (The News, Friday April 2, 2004).

Another important component of this assessment is the specific inclusion of children with disabilities, to whom all of the above applies. The study looks specifically at this group of children, frequently numbered among the poor and disadvantaged. They are often excluded from care, and stimulation at home or in an institution; some still face a life of shame. Even where the children with special needs (CWSN) are in one of the four places of special learning and care in SVG, parents often need support and assistance in learning how to care for these children at home. In SVG the age range of CWSN will not be limited to three years. Such inclusion in the RCP will further increase the value of the programme significantly.

Anecdotal data as described may not be directly captured in the statistics collected, but they form an important link to the data used in this Needs Assessment, and cry out for interventions to alleviate the tragic child-rearing practices currently found particularly in rural communities, and among the large numbers of teen and young mothers.

As solutions are sought to these troubling situations, the need for an integrated, holistic national approach to early childcare becomes very apparent. Holistic in the child's care, development and well-being – physical, emotional, spiritual, cognitive; and integration in the policies, programmes and persons involved in providing the care, development and well-being. The core principles of the Roving Caregivers Programme most suitably apply to a balanced approach to parenting for both child and parent.

1.5 THE CONCEPTUAL FRAMEWORK

The scope of the Needs Assessment is an examination of the current status of parenting and early childcare in St. Vincent and the Grenadines, and more specifically, the selected areas of Barrouallie, Byera and Sandy Bay; and a review of the RCP as a possible means of realizing the desired state. The process may be simply visualized as follows:

Table 1. NEEDS ASSESSMENT KEY QUESTIONS

WHERE	HOW	WHAT Are ..
Where are we now?	How do we know where we are now?	the issues? the needs? the strengths? the weaknesses?
Where do we want to be?	How do we get there?	the opportunities? the threats? the barriers?

The Conceptual Framework (Table 2), encapsulates the issues and problems that form the basis and direction of this Needs Assessment. The context of the assessment is the

feasibility of the Roving Caregivers Programme that has been proposed for operation in the rural communities of Barrouallie, Byera and Sandy Bay.

Table 2. NEEDS ASSESSMENT CONCEPTUAL FRAMEWORK FOR THE ROVING CAREGIVERS PROGRAMME

PRESENT STATE	DESIRED STATE
<ul style="list-style-type: none"> ➤ Inadequate Child-rearing practices ➤ A number of children in 'at risk' situations. 	<ul style="list-style-type: none"> ➤ Effective Parenting ➤ Realization Of Child's Full Potential ➤ National Development And Prosperity

CHILD AT RISK (Current Status)	IMPACT OF POLICIES/ PROGRAMMES	CHILD REALIZED (Outcomes/Results)
Poor/Ineffective Parenting <i>Created by ...</i>	Impact of Policies/ Programmes/ Initiatives <i>Determined by ...</i>	Well-being paramount Healthy; Safe & Protected Stimulated; Happy <i>Produced by ...</i>
Poverty	Governance	Effective Parenting
Characteristics – Parent, child, household: <ul style="list-style-type: none"> - Lack of assets - lack of education, skills, training - lack of or under employment - poor parenting - overcrowded homes - inadequate utilities - lack of motivation - low self-esteem - single teen mothers - poor health - persons with disabilities - lack of safety & protections - rural areas - lack of community organization 	Government Commitment <ul style="list-style-type: none"> - Poverty Strategies / Programmes - Sector Plans Millennium Goals <ul style="list-style-type: none"> - status in SVG Population Questionnaire Report Economic & Social Context <ul style="list-style-type: none"> - NESDC - PRTF - Social Investment Fund 	Characteristics: <ul style="list-style-type: none"> - Education - Training - Economic participation - Motivation/Care/Stimulation of children with disabilities - Desire to enable child to realize her/his full potential - Strong values - Empowerment
	NGO Involvement Existing Programmes	Success Stories/Progs. <ul style="list-style-type: none"> - CAP - Roving Caregivers Programme
Causes: <ul style="list-style-type: none"> - Lack of Education - Poor Nutrition - Health Issues - Socio-Economic Factors <ul style="list-style-type: none"> o Unemployment o Social Status o Low Self-esteem 	Legal Frameworks <ul style="list-style-type: none"> - Local governance - National - Regional - International Signatories 	Commitment to <ul style="list-style-type: none"> - Self - Child well-being - Community participation - Community Development

Chapter 2.0: RESEARCH FOCUS

2.1 The Statement of the problem

The major concern with regards to child-rearing as identified by the Bernard van Leer Foundation is poor parenting skills that result in placing a large percentage of Caribbean children at risk. Poverty has been named as one factor that creates the societal ills that put poor families at higher risks. The situation is further compounded in the region by a poor economic outlook due to the liberalization of the Banana industry; a globalization of trade encounters that tend to disfavour the Caribbean region; the aftermath of the attack September 11, 2001 on the United States of America; and the subsequent war in Iraq.

In St. Vincent and the Grenadines, as in most other OECS countries, concerns are paramount with regards to the effect of inadequate and more so, inappropriate, parenting skills on the health, safety, education and development of our very young and vulnerable children - children who are the backbone of the future. Parenting education then can be seen as a practical approach to a problem of low educational attainment and achievement in the rural areas that creates unemployment, low income and a sense of powerlessness.

The hypothesis of this study therefore, is that empowered parents with effective parenting skills and practices can result in the optimal development of the Caribbean child, and consequently the economic and social well-being of the family, country and region.

2.2 Sub-Problems

Several sub-problems evolve from the major problem outlined - inappropriate child-rearing practices particularly among impoverished rural communities - that must be considered in order to properly address the key issues that will inform the Needs Assessment study.

2.2.1 The first sub-problem is the limited day-care in SVG. There are no Day Care Centres in the three targeted areas. This lack ..

- (i) affects the infant child's socialization and readiness for pre-school;
- (ii) often leaves the child at the mercy of a needy parent lacking in parental values, skills and education; or
- (iii) places the child in an inadequate childcare situation – home or center based.

2.2.2 The second sub-problem speaks to reaching those parents who most need the support and education that child stimulation and parental educational programs may provide.

2.2.3. The third sub-problem relates to health issues and the serious – oft times life-threatening - illnesses and accidents to which the young child is exposed, due to

parental neglect or child-rearing ignorance. It also speaks to issues surrounding the care and nurturing of children with disabilities.

2.2.4. The fourth sub-problem deals with issues of poverty and economics – one of the fundamental issues affecting parents and impacting on early childhood care and development.

2.2.5. The fifth and final sub-problem is that of the impact of policies – or lack thereof – on parenting and early childhood care and development. These include education, social, legal and economic policies.

2.3 LITERATURE / DOCUMENTS REVIEW

“The first years of any child’s life are critical to that child’s development. No amount of help and support provided in later years can overcome a deficit in development caused by early neglect. Failure to address a child’s need for early education and development will cost society as a whole as the child matures, in terms of potential skills not realized, lack of economic progress, and social dysfunction.”³

In the Caribbean, the impact of poverty and socio-economic conditions are an issue of immense concern; as is the value of family and effective parenting; and conversely the deleterious impact of poor parenting on young children -from pre-natal and primary care – and on the society as a whole.

The OECS Education Reform Strategy document “Foundation for the Future” has guided education development in the sub-region of the Organization of Eastern Caribbean States (OECS) since 1990. Ten years later its sequel was developed entitled the “OECS Education Reform Strategy:2010 - Pillars for Partnership and Progress”, taking account of new developments and challenges facing the sub-region that have arisen since the 1990s. The following ECCD General Philosophy stated in the Pillars for Partnership and Progress (PPP)⁴ provides (i) a revised thrust in Strategies for reforming ECE; (ii) a theoretical and intellectual impetus and justification for the Roving Caregivers Programme; and (iii) provides a picture of the desired state of parenting and child care.

“Early childhood education is conceived as education to foster and nurture the cognitive, social, emotional, moral and physical development of young children. It is education to assist in their development levels as well as to promote their readiness to enter the formal school system. The provision of early childhood education must be particularly sensitive to socioeconomic inequities since some types of early intervention and stimulation could arrest and probably reverse

³ Lundy, Christine, Summary Report, UNICEF 2nd Caribbean Conference on Early Childhood Education, Dover Convention Centre, Barbados, 1-5 April 1997, p.2

⁴ Miller, Errol; Jules, Didacus; Thomas, Leton; Pillars for Partnership and Progress – The OECS Education Reform Strategy: 2010, December 2000

conditions with far reaching adverse effects. Because of this strong preventative aspect, early childhood education can be the most effective component of social compensatory programmes.”⁵

The PPP refers to other recent trends and developments such as (a) “knowledge management” – that which creates inequities not just between developed and developing nations, but locally between rich and poor, and between urban and rural conditions; and (b) “affective development” which speaks of “accelerated social decline fuelled by the rise of the drug culture and reflected in the demise of family and community structures, ...and the greater prominence that is now given to the inculcation of attitudes, values and behaviours appropriate to the “Ideal Caribbean Person” through the achievement of social skills ...”⁶

The extensive material sourced for this Needs Assessment will be utilized and referenced throughout the study and will be identified in the accompanying Bibliography.

Specifically RCP-related material reviewed includes the Reports of the Roving Caregivers Programme in Jamaica, Replications in Dominica and St. Lucia, and the Regional Framework For Parenting Education Report and Recommendations by Dr.Didacus Jules(2002) prepared for the Caribbean Support Initiative (CSI).

2.4 Definitions, Assumptions, Limitations, Delimitations

Definitions: From the outset, it is essential to understand the definition for the various terminologies used in reference to early childcare and education. However, it must be borne in mind – and indeed it will become obvious throughout the study that there are no clear lines of demarcation between the various categories and types of early child care:

Day care – A Centre for the care of infants and children from birth to 4 years.

Nursery - A Centre for the care of children from 2-4 years.

Pre-School – A Centre for learning and the care of children from 3 – 5 years.

A definition of Terms relating to Disabilities is attached as an Appendix.

Assumptions:

- that material and data are readily available in order to facilitate this study.
- that parents and community organizations will be cooperative in providing information, and that they will be willing participants in the development of recommendations from the Findings.

Limitations:

The time allotted for the completion of this study and the subsequent Funding Proposal (April 5 to June 30, 2004) allows for relatively short time-lines in completing a quality study. However, the expectation is that a focused and cooperative effort will produce a

⁵ Ibid. Pillars for Partnership and Progress, 2000, p 24

⁶ Ibid, p.9

substantive and timely assessment of the needs as outlined in the Consultant's Terms of Reference for the RCP development for St. Vincent and the Grenadines.

Delimitations: The main delimitation is the unavailability of the 2001 National Housing and Population Census. The challenge to the Consultant is to employ creative measures and research techniques that will uncover the required data and information needed for a comprehensive needs assessment. It may be necessary to utilize some different years for different indicators, without compromising consistency and accuracy in analysis.

Another factor that affects the study is that the most recent Poverty Assessment in SVG was done in 1996. Time does not permit this study to conduct a Poverty Assessment of the target areas. However, the 1996 data will be used in tandem with current data in analyzing situations as required. Further, it is expected that a Poverty Assessment will be an early activity of the Social Investment Fund that is currently being established.

Other delimitations are (1) that most statistics tend to provide data and indicators from 0 – 4 years. The target age for the SVG RCP is 0-3 years. (2) National statistics tend not to list Byera separately. The community is snuggled between the census areas of Colonarie (north) and Georgeotwn (south) and some data are merged with one or the other of these communities. Nevertheless we will find that the data can be used effectively with appropriate adjustments.

Chapter 3: CONTEXTUAL SITUATION

3.1 DEMOGRAPHY and TOPOGRAPHY

St. Vincent and the Grenadines is an archipelago in the Eastern Caribbean, lying 100 miles to the west of Barbados and comprises a total of 150 square miles. The country is comprised of a main island, St. Vincent, stretching some 40 miles from north to south, and a chain of 34 islands and cays, known as the Grenadines. The main islands in this chain of exotically beautiful coral-formed gems are Bequia, Mustique, Canouan, Mayreau, Union Island, Palm Island and Petit St. Vincent.

The mainland, St. Vincent is very mountainous. The populated areas surround almost the entire coastland. The coastal lands rise inland towards a mountainous Central ridge stretching from North to South, its highest peak being the dormant, or more so gently active volcano, La Soufriere, at the northern end over 4,000 feet above sea level. The last volcanic eruption was in 1979. Relatively good roads connect the towns and villages, except for an impassable section at the very north, close to the volcano, thus rendering it impossible to drive around the entire island, and distinctly separating the Leeward (west) coastal towns from those on the Windward eastern coast. In addition, the Atlantic ocean surges on the Windward side, creating contrasting beach conditions to the Caribbean sea-lined Leeward side and prohibiting easy sea-passage from one side to the other. This creates a sense of isolation of the most northern windward towns of Sandy Bay, Owia and Fancy. These towns are further separated by the phenomena of the Rabacca Dry River.

This is a river emerging from the volcano, which is dry land most of the time. (See photo in Sec 3.3.3.) However, when it rains the river can unexpectedly “come down” in rushing torrents, totally cutting off transportation from one side to the other, creating enormous economic and social hardship for the child needing to attend school, or the parent to go to work on the other more economically active side of the river. In recent times schools are being built, and more economic activity developed on the northern side of the Rabacca River.

The soil of St. Vincent is extremely rich and fertile. Farming remains one of the key means of sustenance, however the mountainous and rocky terrain can create difficulties and challenges in farming the land. As the land rises further inland, roads become tracks, crags, or extremely high inclines, creating limited access to develop and to transport produce or products, and even to general living conditions – particularly among the poor.

Population Data

St. Vincent is divided into five Parishes – St. David, St. Patrick, St. Andrew, St. George and Charlotte. A more recent tendency is to refer to the thirteen (13) Constituency Divisions, based somewhat on the population density. For instance, St. George’s Parish, which includes the capital of Kingstown, is now divided into four Constituencies. The Southern and Northern Grenadines form two remaining Constituencies

The Preliminary 2001 Census report shows the population of SVG to be 107,598. In the absence of the 2001 Housing Census Final report, the following statistics from the CIA website provide the most currently found estimated demographical data.

Table 3 SVG DEMOGRAPHIC DETAILS (EST)⁷

Population:	116,812 (July 2003 est.)
Age structure: (2003 est.)	<i>0-14 years:</i> 28.2% (male 16,755; female 16,163) <i>15-64 years:</i> 65.5% (male 39,308; female 37,149) <i>65 years and over:</i> 6.4% (male 3,215; female 4,222)
Median age:	<i>total:</i> 25.3 years <i>male:</i> 25.1 years <i>female:</i> 25.5 years (2002)
Population growth rate:	0.34% (2003 est.)
Birth rate:	17.16 births/1,000 population (2003 est.)
Death rate:	6.08 deaths/1,000 population (2003 est.)
Net migration rate:	-7.66 migrant(s)/1,000 population (2003 est.)
Sex ratio:	<i>at birth:</i> 1.03 male(s)/female <i>under 15 years:</i> 1.04 male(s)/female <i>15-64 years:</i> 1.06 male(s)/female <i>65 years and over:</i> 0.76 male(s)/female

⁷ <http://www.odci.gov/cia/publications/factbook/geos/vc.html>

	<i>total population: 1.03 male(s)/female (2003 est.)</i>
Infant mortality rate:	<i>total: 15.7 deaths/1,000 live births female: 14.27 deaths/1,000 live births (2003 est.) male: 17.08 deaths/1,000 live births</i>
Life expectancy at birth:	<i>total population: 73.08 years male: 71.3 years female: 74.92 years (2003 est.)</i>
Total fertility rate:	<i>1.95 children born/woman (2003 est.)</i>

3.2 ECONOMIC CONTEXT

Macroeconomic Context and Progress on Structural Reform⁸

Understanding the economic underpinnings and workings of the economy of SVG provides some measure of hindsight into possible poverty causality factors. The country's small size and openness indicate a level of vulnerability to economic shocks (internal and external). This is compounded by a number of geographical factors – the existence of a volcano; the country lies in the path of the Atlantic hurricane belt; and its location along a major earthquake fault. In fact SVG has been classified as highly vulnerable, ranking 29 out of 111 developing countries (Commonwealth Secretariat, 1998).

Poverty in SVG has grown to an unacceptable level despite a favourable economic showing over the last 20 years. An analysis of the economic performance reveals that growth in the economy has not fostered the sustainable human development of the populace. Some productive sectors, particularly manufacturing, have proven to be unreliable means of income generation and employment.

Economic growth over the 1990 – 2000 period has been slower and more volatile than the previous decade. The strong growth exhibited in the previous period was fuelled mainly by agricultural exports, dominated by bananas. Other significant factors included concessionary funds, foreign direct investment in tourism and public investment in supporting infrastructure.

The economy is strongly correlated to the performance of the banana industry. Erosion of preferential access, the liberalisation of the pricing regime coupled with a weak domestic capital market, forced some farmers out of the industry thus creating significant unemployment in rural banana communities. As of 2001 an estimated 52 percent of growers have left the industry since 1990 declining from 7,894 to 3,800.⁹

The economy has undergone structural transformation during the period 1990-2000. As the banana regime came under increasing pressure and concessional funds dried up, a diversification policy, which placed greater emphasis on the service sector - tourism and financial services in particular – emerged.

⁸ St. Vincent and the Grenadines Interim Poverty Reduction Strategy Paper, Prepared by the Poverty Reduction Taskforce of the National Economic and Social Development Council, June 2003, p.10

⁹ Windward Islands' Banana Farmers Livelihood Study, 2001

Table 4 **SELECTED ECONOMIC INDICATORS 1997-2001**
(Taken from the SVG I-PRSP)

	1997	1998	1999	2000	2001
Nominal GDP (EC\$M) (Market Prices)	789.4	854.9	891.7	905.3	940.3
Real GDP Growth Rate (%)	3.1	5.7	3.6	2.0	0.2
Inflation (CPI)	0.8	3.3	(1.8)	1.4	(0.7)
Banana Export Earnings (EC\$M)	40.0	56.5	55.0	49.5	36.9
Gross Tourism Earnings (EC\$M)	189.1	194.6	202.3	203.4	211.6
IN PERCENT OF GDP					
Central Government Current Savings	4.0	3.5	3.5	2.2	1.4
Public Sector Current Savings	8.4	8.2	8.2	5.3	6.1
Balance of Merchandise Trade	(43.1)	(45.0)	(46.0)	(33.1)	(40.7)
Current Account Balance	(21.8)	(19.8)	(18.4)	(7.8)	(9.5)
External Disbursed Outstanding Debt	29.9	31.5	48.5	47.8	48.8
Debts Service	3.9	3.2	3.7	3.2	3.3
PSIP	8.8	12.1	7.1	3.9	3.7

SOURCE: Statistical Office, Ministry of Finance and Planning

Analyses for the purposes of this Needs Assessment will note significant drops in a number of features including the GDP, and the Banana Export Earnings, resulting in a negative impact particularly on the rural communities. Negative attitudes towards farming as a degrading occupation among the youth also take a toll on the economic prospects of reviving a diversified farming industry. Tourism appears to be the one growth area - which generally has little effect on the rural areas. The parent Support groups of the RCP may be one way of capitalizing on the growing Tourism industry, through income generating activities. Remittances from relatives living abroad are an invaluable source of income and sustenance to many families.

3.3 COMMUNITY PROFILES OF THE SELECTED AREAS FOR THE ROVING CAREGIVERS PROGRAMME

3.3.1 BARROUALLIE

Barrouallie is situated in the Central Leeward constituency in the Parish of St. Patrick. It is approximately 15.0 square miles in size, and is bound by sea, elevated land and river. The main Leeward highway runs through the town. Over the past 20 years it has seen an increase in the population density.

Table 5		Population of Barrouallie (1991 & 2001)		
Year	H/H	Males	Females	Total
2001	1582	2821	2638	5459
1991	1401	2564	2619	5183

Source: 2001 Population and Housing Census

Means of Sustenance/Livelihood

The main means of sustenance in Barrouallie is fishing, the area being renowned for its Blackfish – a type of porpoise. Once popular whaling is now extinct, and even fishing is on the decline as export markets become scarcer because of demanding international fish

operational standards that Barrouallie cannot afford. With its very rich soil, farming – both legal and illegal (marijuana farming) remains a source of livelihood and sustenance.

Employment

Unemployment is high, particularly among the 15 – 25 age group. The following table displays an important picture in terms of labour force participation among 15 + persons in Barrouallie. Regretfully 2001 census data is not available. However, trends of increased population and increased economic inactivity have appeared to continue. The significant increase in school attendance includes enrolments in various skills training classes, and in the recently established Secondary School in the area. Although the “home duties” number has fallen, many in that category are undoubtedly young stay-at-home unemployed mothers. This factor makes a good case for a programme like the RCP, which caters for both the young children and their mothers.

Table 6 Economically Inactive Population 15 years and Over

Year	Popula- tion 15 +	Economically Inactive				
		Total	Home duties	Attended School	Retired	Disable Unable to Work
1980	2, 319	942	764	2	91	85
1991	3,049	1,148	674	233	149	92

Source: 1991 Population and Housing Census Report, Vol. 2, p.57

Infrastructure

Most homes have electricity and potable water, invariably piped to the home. Most persons own their homes – of varying sizes and construction – and on squatting lands. Home ownership forms a sense of national pride, and ownership often comes at great sacrifice of even basic needs – even among the lower poverty quintiles. Well-constructed houses generally line the main roads, but to trek in, up and down is to uncover conditions of precipitous access, and shacks of old galvanize, wood, and wattle & daub. Public stand pipes and outside latrines are used in some of these areas where piped water is not in the roughly constructed lean-to’s. The roads on the Leeward Side where Barrouallie is located are surfaced well. Public transportation is accessible. Mini vans run frequently for those with the \$6.00 to ride into Kingstown and back.



One of the homes visited in Barrouallie

Poverty

The 1996 Poverty Assessment Report includes two Barrouallie communities in Kairi’s selection of “poor” communities. Keartons is included as an ‘escape’ community - one undergoing a turn around and escape from poverty. The 68 % objective estimate for Bottle and Glass, speaks of high levels of poverty. The Kairi report also finds 33.6% of Rural Households and 38.7 % of the rural population to be poor. Barrouallie no doubt would be featured in those statistics.

Table 7 Selected Communities from the Kairi Poverty Assessment (1996)

Selected Communities	Socio-Economic Status	
	Objective Estimate of Poor	Self-Perceived Poor
Keartons (Barrouallie)	34.8	65.2
Bottle and Glass (Barrouallie)	68.0	80.0

Perception is said to be 9/10ths of reality. Not only must circumstances and conditions change, but those involved must themselves perceive their transformation - otherwise very little changes in reality. A community effectively involved in the RCP will see and feel changes that will lift them up emotionally and economically.

Recreation

Barrouallie is a Sports community, especially for the males with much involvement in Football (soccer), cricket and basketball. The girls play netball and rounders. Gambling is a frequent pastime in which young unemployed mothers are involved. They gather in known areas and play cards for money, often with their children hanging around, playing and picking up undesirable vocabularies, as the players jest, swear and argue. Alcohol and drug abuse are epidemic. When asked what data exists to verify his concern about levels of alcohol consumption , Police Station Sargeant Hazelwood produced a list of 62 licensed liquor shops (countless little joints remain unregistered). He further attested that 65 – 70 % of reported cases are alcohol related.

3.3.2 BYREA

Demography, Topography, History

Byera is a Carib word that means ‘boundary’. It was seen as the boundary between the Gransable Estate on the North and the Mt. William estate to the South. The entire area - now North Central Windward constituency was originally two estates owned by single families. One of which was said to be the largest coconut estate in the world. The people of Byera can trace their ancestry to estate workers of slaves and Caribs, and white plantation owners. Apparently in 1979 following the volcano-eruption devastation of the products (primarily arrowroot) the Mt. William estate, was given to the workers. VINSAVE was then the only organization working in the community, and was

responsible for building a pre-School and a Community Centre, which continue to serve the community.

Byera is a relatively small community included in the Georgetown enumeration district. It is bounded by the district of Colonarie on its southern end, and by South Rivers on its west and inland side, and Georgetown on the northern end. It is made up of several villages in very close proximity, creating challenges for this study in terms of clearly demarcating Byera. Information is therefore provided on the surrounding areas: (1) Because of the close vicinities, children outside of Byera proper may be included in the RCP pilot; (2) The inclusive area indicates the capacity for future growth of the project.

The following information on their community of Byera in 2002, is taken from papers submitted by groups of students in training at the VINSAVE ECE Training Centre.

Table 8 POPULATION OF BYERA AND SURROUNDING VILLAGES

VILLAGE	MALE	FEMALE	TOTAL
Mangrove	92	79	171
Byera	370	353	723
Byera Hill	265	239	504
Chester	266	245	511
Total	993	916	1,909

BYERA VILLAGE

Houses	Churches	Community Centres	Schools	Clinic	Public pipe	Public Bath	Shops
458	6	1	2	1	1	1	6

PERSONS WITH DISABILITIES

Deaf	Dumb	Blind Fully	Hypertensive
5	4	21	16

Source of three Tables above: Two Community of Byera projects by Vinsave ECE Trainees

Byera is located on the Windward side of Kingstown (capital). The community is approximately 18.0 sq miles and is 18 miles from Kingstown.¹⁰ The 2001 preliminary Census report provides a slightly different village distribution for Byera, which is considered in terms of the RCP. Table 9 indicates that the number of Households has increased, but the total population has fallen between 1991 and 2001. In 1991 the female population was higher than the male (582 to 577); in 2001 the female population falls below the male 524 to 543. The suggestion is that the females – perhaps the better educated - are migrating from the area in search of a better living.

¹⁰ Two Group reports from Byera Youth for a VINSAVE community project

**Table 9 Preliminary Non-Institutional Enumerated Population
by Enumeration Districts 07 – Georgetown**

Districts	House Holds		Male		Female		Total	
	2001	1991	2001	1991	2001	1991	2001	1991
Byera	148	165	281	352	279	363	560	715
‘Georgetown’, Grand Sable, Chester Cottage	161	117	262	225	245	219	507	444
	309	282	543	577	524	582	1067	1159

Source: 2001 Population and Housing Census Preliminary Report

Means of Sustenance / Livelihood

In the 19th century economic activity ensued from the plantations/estates with crops of arrowroot, coconuts, cotton and the growing sugar cane industry. Industry was important back then and two tunnels were built. The Byera Tunnel which opened the Northern Carib country to the export markets of the more southern sea ports. The other was the Black Point Tunnel off the sea shore, cut to facilitate the transportation of sugar from the Grand Sable estate. Both these tunnels were engineering marvels for that time, and are still in existence today. Black Point no longer functions as a sea port. It is a popular tourist site and recreation area for locals. Farming continues to be the main stay, although economically Byera is no longer a major producing area of SVG. Residents own titled lands, few of whom have the resources to develop them as did former estate owners. Recently the government is attempting to revive the arrowroot industry. Marijuana growing makes a significant, though hidden, contribution to the community.

There are no separate data for Byera in the 1991 Census on economically inactive population, but the report states that in 1991 the unemployment rate in Sandy Bay and Georgetown was 21.4%. This would have included Byera. Several persons are employed as public servants – teachers, police, nurses, road overseers and timekeepers. There are a few small shops the income from which is said to be negligent.

Infrastructure

Most residents of Byera own their homes – some albeit small and not of the predominant concrete blocks, steel and aluminum. The proximity to the rough and windy Atlantic ocean side of the island requires structures that would resist the elements of sea blast & rust. Yet it is surprising to note that many sub-standard houses are found at the water’s edge and continue to survive. The Anglican Primary school situated close to the coast line suffered extensive deterioration and was recently moved further inland. Piped water from the national Central Water and Sewerage Authority serves Byera. The majority of persons have electricity in their homes.

Poverty

Specific poverty assessments of Byera are not available. However, the levels of high unemployment, low educational achievement, migration of the better-educated women, and crowded homes are indicators that suggest a relatively high level of poverty in the area. The VINSAVE Students in Training group reports on the Byera Community lament the level of poverty, low income, and lack of participation in the community. To quote

from one report: “ The lower class, which is the most majority of Byera people are unemployed and under-employed individuals. They are comprised of deserted mothers, physically and mentally sick or handicapped person, worthlessness, poverty powerlessness”¹¹

Recreation

Byera has a hard court, which is very much in need of repairs for safe sports use. Cricket and football are popular sports. The women do not appear to be involved in similar team sports outside of school where netball is the popular sport for women. Gambling is a regular past time for women. The Bye-Save Community Group, an off-shoot of VINSAVE, played a major role in developing the community during the past decade, including the management of the sole Pre-School in the area. Most of the active Committee members have now left Byera for greener pastures, reverting development to VINSAVE.



Children at ByeSave Pre-School

The Pre-School currently has an enrolment of 71 – 75 children ranging from 2 1/2 to 4 years old.

3.3.3. SANDY BAY

(A resident – Mr. Joseph Roberts contributed to the Sandy Bay profile)

Demography, Topography, History

Sandy Bay is a rural predominantly Carib community on the North East Coast of mainland St. Vincent, with an area of 5.0 Sq Miles. It is situated within the largest parish of Charlotte and in the North Windward Constituency. The residents are mainly of Carib descent, whose foreparents were beneficiaries of land given to them by the State. Sandy Bay is the home of our first national hero, His Excellency Joseph Chatoyer, a Carib chief. Original ancestors of yellow and black Caribs, Africans, Indians, Whites create a rich mixture of races and shades of colour among the current people of Sandy Bay.

¹¹ Conliffe Cleo; Jackson, Coleen, et al, Byera Youth Vinsave Community Report, p.23

Sandy Bay lies under the La Soufriere volcano. There were volcanic eruptions in 1902 when many lives were lost in the area, and in 1979 where no loss of life was reported, but much damage to the crops and land occurred. Sandy Bay is separated from the rest of the island by the Rabacca Dry River emerging from the volcano. The river is dry land most of the time, but unexpectedly “comes down”(floods) in rushing torrents, totally cutting off transportation from one side to the other, creating enormous economic and social hardship for the child needing to attend school, or the parent to go to work in Georgetown and other more economically active areas south of the river. In recent times schools are being built, and more economic activity developed on the northern side of the Rabacca River. This Rabacca River separation of Sandy Bay presents particularly problems for that community, which would increase the benefit and need of the RCP. However, it also presents challenges in servicing the area – including transportation for traversing the River as well as the potholes, culverts and small ravines that abound.

The land is fertile and conducive to productive farming. The 2001 preliminary census reports a total population of 1,107.

Table 10 Preliminary Non-Institutional Enumerated Population by Enumeration Districts 08 – Sandy Bay

Districts	House Holds		Male		Female		Total	
	2001	1991	2001	1991	2001	1991	2001	1991
Sandy Bay	232	217	599	530	508	510	1107	1040

Source: 2001 Population and Housing Census Preliminary Report

Means of Sustenance / Livelihood

The economic mainstay of the community is farming – mainly of cassava, sweet potatoes, tannias, bananas, limes and passion fruit.. There is some fishing and hunting for manicou and wild goats. A Bakery and several small shops are found. The reality is that the lack of development in the area, due to its geographic position of northern isolation beyond the Rabacca River, forces many to leave the area in search of better lives. Recent efforts – albeit slow, by the Ministry of Tourism and Culture to restore the rich Garifuna (black carib) history and pride, and to rediscover and renovate historical places of interest in the area, may contribute to the economic livelihood of persons.

Table 11 Currently Economically Inactive Population 15 years and over

Year	Popula- tion 15 +	Economically Inactive				
		Total	Home duties	Attended School	Retired	Disabled/ Unable to Work
1980	1428	540	464	0	44	32
1991	1647	716	516	75	58	67

Source: 1991 Population and Housing Census Report, Vol. 2, p.57

Infrastructure and Transportation

Residents privately own most lands and homes. There are pockets of crown lands and some squatting occurs. The houses are mostly of reinforced concrete and blocks, and most are supplied with electricity and running water, and reasonably good sewage. A significant number of shacks and sub-standard structures are found off the beaten track. Several – probably squatters – can be found almost on the shores of the turbulent Atlantic ocean side. One can only imagine the danger and destruction when the seas rise and waves hurl during the hurricane season between June and November. A few outside pit latrines may still be found. The CWSA trucks collect solid waste once weekly, however there is evidence of garbage inappropriately disposed in many areas. The main road to Sandy Bay and beyond is not in good condition, and the side roads, most of which lead to poor homes, are in a poor state. The cost of return transportation to Kingstown by mini-bus is \$12 -14.00. There is one government-owned Primary School, and two Church-owned pre-schools. Children attending secondary school have to cross the River over into Georgetown. The residents will say proudly that they are used to dealing with the Dry River – and well they must. However, for students and workers who need to cross regularly, it must be a hazardous source of inconvenience as one becomes marooned on one side or the other.



Rabacca Dry River on a Rainy Day

Poverty

There is considerable poverty in the Carib Territory – north of the Rabacca River, which has been neglected and isolated over the years. This includes Sandy Bay. A consequence is that those persons who may be in a position to help to develop the communities move out. The Health Centre appears to be the sole permanent source of government assistance. Residents with any issues that would normally be dealt with by Family Services have to trek and finance the more than 30 miles into Kingstown or not bother. The latter is invariably the case.



A Sandy Bay Residence

Recreation

There is a playing field named after a local, regional, international athlete and marathon runner – Pamenos Ballantyne. There is also a Sporting Facility called ‘Big Sand’. Gambling, alcohol and use of illegal drugs are pastimes. Persons now make use of courses in academic, cultural, and skills training offered in the community. A skills training facility exists, where women make crafts and put up for sale. Unfortunately the sale returns are so sparse that most of the women have dropped out in despair. The facility that used to be a Public School is in a deplorable state of disrepair, hardly encouraging for anyone to wish to enter to see the display.

3.4 Collaborating Agencies

The question may be asked - are there not sufficient organizations already working with children and families? There are organizations doing commendable work. None however, go into the homes and work directly in stimulating infants and training parents in the most effective method of hands-on learning. Hence, one of the objectives of the operation of the Roving Caregivers Programme in SVG is to effect the collaboration of related organizations and Agencies in bringing un-fragmented service to the holistic development of the child, parent and family.

The Consultant has interacted positively with government and non-governmental agencies. They have all expressed the urgent need for a programme such as the RCP, and also a willing readiness to contribute to its implementation and success. Each one has provided some type of assistance and generously shared documentation and data towards the Needs Assessment and Funding Proposal:

3.4.1 Government Agencies

The following government Ministries have direct responsibility or relationships with the birth to 3 year old age group, and must be an integral part of the RCP.

3.4.1.1 The Ministry of Health and the Environment

This Government Ministry has responsibility for all public health issues, providing “universal, equitable, sustainable, comprehensive quality primary, secondary, and tertiary

health care and health education services to the population”.¹² Health Services flow from pre-natal care through to all-age health and family life issues, naturally embracing a number of social issues.

At the primary care level, thirty nine Health Centres are spread over nine (9) Health Districts. Each Health Centre is staffed with a full-time District Nurse, a Nursing Assistant and a Community Health Aide. The Health Centres or Clinics in Barrouallie, Byera and Sandy Bay, are community focal points and the sources of much data for this study. They have all confirmed the need for the parenting service that the RCP offers. The 211- bed Milton Cato Memorial Hospital is the only Government acute care referral hospital, and provides specialist care in most major areas. Five hospitals with a combined 58-bed capacity, provides minimum level care in the rural areas. There are two small privately owned acute care hospitals with a total of 18 beds.

3.4.1.2. The Ministry of Education, Youth and Sports

This Government Sector is responsible for education at all levels in SVG. Enrolment into Primary Schools is approximately 98%. The low enrolment into secondary school suggests that a very significant number of young people have attained no more than a primary education, and are therefore among the unemployed youth that are a national concern. Included in this group are the young mothers that the RCP attempts to reach for parent training. The present government is making great efforts in increasing access to secondary education and to adult literacy classes, particularly for the previously excluded poor. This fact makes a stronger case for RCP early stimulation as a “head start” for the disadvantaged.

Table 12 School Enrolment 2001/2002

	Primary School	Secondary School	Tech & Vocation
Public Schools	19,893	7873	Not Available
Private	910		
School for Children With Special Needs	78		
Total	20,881	7,873	

Source: Directory of Schools and Colleges 2001/2002

The department of the Early Childhood Care and Development (ECCD) Unit is situated within the Ministry of Education Youth and Sports. The ECCD Unit monitors /oversees pre-schools and educational-type matters relating to pre-primary children. The new government is committed to an increased focus on early childhood education. Goals established in the Education Sector plan for 2003-2005 include to

- i) Introduce statutory regulations for ECE, including the licensing of ECE schools;

¹² Digest of Health Statistics 1998 – 2002; prepared by the Health Planning and Information Unit, Ministry of Health and the Environment, December 2003, p.2

- ii) Increase access to 50% of the ECE cohort by 2005 and 100% by 2010.

Pre-Schools – usually private-sector driven are not financed through the Ministry of Education budget allocations. The Early Child Care and Development Unit is given an annual grant for the management of Pre-Schools:

Table 13 Government Special Education Grant Allocations

	2002	2003	2004
Pre-Schools	\$240,000.	\$300,000.	\$300,000.
School for Children with Special Needs	\$12,000.	\$ 12,000.	\$ 12,000.

Source: *St. Vincent and the Grenadines Estimates (2003)*

Statutory Regulations will ensure that pre-schools for young children are appropriately managed, staffed and equipped. Regulations may further limit the number of spaces available to children who should actually be in Daycare centers and not pre-schools. The Ministry is aware of the need and value in extending developmental services and considerations further back to children from birth; of the limited services available for children between birth and three years of age; and the need for increased partnership with parents, the private sector, NGOs and the Churches in caring for the early child development years. **Thus the leadership of the Ministry of Education, Youth and Sports is fully committed and will support the governance of the Roving Caregivers Programme as far as is feasible.**

3.4.1.3 The Ministry of Social Development, Co-operatives, Gender, Family and Ecclesiastical Affairs

This lengthy-named Ministry bears responsibility for the social and spiritual well-being of families. It is to the Family Services Unit that problems relating to children – need (physical, material, emotional), neglect, abuse, abandonment, etc. - are brought. The Gender Affairs Division has direct involvement in the issues of women with young children. They have a growing focus on fathers, men and boys. The Family Services Division operates a Foster Care Programme. The Ministry of Social Development also deals with matters of financial assistance in that they administer the Public Assistance programme; they attempt to locate delinquent parents in terms of child maintenance; they provide material assistance to needy families from school uniforms to building materials for housing. Currently, a process has begun to transfer some of these responsibilities that have legal implications to the Family Court. **The Family Services and Gender Units are particularly interested in the RCP, and have already identified possible ways of collaboration.**

3.4.1.4 Family Court

The **Family Court** is another State Institution that impacts on the lives of young children and their families. The department has recently taken the initiative to reduce the

fragmentation in dealing with families and is in the process of developing policy and a mechanism whereby parents, youth or children may access a single place for help with child-related issues.

3.4.2 Non-Governmental Organizations

We have previously discussed the value of the management and administration of the RCP by NGOs. The Management Committee has elected VINSAVE as the RCP Lead Agency. The following are identified as collaborating agencies:

3.4.2.1 St. Vincent and the Grenadines Save the Children Fund (VINSAVE)

The Save the Children Fund was established in the Windward Islands in 1963 with St. Vincent chosen as headquarters because of the serious problems associated with young children among them being infant mortality and malnutrition.

The period 1963 - 1967 focused on combating malnutrition and gastroenteritis, through conducting medical clinics; distributing high protein food supplements of powdered milk and soya meal cereal; parent education programmes; and nutrition education. Milk clinics were set up in rural communities.

In 1964, a Child Welfare Training Centre and a Daycare Programme were started in Kingstown. Training was offered to childcare workers throughout the Region. Between 1966 –68 sponsorship and international partnerships were developed to assist under-privileged children and their families. The Canadian Save the Children Fund (Cansave) took over the major financial responsibilities in 1969. Leadership development was the main focus, and a 20-bed student hostel was built at the Kingstown Headquarters. Soon programmes in self-reliance, education, skills training and income generating activities emerged. Early Childhood Education became a major focus, resulting in the establishment of pre-schools in Kingstown and in three rural communities.

Since 1986 Vinsave has been a statutory body, governed by a Board of Directors, and receives a yearly subvention from the government. An average of 2000 young children - between the ages of birth to five years - benefit annually from its Early Childhood Education Programmes through its various Centres.

At present (2004) Vinsave is nationally and regionally well-recognized and continues to provide care, support, training and advocacy as it promotes and supports the principles of the Convention on the Rights of the Child, through the media and in schools.

Vinsave operates a regular Childcare Training programme, and often still includes students from the region. They also operate a Childcare Centre, that provides an on-site childcare training facilitate with the following current enrolment:

<u>Category</u>	<u>Age</u>	<u>Enrolment</u>
Babies	Birth –18 months	20
Toddlers	18 months – 2 1/2 years	25
Pre-school 1	2 1/2 - 4 years	22
Pre-School 2	4 – 5 years	30

As Lead Agency for the RCP, Vinsave will have the opportunity of forging unprecedented partnerships between RCP selected organizations to achieve success in the development of vulnerable young children through transformed parenting among disadvantaged parents, while developing a cadre of trained community caregivers. Elements of these objectives and activities are found in all four agencies. Planned collaboration can only enhance all the programmes and bring a more holistic approach to the development of child, parents, family, community and nation.

3.4.2.2 The Christian Children’s Fund (CCF)

The CCF is an international nongovernmental organization focusing on child development and assisting more than 4.6 million impoverished children worldwide, without regard for race, creed, gender or faith. CCF’s comprehensive programmes focus on health and sanitation, nutrition, early childhood care and development, micro enterprise development, emergence relief and education.

The CCF- Caribbean operates in Dominica and in St.Vincent., with its regional office in Dominica. The agency has a strong early childhood development focus and is presently in its fourth year of providing a teacher training programme. The CCF has a Central Office in SVG which coordinates two major projects in St. Vincent:

- (1) The S.U.B project - in operation for over twelve years. The name S.U.B. original derived from the communities served – South Rivers, Union and Byera. Since then the expanded programme serves families in the communities of Sandy Bay, Byera, Colonaire, Park Hill, South Rivers, Mt. Greenan, Diamonds Village and North Union.
- (2)The Central Leeward Child Development project in Barrouallie is in its fourth year.

The work of the CCF is supported by a Sponsorship component, which identifies children in need, and in essence supports the total family structure of that child. Child enrollment is generally between five and twelve years of age. The total family of each enrolled child indirectly and in somewhat limited ways becomes a part of the project. The CCF has an active presence in the areas selected for the RCP in SVG - Barrouallie, Byera and Sandy Bay. There is much mutual value to the RCP working collaboratively with the CCF in the field. The Roving Caregivers Programme proposes to work in an in-depth, home-based mode with infants from birth to three years and their parents. The CCF does home visits, providing material needs without the proposed intensity or consistency of the RCP. Collaboration between both projects would build and enhance the continued work with the families, providing the more holistic approach advocated by the RCP.

3.4.2.3 MARION HOUSE

Marion House is a Social Service Centre that offers holistic Programmes to the general public to enable service-users to lead better lives. Marion House opened its doors to the public on October 2, 1989, as a joint response to community needs by the Roman Catholic Church in St. Vincent and the National Children's Home, a UK Agency with headquarters in Barbados. Its community services include youth and parental guidance; counseling; a Resource Centre; Spiritual development; agricultural instruction; dissemination of information; referrals and networking.

In 2002, following the demolition by fire of their premises, the institution moved into brand new permanent quarters, just outside the capital of Kingstown.

Marion House presently operates two primary programmes:

- (1) The Young Parents Empowerment Programme. (YPEP)
- (2) The Youth Assistance Programme. (YAP)

Their goals are empowerment through training. The Marion House programmes have operated in communities in which the RCP has interest and include Georgetown, Calder, Peruvian Vale, South Rivers, Park Hill, Chester Cottage, and Sandy Bay. The overall goal of the YPEP is “to work with parents/guardians to increase their individual self-confidence and self esteem, and empower them to take more control of their lives and greater responsibility for the development of their children.” The components of this programme include:

- Child development
- Discipline and Child Abuse
- Self-esteem and personal development
- Budgeting and nutrition
- Family Relationships
- Home management
- Adult education
- Backyard gardening

The YPEP programme and goal has resonance with the Overall Goal of the RCP Programme – “Quality parenting support easily accessible to ‘at risk’ families”. The fieldwork element of the programme with young children is conducted in local Health Clinics. RCP collaboration with the MH will facilitate the sourcing of roving caregivers from the communities who are being or have been trained by the YPEP, while providing access to home-based training for the YPEP participants as Rovers. The RCP will also benefit from collaboration with the YPEP in the training of RCP parents.

3.4.2.4 The National Society of Persons with Disabilities (NSPD)

The NSPD is an organization that coordinates or collaborates organizations and institutions involved with persons with disabilities and children with special needs.

The Mission of the NSPD is to advocate for and promote effective measures for the prevention of needless disability and for the education, and training, rehabilitation, employment and welfare, and to facilitate the integration of persons with disabilities into the Vincentian Society. Its aims and objectives include the fostering of supportive relationships among persons with disabilities; public sensitization on related issues; and continuous empowerment through education and skills training.

Collaboration between the RCP and the NSPD will provide a unique component of service in the care of young children with disabilities. Both groups share in the common cause of finding and reaching parents not easily reached.

Chapter 4.0: METHODODOLOGY

4.1 Design and Instruments

The methodology of the study is descriptive, combining secondary quantitative and qualitative research methodologies. Utilizing the five sub-problems identified in Chapter 2 the study brings together for analysis data collected from the selected areas on the following:

- 1) current parental child-rearing conditions and identified needs
- 2) desired results as may be obtained through the Roving Caregivers Programme
- 3) the impact of current policies on #s 1 and 2 above.

The strategies employed were as follows:

- A close working and collaborative relationship with the RCP Coordinator, who has responsibility for the ECD Unit of the Ministry of Education
- Informal conversations with persons involved with children – parents, teachers, nurses, church teachers.
- Review of secondary/existing data from statistical digests, census reports, documents.
- Review of documentation – reports, policy papers, strategy documents, sector plans.
- Interviews with government and non-government agencies
- Visits to pre-schools in and outside of the three targeted areas.
- Visits to the School for Special Needs and to the Helping Hands Centre for children with severe disabilities.
- Visit to the Pediatric Ward of the Milton Cato Memorial Hospital.
- House to house visits in poverty areas
- Focus groups in the targeted areas.
- Community consultation meetings in each of the targeted areas.

Interviews of service providers formed a key method of data gathering. The Gender Affairs and Family Services Unit of the Ministry of Social Development provided a great deal of their primary and secondary data.

The methodology focus was a concentrated attempt to work closely with field officers – including nurses, from existing agencies in the areas. Names and referrals were sourced and provided through collaborating agencies - in particular CCF and the Health Clinics.

The staff of the Health Centres in Byera and Sandy Bay were exceptional. The Byera facility was used for the Focus Group; Sandy Bay staff took on the role of assisting in mobilizing participants for the Focus Group and Community meeting. Some of the nursing staff from the three target areas actively participated in the Community meetings.

House-to-house visits and one-on-one meetings with parents were conducted in Barrouallie, by a team comprising of the Consultant, the Ministry of Social Development Worker - Ms. Amor Jackson, and Ms. Ashak-I Thompson, of the Management Committee. Names of parents and children birth to three years old were collected; the RCP explained and reaction sought as to the viability of the programme. All were very enthused about the idea. Ms. Jackson provided invaluable assistance in taking the team into the impoverished areas. Focus Groups of parents and service providers; visits to schools for children with special needs; pre-schools, and a large community meeting in each of the three selected communities are all part of the methodology.

Inclusivity was an important and consistent component. Every effort was made to encourage the active participation of the various stakeholders, the Management Committee and the collaborative agencies. Stakeholders represent a cadre of concerned persons and expertise whose contribution in data sourcing, planning and training would be critical to the success of the RCP in SVG. Fragmentation and duplication of efforts have previously been recognized as one of the barriers to successful poverty reduction.

Instruments designed and utilized were in the form of Questionnaires, Household Surveys, Health Indicators tables. These are attached in the Appendix. Thus within the time limitations and delimitation of the unavailability of the 2001 national census figures, various localized sources provided sufficient qualitative and quantitative data for an informed analysis of the need for and feasibility of piloting the Roving Caregivers Programme in the proposed areas.

4.2 Data Collection

Both qualitative and quantitative data collection were linked to the sub-problems identified in Section 2.2:

1. The lack of Day-Care Facilities
2. Reaching those parents most in need of parental support and education.
3. Health issues - including the care and nurturing of children with disabilities.
4. Issues of poverty and economics
5. The impact of policies – education, social, legal and economic – on parenting and early childhood care and development.

The following indicators provided the basis for data collection. The expectation is that besides use for this initial Needs Assessment and Funding Proposal, the indicators would be utilized for further planning, training and monitoring protocols in the implementation and continual development of the RCP, and for other poverty-related initiatives:

Box 2. Indicators That Inform Justification For The RCP

1. Children and Child Care	2. Parents and Households	3. Health Issues
<ul style="list-style-type: none"> ➤ The number of children under 4 years old in the country; ➤ the number of children under 4 years old in each of the targeted areas; ➤ the number of day care centers in the country and areas; ➤ the type of care available to pre-schoolers; ➤ the cost of care available to pre-schoolers; ➤ the number and identification of families of children with disabilities 	<ul style="list-style-type: none"> ➤ Average age of parent(s) ➤ Marital status of parent(s) ➤ Education of parent(s) ➤ Occupation of parent(s) ➤ Average Income of household(s) ➤ Size of households (s) ➤ Facilities and utilities ➤ Pastimes and current child care situations/conditions 	<ul style="list-style-type: none"> ➤ Frequency of Prenatal visits ➤ Low Birth Weight ➤ Immunization ➤ Postnatal care ➤ Frequency and types of Injuries and Illnesses ➤ Incidents of Neglect, Abandonment, Abuse ➤ Factors of diet: malnutrition, obesity

2. Poverty and Economic Indicators

Poverty and economics (in terms of employment, income, consumption rates) underpin what has been said previously.. Poverty alleviation, is the underlying principle of the Roving Caregivers Programme; it underscores the conditions particularly in the rural areas, that result in inadequate and inappropriate parenting, child neglect and abuse. Thus, indicators utilized for this Needs Assessment may be summarized in the poverty Indicators outlined by a World Bank poverty site:

<p>Box 3 Poverty Indicators (adapted)</p>
<p>Poverty Indicators</p> <ul style="list-style-type: none"> ▪ Access to an improved water source ▪ Access to an adequate amount of safe water ▪ Access to improved sanitation facilities ▪ Adult female illiteracy ▪ Adult mortality ▪ Child malnutrition ▪ Immunization rate ▪ Infant mortality. ▪ Maternal mortality ▪ Labour Force statistics ▪ National poverty rate or headcount index is the percentage of the population living below the poverty line deemed appropriate for the country by its authorities. ▪ Primary school enrolment ▪ Secondary school enrolment ▪ Public expenditure on education ▪ Public expenditure on health

- Public expenditure on social security and welfare
- Rural poverty rate
- Share of income or consumption..(Lowest quintile is the share accruing to the 20% of the population ranked lowest by personal or family income. Highest quintile is the share accruing to the 20% of the population ranked highest).
- Urban poverty rate or headcount index is the percentage of the urban population living below the urban poverty line.

Source: <http://www.worldbank.org/data/working/def2.html> (adapted)

As the RCP proceeds, data will be continuously sought in relation to the Poverty Indicators. **An effective Monitoring and Evaluation system, with appropriate baselines is essential at the start of the RCP.**

Chapter 5.0 DATA ANALYSIS

5.1 First Sub-Problem – Children and Child-care

5.1.1 Child Population Data in targeted areas

The total 2000 population of St. Vincent and the Grenadines (SVG) was 111,821. Children in the birth to 4 year age group total 12,688.¹³ According to the Janet Browne and Sian Williams (2000) report on the inadequacy of services provided by pre-primary schools in SVG, there were one hundred and eleven (111) Centres¹⁴. Note: In 2004 there are 128 registered Pre-Schools.

Table 14. New Births from September 2000 – April 2004; Children with disabilities – 12 years and under - in RCP Targeted Areas

New Births Sept 2000 – April 2004	Bar- rouallie	Byera		Sandy Bay	Totals
		Children	Mothers < 19 yrs		
2000 (from Sept)	57	23		21	101
2001	99	39	10	39	177
2002	86	38	11	44	168
2003	86	40	6	47	173
2004 (to April)	33	6	2 (prenatal)	8	47
CWDisabilities <13 yrs	2	1		2	5
Total	363	147		161	671

Source: Community Health Centres – records of new births

¹³ Digest of Health Statistics 1998 – 2002, prepared by the Health Planning and Information Unit, December 2003, p.9

¹⁴ Report – Study to Assess the Needs and Adequacy of Services Provided by Pre-Primary Schools in St. Vincent and the Grenadines, by Janet Brown and Sian Williams, July 16, 2000

Research thus far indicates that the total number of birth to 3 yr olds and children with disabilities under 12 years in the three selected communities is six hundred and seventy – one (671), for whom there is no appropriate daycare in their areas and who would be eligible for the Roving Caregivers Programme beginning in 2004.

Table 15. National Population and Pre-Primary Centres (2000)

Total Population (2000)	111,821 *
Birth – 4 years	12,688 *
Live Births	2,149 *
Pre-Primary Services Centres	114 **

Source: * *Digest of Health Statistics 1998-2002*

** *Browne and Williams (2000)*

Table 16. Population and Pre-School Centres for Targeted Areas (2001)

Community	House-Holds	Population (2001)	# of Pre-School Centres	Operators (Private, Church, CBOs)
Barrouallie	1582	5463	2	1 church 1 Community
Byera*	309	1067	1	Vinsave
Sandy Bay	622	2805	2	Churches (2)
Total	2513	9335	5	

2001 Population and Housing Census, Preliminary Report, prepared by Census Office

**Byera = Georgetown, Grand Sable, Chester Cottage and Byera*

Table 16 of the three selected communities paints an even more dismal picture than the national – 5 Centres to serve a population of 9,335 and 2,513 Households.

The SVG – Interim Poverty Reduction Strategy Paper (2003) (I-PRSP)¹⁵ indicates that 70% of all children are not receiving any form of pre-primary education, and recommends that greater attention needs to be paid to this section of the country as

- (i) many poor persons are unable to access pre-primary services; and
- (ii) poor pre-school stimulation and school readiness can be a disadvantage to a child in doing well at school.

Traditionally, policies governing Early Childhood Development tended to focus on institutions, and the number of available pre-school spaces. Current thought recognizes increasingly the impact of formulations from birth to three years, and the need to focus on the home of the child from its birth. The OECS Education document - the Pillars for

¹⁵ The SVG – Interim Poverty Reduction Strategy Paper, June 2003, p.45

Partnership and Progress (PPP) refers to “affective development”¹⁶ – a concept that is reflected in its first objective for developing Early Childhood Strategies: “*To provide appropriate training and education for all parents and caregivers of infants from birth to five years old.*”¹⁷

5.1.2 Childcare Provision

In discussing pre-school provision services, the Browne & Williams (2000) Assessment Report emphasizes a perennial problem of inappropriately mixed ages in pre-schools. It also reiterates the need for organized structures and for the development of regulations to govern this sector. Usually there are insufficient human resources to adequately pay attention to the needs of these varying ages, as seen in the following table:

Table 17 Distribution of Early Childcare Provision¹⁸

<i>a) Home based childcare (six children or more in a private home, from birth, some through full age band.</i>	12
<i>b) Centre based child care (in building built or adapted for purpose of providing care, same age band as above</i>	16
<i>c) Preschool Centres (children from age three up through five)</i>	80
<i>d) Infant departments of primary schools</i>	2
<i>e) Other (not specified)</i>	4
<i>Total</i>	114

The above table provides another indicator of the current childcare situation – 28 childcare establishments (a + b)) for an estimated 10,000 children in the birth to 3 years age grouping in SVG. It may be further deduced that children in the capital Kingstown occupy most of those spaces, leaving the birth to 3 yr olds in the impoverished rural areas devoid of any kind of organized or other daycare. This confirms the earlier finding of the three selected communities for the RCP – 5 Centres for a population of 9,335 and 2,513 Households. Disaggregated by Age figures are not available for 2000.

In reviewing the material presented by Brown and Williams (2000), it is obvious that several 1 –3 year olds are placed in centers that cannot properly provide optimal care for the child because of crowded space; large child/teacher ratios; and inadequate supervision given the wide mixed age ranges. Quite recently a fatal accident occurred in a local pre-school where while the teacher was busy changing the diaper of an infant, a 3 ½ year old child climbed up and pulled a cupboard down on himself causing his death. A full evaluation of some situations may suggest that it may be in the child’s best interest to be in a programme of home-based safety, stimulation and care with parents and Rovers.

¹⁶ Miller, Errol; Jules Didacus; Thomas Leton; Pillars for Partnership and Progress – The OECS Education Reform Strategy: 2010, p. 9

¹⁷ Ibid, p.24

¹⁸ Ibid., p.3

5.1.3 Financial Implications

Three types of financial/economic indicators impact on current situations of inadequate daycare:

- i. Government expenditure on pre-school development and education.
- ii. Amount of private resources available for pre-primary development.
- iii. Affordability of childcare for low-income parents.

Public Expenditure on ECCD

The 2003 Budget Address states that

“Overall, the Ministry of Education, Youth and Sports has been allocated \$77.6m out of the total budget of \$459.9m. When one adds other allocations of a similar nature under other Ministries such as the National Library, the National Stadium, the LRCs university education, training through the public service and the like the total figure jumps to in excess of \$92m or 20% of the total budget.”¹⁹

The question is how much of it actually goes towards early childcare and development? ECCD is not a Budget item, but is allocated an annual Grant of \$300,000. This raises the question as to which sector budget should reflect ECCD allocations? Education, Social Development, or Health? Herein lies one of the administrative issues of which the setting up of a Roving Caregivers Programme is cognizant. **Hence the value of including all the above sectors as collaborating agencies, but placing an NGO as Lead Agency in terms of administering the programme. Additionally, the developers of the RCP must be also cognizant of the deleterious impact of fragmentation, and endeavour to work diligently at achieving its objective of integration of services and policies for the development of the young child.**

Private Resources for ECCD

Exact figures spent by the private sector on ECCD can hardly be determined. It may be that the government needs to provide increased subventions and incentives, as well as to themselves become more fiscally involved in the development of the ECCD sector. In the meantime childcare and pre-school user fees range from approximately \$20.00 to \$200. per month. In Sandy Bay for example, the fees at the two Church-based pre-schools are \$25. and \$30. per month respectively. Besides the issue of available space, it is also reasonable to understand that some parents just cannot afford even the lowest of these fees for childcare.

5.1.4 Children with Special Needs

Four schools or centers serve Children with special needs – ranging from learning disabilities to the severely disabled.

Table 18 Centres for Children With Special Needs

¹⁹ St. Vincent and the Grenadines 2003 Budget Address, delivered by Prime Minister and Minister of Finance, dr. The Hon. Ralph E. Gonsalves, p 11

Schools/Centres	Caters for & Types of Disabilities	Age Range	Enrolment
Helping Hands Centre	Children with severe disabilities. Mostly cerebral palsy and physically challenged		16 (Monthly Fee: \$100.)
School for Children with Special Needs, Kingstown	A variety of special needs – a specialized programme for the deaf; many children with learning disabilities.	5 - 21 years	80 (No Fees. Govt School)
School for Children with Special Needs, Georgetown	Hearing Impaired; Learning and physically disabilities	6+ - 21 years	17 (No Fees. Govt School)
Sunshine School, Bequia	Range of disabilities – Mental, Physical, Learning, Non-performers.	6- 21	25 (Limited Govt. support. Principal's salary only.)

The School at Georgetown is in reasonable reach for children with Special Needs – from Byera and Sandy Bay, although at present there is only one 19-year-old female from Sandy Bay enrolled. On the other hand, children from Barrouallie and the Leeward areas have to come to Kingstown – a distance of about 12 miles and a 30-40 minute drive. Accessing the mini-van public means of transport is invariably impossible.

The Bequia Sunshine School, for CWSN, established in 2000 performs a very useful role in the Grenadine Island of Bequia. They had a successful home –visiting programme, similar to the RCP, which ended when the teacher was sent to Jamaica for further training. Areas of concern were Parental interest. Often the parent would “have to leave” when the teacher/therapist arrived; or would say that it wasn’t a convenient time.

In addition to all the issues that able-bodied impoverished rural children face, the NSPD and the principal for the School raised particular issues relating to Children with Special Needs (CWSN):

1. Lack of ECE for CWSN. Hearing-impaired children enter the School for CWSN at five years of age without any early childhood stimulation.. This factor immediately excludes them from readiness for Secondary School entrance examination (11years +)- even if other facilities for them existed.
2. CWSN development is slow, even a 7 year old may not be toilet trained. The School for CWSN accepts only toilet-trained children and those who can help themselves somewhat. Thus without home training and stimulation, CWSN often enter the school system quite late, putting them at a great disadvantage.
3. Children with disabilities require home stimulation and care, which many parents do not know how to give.
4. Families of CWSN need to be monitored as to their treatment in the home.
5. Some learning disabilities may be prevented by better, early parenting skills.

5.2 Second Sub-Problem – Parenting Skills

5.2.1 Current Status

Parenting interventions are clearly urgently needed if poverty and the consequential social ills are to be eradicated, reducing the risks to which our most vulnerable children continue to be exposed.

As stated in the Introduction, the Caribbean Support Initiative (CSI) recognizes the urgent need for parenting initiatives in Early Childhood Development. Its proposed Roving Caregivers Programme is one initiative that could effectively address and achieve the CSI objectives, and those established for the RCP programme viz: “Quality parenting support easily accessible to ‘at risk’ families”.

The Poverty Assessment Report for St. Vincent and the Grenadines, Kairi (1996) conducted a Community Level Situational Analysis on 13 Communities identified as poor.²⁰ Two of the communities targeted for the RCP are included. These are the two Barrouallie communities of Keartons Village and Bottle and Glass; and New Sandy Bay. Following are some education attainment indicators:

Table 19 Education Attainment Indicators of RCP Targeted Communities

	No Education	Attained Primary	Attained Secondary	Post secondary
Keartons	9% (F)	78%	8%	4%
Bottle and Glass	28%	60%	4%	4% (F) 4% other forms of education (M)
New Sandy Bay		88%	8%	4 %

Source: Kairi, SVG Poverty Assessment Report(1996)

These 1996 figures have undoubtedly changed positively in the 2000s. Nevertheless, catching up from figures expressed in Table 19 will take several decades. Thus, the issue of young and inexperienced parents without skills and employment, surfaced repeatedly in the Needs Assessment interviews. Table 20 confirms this factor, and becomes an issue of further concern when juxtaposed with the level of educational attainment. A fair assumption is that levels of education have since increased. Nevertheless there can be little doubt that few – if any - of the 417 mothers who were between 10 –19 years old in 2001, would have gone beyond primary education. This particularly in the rural areas targeted by the RCP.

²⁰ Ibid, Vol 2 of 2, pg. 143

Table 20 Number of Births by Age Group of Mothers

AGE GROUP	1998	1999	2000	2001
10-14	17	12	10	15
15-19	438	450	454	402
20-24	614	639	638	573
25-29	466	472	486	501
30-34	334	345	311	354

Source: Digest of Health Statistics 1998-2002

Table 21 Highest Level of Education Attained by Persons 15 Years and Over in the Lowest Quintiles (1996).

Highest Level attended	Consumption Quintiles (%)		Geographic (%)		All SVG
	1	2	Urban	Rural	
Primary	81.7	73.7	64.7	74.2	70.6
Secondary	17.3	23.5	26.5	22.5	24.1
Post Secondary	1.0	1.4	5.1	2.1	3.3

Source: Kairi Poverty Assessment Report (1996)

5.2.2 Public Assistance

The Family Services Division reported that nationally, 6,385 persons were recipients of Public Assistance totaling \$667,855 per month. The distribution includes the following categories:

- Poor Relief
- Children in Foster Care
- Physically challenged
- Poor and Indigent

Table 22 Public Assistance in RCP Targeted Communities

Community	Numbers of Recipients	Monthly Disbursement
Barrouallie	353	\$36,320
Sandy Bay	237	\$24,980
Byera (included in both	392 (Georgetown)	\$40,205.
Georgetown and Colonarie)	371 (Colonarie)	\$38,420.

Source: Records from Family Affairs Unit (2004)

Supported by statistics of low educational levels, un-employment among young mothers is relatively high. The police in Barrouallie reported that issues of gambling, alcohol and drugs often abound – even among the young mothers. Service providers in Barrouallie also commented on the fact that the population is too large to service properly.

5.2.3 Parents of Children with Special Needs (CWSN)

The 2001 Preliminary Census report shows that there are 4657 persons in the population who have some type of disability. Preliminary 2001 Census data indicate that the majority of disabilities began between 0-4, most at birth. Given this pattern of early disabilities, attention needs to be given to the parenting of children with disabilities. Service providers and parents shared some particular problems:

1. Transportation costs and distance: Transport cost for a mother to bring a child to Kingstown, return to Barrouallie, and later return for the child is EC \$240. per month. They awake at 4:00 a.m. in order to get ready and make the long trip.
2. Parental home support: One parent ties her disabled child to a bed when she has to go out for a short while – for fear of him getting out and hurting himself.
3. Training in parenting and care for their CWSNs. Many do not know how to cope. The younger mothers seem so overwhelmed they often neglect or abandon their children. They often do not even attend PTA meetings, and expect that the teachers know best how to manage their children.

Conversely, there are examples of caring parents of CWSN, resulting in happy, productive children – and parents. One deaf child from the School for CWSN has gone on to attend College in the United States of America.

5.3 Third Sub-Problem - Health Issues

5.3.1 Health Services

The Health Centres/Clinics in St. Vincent and the Grenadines are commendably attending to the care of its citizens. Generally, each of the 39 Health Centres covers a population of 2,900 and no one is required to travel more than three (3) miles to access care. The primary care services available include emergency care, medical care, prenatal and postnatal care, midwifery services, child health services including immunization, family planning services, and communicable and non-communicable diseases control.²¹

Interviews with Health Centre nurses in the three-targeted areas sought information on the Indicators outlined in Sec 4.2 (3). Generally the Health Clinics reported reasonable attention to health care by parents from pre-natal to pre-school. Immunization rates are almost 100% in one year olds. Very few infant deaths occur generally. In the 1-2 cases recorded in each of the target communities the cause is invariably by fire. Responses to the question of most common illnesses treated at the Clinics were as follows:

Table 23 Frequently Treated Illnesses

Frequently treated Illnesses	Possible cause/contributers due to parental/home care
Respiratory Infection	<ul style="list-style-type: none"> ▪ Smoking; over-crowding; poor ventilation; ▪ Hygienic care (Bathing; washing hands;); child playing
Anemia	

²¹ Digest of Health Statistics 1998-2002, p.3

Skin Infections - Ring worms	in unsanitary (dirty) areas; ▪ running around with bare feet ▪ Poor toilet facilities ▪ Diet ▪ Parental neglect ▪ Poor food handling and preparation
Worm infestation	
Gastroenteritis	
Common Colds	
Obesity	

Source: Health Clinics in Barrouallie, Byera, Sandy Bay

A visit to the Pediatric Ward at the Milton Cato Memorial Hospital in Kingstown revealed that the most frequent and serious causes for admission are:

- Serious cases of Gastroenteritis
- Ingestion of hazardous substances – paint, kerosene, medication etc.
- Children pushing foreign objects in noses and ears. These include household objects like beads, peas, buttons etc. Parents also do not pay attention to appropriate types of toys for suitable ages resulting in infants pulling apart pieces of metal, plastic and inserting in mouth, noses, ears to their harm.
- Burns

Table 24 Nutritional Classification in Children under 5 Years Old (National)

Year	Normal Nutrition %	Moderate Malnutrition %	Severe Malnutrician %	Obesity %
1998	85.6	7.3	0.3	6.8
1999	85.5	5.7	0.2	8.7
2000	88.7	3.0	0.1	8.1
2001	88.5	3.1	0.2	8.6
2002	87.9	3.6	0.1	8.3

Source: Digest of Health Statistics 1998-2002, p.30

The Health Clinics’ observation is that there are very few instances of severe malnutrition in children from birth to three years. Normal nutritional intake can be improved, but the incidences are probably related to poor nutrition due to poverty conditions. However, a growing area of concern is that of obesity and the lack of understanding of the seriousness of that indicator by parents, and the need for caution in the children’s high-caloric diet. “Obesity in poverty” is now a commonly referred to condition.

Queries of child abuse and incest, reportedly prevalent in SVG, did not find any significant incidents or reports of such locally. However, in interviewing a probation officer at the Family Services Division of the Ministry of Social Development a different picture developed. This Division serves the poor and indigent – presumably the “unreached” with whom the RCP is particularly concerned. The following records of reported cases were shared with the Consultant. Neglect and abandonment seem to be chosen ways of parents dealing with unmanageable situations. A recent tendency is for parents to leave children at the Family Services Unit, with a friend or neighbour and just not return for them. At Carnival time it is quite common for a parent to take a child to the hospital, leave without the child and return once the festivities are over in a few days!

Table 25 **Reported Forms of Abuse to the Ministry of Social Development,
Gender and Family Services**

Forms of Abuse	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Sexual	29	70	41	60	55	37	23	22	20	23	51
Physical	63	117	77	55	65	44	51	46	36	26	55
Neglect	51	247	73	55	51	75	121	107	78	51	112
Abandonment	40	78	28	33	56	53	38	51	30	29	22
Maintenance	573	632	690	705	529	462	414	339	237	261	258
Others	23	8	36	0	4	30	11	8	10	4	25
Total	779	1152	945	908	760	701	658	573	411	394	523

Source: Family Service Division, Ministry of Social Development

5.4 Fourth Sub-Problem – Poverty and Economics

There appears to be something of an insidious nature to poverty in St. Vincent and the Grenadines. Some say there is just a little poverty in SVG. Some even say it's primarily among those who do not wish to do any better. Picture a child or teen 15 – 20 not completed primary school; a new birth which teen's mother tells her that is her problem, don't bring it to her; baby's father disappears; teen cannot work –even if she had the capacity, as there is no one to look after the new born; parents help to put up a little lean-to in their yard where they are already squatting; they give her and baby a bit of food; she gets \$100. per month on public assistance. Does this not look like poverty? So she finds another man who tells her he will help her if she "gives" him a child, so she does ... and the cycle worsens.

Following are the poverty estimates found by the Kairi Poverty assessment Study (1996)

Box 4: Poverty Estimates for St. Vincent and the Grenadines²²	
ITEM	PERCENTAGE
Poor Households	30.6
Poor Population	37.5
Indigent Households	20.4
Indigent Population	25.7
Youth Population	26.9
Elderly Population	21.3
Male Population	35.2
Female Population	39.5
Male Heads of Households	27.9
Female Heads of Households	34.1
Urban Households	26.1
Rural Households	33.6
Urban Population	35.4
Rural Population	38.7

²² Kairi, Poverty Assessment Report St. Vincent and the Grenadines, 1996, p.91

Other Data Reported	
Population under 15 years	37.8
Migration among members of households	43.8
Access to School Meals (lowest quintile)	40.0
Access to School Meals (Highest quintile)	34.3
Access to School Books (lowest quintile)	0

Source: Kairi, Poverty Assessment Report ,1996

Table 26 POVERTY INDICES BY GEOGRAPHIC REGION (1996)²³

Region	% of Population	Head Count	Poverty Gap	FGTP2
All SVG	100.0	37.5	12.6	6.9
Total Urban	36.6	35.4	9.0	4.4
Total Rural	63.4	38.7	14.9	8.6

Source: Kairi, Poverty Assessment Report ,1996

There is every indication that the situation may have since improved in certain areas, such as increased access to health services and secondary education; improved water supply and sanitation services. However, the downturn in economic conditions resulting from globalization and trade liberalization; and teen pregnancies and births, little change may be found in the poverty statistics. Of further interest to the RCP is the following Kairi Table that speaks to the sense of hopelessness among two of the targeted communities:

Table 27 Estimates of Percentages of Poor and Self-Perceived Poor in RCP Targeted Communities

Selected Communities	Socio-Economic Status	
	Objective Estimate of Poor	Self-Perceived Poor
New Sandy Bay	62.5	70.8
Keartons (Barrouallie)	34.8	65.2
Bottle and Glass (Barrouallie)	68.0	80.0

Source: Kairi Poverty Assessment Report(1996)

These figures speak to the place of attitudes of self-esteem and hopelessness - documented characteristics of the poor. Developing attitudes of positivism, empowerment and self worth are core principles of the RCP. Developing positive traits and attitudes at the earliest possible age through the Rovers, will have far reaching results for individual, family and community development

5.5 Fifth Sub-Problem – Policies and Programmes

Several international, regional and national policies exist that affect Early Childhood Care and Development (ECCD) and parents of children from birth to three years of age.

²³ Ibid

SVG is a signatory to the Rights of the Child international agreement; the Caribbean Cooperation in Health in collaboration with the CARICOM countries have developed (May 1999) a Strategy and Plan that address new and re-emerging health issues; the SVG Interim Poverty Reduction Strategy enunciates the government's focus on poverty through on-going policies and programmes at individual ministry levels – to mention a few. However, Implementation cannot be guaranteed; very little is directed specifically to the RCP targeted age group (birth to 3 years) and their parents; most programmes tend to be accessible to children 5 years and up.

The Poverty Reduction Taskforce, through the Ministry of Social Development sponsors a summer programme called “Children Against Poverty” (CAP). The junior section of 5 – 10 year olds, was totally over-subscribed - particularly in 2003. The Programme is organized for 50 children in that age group. Sandy Bay had 75 children many four years old and under. Barrouallie allowed about 60 children in the Juniors - again the excess being under four years, who came with their siblings. CAP runs in Sandy Bay, Greggs, Calliaqua, Sion Hill, Lodge Village, Barrouallie and Chateaubelair areas of high poverty pockets. A summer parenting programme is intended to run concurrently. It has worked to varying degrees. The RCP will find it helpful to review the evaluation of this component of the programme, when it becomes available.

Chapter 6.0: Community Consultations

The process of the Community Consultations was of equal value to the content. A Focus Group and a Community Meeting were planned for each of the three Communities. The planned methodology was to hold Focus Groups in each of the communities prior to Community meetings. The makeup was to be a maximum of twenty (20) community service providers and parents. Although not materializing exactly as planned, they were nevertheless fruitful. The key lessons learned were the vulnerabilities of rural communities and the need for flexibility in implementing the RCP.

The Community Meetings were open to all and publicized on Radio. The format followed: Prayer; welcome; icebreaker introductions; explanation of the Needs Assessment; brief description of the RCP by the coordinator; showing the RCP Video; Questions and Answers. Lessons learned during the Sessions included:

- Make childcare arrangements during parent sessions. The young children can be disruptive.
- Make an effort to include snacks. Some have long distances to walk with their children.

6.1 BARROUALLIE

The **Barrouallie Focus Group** was scheduled for May 7, 2004 at the Barrouallie Government School - four days before the Community Meeting and immediately after school to capture teachers and parents. Unfortunately, due to some water supply

problem, there was an early school closing that day. Everybody went home, nobody returned. This is a clear indicator of the vulnerability of the community to simple conditions outside its control. Friday was also a bad day for scheduling such a meeting.

Nevertheless an informative, informal session was held with the Social Development Community Officer (following which she joined forces in mobilizing the community and will be invaluable in the implementation of the RCP); a male teacher from another school who wore many hats in community, church, and a CCF Board member; a youth from the Youth for Christ organization; the RCP Coordinator and the Consultant.

Some of the issues raised to the Questions asked – see Appendix for Format - included:

- What has become of the 43 displaced pre-schoolers who attended the now closed Glebe Pre-School?
- The most difficult elements of implementing the RCP would probably be mobilizing the parents, and winning their **trust** and confidence for participation.
- It is important to sell the big picture of family development, infant school readiness, and to associate the RCP with existing community programmes, such as the CCF; and to involve the parents in all aspects of the programme planning.
- Much discussion ensued on the Rovers – parents’ willingness to open their homes; selection criteria; stipend; inappropriate relationships between rovers and parents.

Barrouallie Community Meeting

Given the poor focus group attendance, it was decided to do a House- to –House mobilization to ensure attendance at the larger meeting, and to gain a firsthand view of living conditions. Both objectives were realized. It is difficult to imagine the levels of poverty, unoccupied and unemployed young people, behind the nice-looking houses unless one walks – hazardous climbs at times – through the community. There was an enthusiastic turn out of 30 + mothers and 16 children to the Community Meeting.

Box 5:	Barrouallie Community Meeting
Attendance	30 mothers; 16 children (mostly babies); Nurse; Community Worker; Driver; Rep Management Committee; Coordinator; Consultant
Issues:	Children troublesome to raise – “harden” & “run about”. Parents may not be co-operative. One suggestion was that several families could be involved in the sessions with the Rovers. The proximity of poorer homes with single yard space, will easily accommodate this approach.
Benefits of the RCP:	Would be good for Barrouallie; Good for the children, will prepare them for Pre-School. Will manage and control the children’s behaviour. They are anxious to see the Programme established. The main concern expressed was that although people were excited now, would they be committed to continuing or would they drop out?

Rovers: Generally no real concerns about a "stranger" coming into their homes – as long as they meet the Criteria established. There was much debate as to whether they should be from Barrouallie or outside. Seemed that the majority favoured inside.

Special thanks to Ms. Amor Jackson, Community Worker of the Ministry of Social Development for her assistance in mobilizing the Community around the RCP.

6.2 BYERA

Focus Group

The Byera Focus Group was held at the Health Clinic at 2:30 p.m. May 19, 2004. We had hoped for 10 persons, we ended up with 20 + mothers and several babies. Although crowded, the discussion was lively and much interest shown in the RCP. One outcome was that they agreed to establish a Community Committee to oversee the process and the programme. Eight women volunteered. They are very anxious to see the RCP started. The Community Meeting followed at 3:45 p.m at the Government School where the Video was shown. Most persons attended both meetings, although rain prohibited some from getting to the second venue - especially those with the very young babies.

Box 6

Byera Community Meeting

Attendance 30 women and several children. Community Health Nurse; Vinsave Director, RCP Coordinator, Consultant

Issues: Some people will not stay in the programme, if it is just for Byera Hill. Byera people are not cooperative. Most of the persons present are from Chester. Needed some clarity as exactly what parts of Byera are to be included. Some concerns were expressed about having Rovers come into people's homes. The question was resolved upon explanation of the Rovers' role.

Benefits of the RCP: Parents are tired, and have housework. Children love attention. Mothers have financial strains. Teenage mothers are unemployed; Rover help will be good. Parents support groups are a good idea. Income generation would be good.

Rovers: Discussion on Rovers selected from the community or outside, was also heated. The final resolution seemed to be inside Rovers because Byera people needed to learn to cooperate with one another.

Special thanks to Vinsave and the Health Centre Nurses for organizing the Community Meetings in Byera..

6.3.

SANDY BAY

Focus Group

The Sandy Bay Focus Group was to be held at 2:30 p.m. followed by the Community Meeting at 4:00 p.m. at the same location. May 20, 2004 turned out to be a very rainy day. The RCP team of three traveled by Taxi - a large tour van, with a very competent driver, since neither of our cars could travel across the Rabacca Dry River - even on a dry day. The river was running but easily passable through the water. Our return trip however, was treacherous and scary - as the river water had then risen, but successful!



Leaving Sandy Bay: Truck crossing the Dry River – after the RCP Team

Because of the rain, and our need to return before the river flow became too high, a single community meeting was held. The location of the old government school (relocated in 2003) was quite dilapidated and wet, but a dry spot was found on the stage and an interesting meeting ensued. Of the three meetings Sandy Bay was the only one where a few men and boys – including a grandfather attended. From the name introduction icebreaker that was thoroughly enjoyed by all, right through to the ‘Do the Hokey-Pokey’ at the end, participation and interest were enthusiastic.

Box 7	Sandy Bay Community Meeting
Attendance	26 Signed Attendance Sheet 40 counted, plus many children of varying ages 43 Nursing Staff; 1 YES youth 3 RCP Personnel
Issues:	The non-involvement of fathers; Mothers do not bother about collecting child maintenance: “love too strong”, and they would have to go into Kingstown as there is no Family Service Office elsewhere. They are quite satisfied looking after their children themselves, despite the hardship of providing proper diets. There are no active organizations in the area. National Garifuna cultural activities seem to happen only on National Heroes holiday time. A skills training/ craft center takes place in the same old derelict school building, hardly inspiring and un-conducive to sales, so all but three dropped out. The women

are very anxious to have something productive and income generating to do. They would like the RCP to start immediately.

Benefits of the RCP:

The RCP would be a positive thing for the Sandy Bay community where there are lots of children. The large number of unemployed parents would also welcome the Parent Group. It would build communication skills for parents to manage their children better.

Rovers:

There was great interest in the Rovers component. They were generally comfortable with persons coming to their homes, but the confidentiality was really important. The inside –outside discussion was lively. Some remarks were made suggesting a wariness for non-caribs to look after their children. The compromised position was eventually they should be mixed from both inside and outside of their community. Several women present would like to be Rovers. The group suggested that a Rover Application should be sent out for completion, to ensure proper processing and selection.

The Nurses at the Health Centre were extremely helpful in providing names of Children and Parents and in mobilizing for the Community Meetings. They have offered to assist in follow-up, such as distributing and collecting Rover Applications. Thanks also to Ms Pat Fraser, the local UN volunteer, who also assisted in mobilizing the community.

Chapter 7.0 ROVERS

Throughout the process of the Needs Assessment, much interest was expressed about the Rovers. Service providers immediately liked the concept; parents were more circumspect, until the concept was explained in its entirety. Generally few had any concerns about “strangers” being in their homes. This was good for the RCP model. Yet one wonders if there is linkage to the practice of abandoning children for long or short periods of time, or to the frequent “visiting relationships” of which the nurses spoke. It may also simply speak to the apparent close neighbourly relationships that the study observed in yard spaces. One woman canvassed was looking after a child whose name she did not know – far less his Birthdate. She just called him “Pooh”! Either way, there are lessons to be learned and taught and cautions for the Rovers not to take on more responsibility than is necessary!

As the Rover concept was thrashed out, the major issue was whether the person would be from within or without the Community. The recommendation is a mixture from neighbouring communities, and a careful pairing of Rovers and Parents at the outset. RCP components of Rover personal development and employment were received with enthusiasm. Many parents at the meetings wanted to be Rovers. Again, care must be taken, especially at the Pilot stage of the RCP. Maturity is essential. Literacy is critical. Parents must have proper childcare arrangements. Training and monitoring are vital.

Rover availability can be found in the community; among secondary school graduants; and from the Government’s Youth Empowerment (YES) programme – to name a few.

The recommended initial ratio is one rover to ten families. Recognition that more than one family lives in a household must be taken into consideration. As far as is possible group sessions are recommended. It will enhance the child’s experience, and it will facilitate scheduling of the Rovers’ visits. Following are ideas generated in the Community Meetings for Rover Criteria:

**CRITERIA FOR THE SELECTION OF ROVERS AS EXPRESSED
IN THE FOCUS AND COMMUNITY MEETINGS**

BARROUALLIE	BYERA	SANDY BAY
<ul style="list-style-type: none"> ➤ Friendly ➤ Honest ➤ Must Love children ➤ Not rude ➤ Must love to entertain ➤ Must be Role Models ➤ Good example ➤ CONFIDENTIALITY ➤ Courteous ➤ Respectable ➤ Mature ➤ 20 years + ➤ Secondary Education, but less if has the other qualities ➤ Be able to read & write 	<ul style="list-style-type: none"> ➤ Respect ➤ Love Children ➤ Cooperate with mothers ➤ Confidentiality ➤ Read and write – at least ➤ 20 years and over ➤ 25 -27 ➤ Able to cope with children ➤ Helpful ➤ Able to communicate 	<ul style="list-style-type: none"> ➤ Caring ➤ Patient ➤ Confidential ➤ Respectable ➤ Honesty ➤ Proper Communication ➤ Must be educated ➤ Good personality ➤ Good personal hygiene ➤ Dressed Properly ➤ Maturity ➤ Age: 24 –35 ➤ Need an Application process for selection to be fair

Chapter 8.0 JUSTIFICATION, SUMMARY OF FINDINGS and RECOMMENDATIONS

8.1 JUSTIFICATION

The foregoing study assesses current situations of young children and parents. It envisions how parenting support, techniques and practices might change parenting positively, reducing the risk to children. As such it provides strong and urgent justification for intervention in the parenting and care of children from birth to three years of age. The Roving Caregivers Programs will be an appropriate mechanism for meeting the needs and addressing the issues involved in providing quality stimulus and parental care to children not yet ready for pre-school:

1. It provides a solution to the troubling concern of a lack of day care in the targeted areas; as well as to the issue of preparation/readiness for Pre-school.
2. The Rovers component will be a welcome contributor to the training and development of the young and other persons in the community, many of who are unemployed. Since the expectation is that some young parents will become

Rovers, by extension and indirectly, the experience would therefore provide parenting skills to these parents as well.

3. The parenting support programme that peaked interest in the communities besides developing positive parenting skills, could become a source of motivation, support, training and income for the many young, unemployed and dis-empowered parents in the communities.

In order to meet the expected goals of the RCP, the Programme must be established, organized and managed with care and efficiency. The communities will require the establishment of trust; and much mobilization. The persons involved must be carefully selected for commitment and motivation, while at the same time recognizing that the persons who would benefit most are those hardest to reach and may not immediately wish to participate. Families need to be carefully matched with the Roving Caregivers.

8.2 FINDINGS AND RECOMMENDATIONS

1. Poverty is almost hidden, but when found, it cries out for some attention and relief. The Roving Caregivers Programme if properly operated, can be a vehicle for making a positive difference in the lives of some needy families, through child stimulation, parental support and empowerment.
2. There is every indication of the urgent need of parent programmes in the rural areas where conditions of poverty, high birth rates by young mothers, over-crowded homes, low educational attainment; unemployment, under-employment, powerlessness and idleness exist. The Recommendation is that increased emphasis be placed on the parenting component of the RCP.
3. According to figures of new Births from Sept 2000 to present, received from the Health Centres, there are over 670 children in the birth to 3 age category, and children with special needs, in the targeted areas of Barrouallie, Byera and Sandy Bay, who are eligible for the Roving Caregivers Programme immediately. Lists of names gathered from various sources and interactions confirm this estimated total. See Appendix.
4. The absence of Daycare facilities for children under four years of age, makes it a societal imperative to provide some urgent service for those children and their parents, who lack the basic parental skills of child stimulation and communication. The Recommendation is the urgent need to begin the RCP in SVG.
5. One issue raised repeatedly was that of the gap between the end of the child's participation in the RCP at three years of age and the present official pre-school enrollment age of four years. The Recommendation is that the RCP management continues to dialogue with the Ministry of Education and the ECCD Unit on the issue.
6. Health and social issues of common illnesses due to lack of due diligence, hygienic and nutritional care; child neglect; abuse and abandonment exist in an environment

that pays insufficient attention and credence to situations that are very harmful to children. The RCP programme will no doubt be able to address these by providing support and training from expertise in related areas to the parents, and through attention to the children in their homes.

7. All communities visited are very anxious to have the RCP in their community as soon as is possible. It is recommended that interim community activities continue while the momentum is high. The Area Coordinating Committee structure should be formalized, giving parent members the task of organizing activities, and assisting in the RCP formulation process.
8. Two Project Officers will be sufficient. One will be responsible for Barrouallie (Leeward) and the other for Byera and Sandy Bay (Windward).

The Recommended ideal situation is that the Project Officer for the Windward area should reside in Sandy Bay, and have responsibility for both Byera and Sandy Bay.. The Rabacca River separation of Sandy Bay presents particular problems for that community. It also presents challenges for the RCP in servicing the area At the same time in increases the benefit and need of the RCP.

9. The Management Committee recommends that the RCP targeted areas should be limited to some selected villages, and not the total community, in order to ensure that the pilot is managed efficiently, effectively and successfully. The suggested areas are as follows:

Barrouallie:	Keartons and Bottle and Glass	100 children
Byera:	Chester Cottage	55
Sandy Bay:	Old Sandy Bay	75
Total		230

Flexibility is paramount as the selection of families takes place. Needy families in close proximity of the selected areas may be included in the Programme.

10. The RCP can be particularly beneficial for Children with Special Needs. Better and earlier identification of CWSN can enable the children to be monitored and cared for, reducing some of the stigmas and shame often attached and improving parent ability to love and care for their children. Early stimulation also increases their chances of progressing in school, and learning in general.
11. Some challenging physical features that residents take for granted, will need to be taken into consideration by the RCP in planning with and budgeting for the Rovers. These include the mountainous, rugged terrain that may create some challenges of finding and reaching those unreached families; and of course commuting between Byera and Sandy Bay for training, meetings, monitoring etc.
12. The absence of fathers throughout the process was marked. Perhaps because most of our work was done during normal working hours the fathers were at work.

Most of the mothers indicated that they were single. In Barrouallie there was some indication that the fathers though unmarried to the mothers, helped financially; some lived together. Sandy Bay mothers stated clearly that the fathers were just absent and not good about maintaining their children. As pondered by Dr. Jules in his CSI report (2002) it is important for the RCP to “search for new modalities of engagement of fathers.” A Recommendation is to explore flexible time RCP home-visits to accommodate working fathers.



Ben is not an absent Dad to Desiree

13. As the RCP proceeds, data will be continuously sought in relation to the Poverty Indicators. It is essential to establish an effective Monitoring and Evaluation system, with appropriate baselines at the start of the Programme.
14. It appears that NESDC intends to initiate a new Poverty Assessment Survey. This should be encouraged and supported by the RCP as far as is possible.

8.2.1 Other General Findings / Considerations

➤ **Economic Context**

Farming, the traditional industry and economic mainstay of the country has taken a down turn, due to international restrictions; resource constraints; lack of export markets; and a negative attitude towards working the lands by the younger generation. This contributes to the state of poverty and to a sense of apathy and powerlessness that says things are outside of one's control. Poverty contributes to poor parenting skills. Tourism appears to be the one growth area - which generally has little effect on the rural areas. The parent Support groups of the RCP may be one way of capitalizing on the growing Tourism industry, through income generating activities. Remittances from relatives living abroad are an invaluable source of income and sustenance to many families; the downside of which is a pervading sense of dependency.

➤ **Government Allocations and Support**

The government supports early childhood development, with a Grant of \$300,000 to the ECCD Unit, Ministry of Education. The Ministry of Health and the

Environment has primary care for children from Birth. The Ministry of Social Development, Cooperatives, Family and Gender Affairs serves families including children from birth. Given the vulnerability of the birth to 3 year group, the overlap of service responsibility may result in that group falling between the cracks in terms of focused service provision. There is no clear rationale as to which sector-budget should reflect special allocations for this age group. Should it be Education, Social Development, or Health?

The recommendation is that a collaborative mechanism for sustained public contributions to the RCP as a program for birth to three year-old children needs to be established. Within the context of an NGO as Lead Agency with responsibility for the administration of the programme, the Management Committee needs to deploy a strategy for bringing the authorities of the three key Ministries together to develop a mechanism for supporting the Programme. The management of the RCP must be cognizant of the deleterious impact of fragmentation, and work diligently at achieving RCP objectives of integration of services and policies for the holistic development of the young child.

➤ **Sustainability**

1) Programme

Despite the enthusiasm and anxiety to get started that was expressed so strongly and well, the element of commitment, co-operation and sticking with it, arose frequently as community history. Initially the RCP would require high maintenance – stretching human and financial resources. The Coordinator and Program Officers will need to work diligently to develop the trust and to continue to support and encourage the parents for a successful Pilot outcome..

2) Financial

In addition to funding from the BvLF, other national, regional and international agencies must be sourced. UNICEF commitments to SVG may be extended to include the RCP. Nationally, the National Economic and Social Development Council must be approached as financial and technical assistance may be obtained through its Poverty Reduction Task Force and its Social Investment Fund that is in process of being established. The commitments and interest of the various government sectors will translate into various types of contributions to the success of the Programme. Each Collaborating Agency must assist in on-going sourcing of funds to ensure that the RCP continues well after the pilot phase.

Chapter 9.0 CONCLUSION

This Needs Assessment study set out to examine the viability of replicating the Roving Caregivers Programme in St. Vincent and the Grenadines. Justification was found in that the RCP would be a very practical and workable strategy for poverty reduction in that it immediately offers alternatives for parents through empowering strategies of parenting

education, income generating skills and activities, parental support and cooperation. Further, effective parenting skills that denounce neglect, beating, abuse, swearing, inappropriate pastimes like gambling yards, provides the enabling environment for their child or children to move towards achieving their full potential through early stimulation, protective care, positive socialization and happy dispositions.

All stakeholders with whom the Consultant interacted were enthused about the Programme, and urged the RCP coordinators to begin as soon as possible. Parents were particularly interested and are very anxious to begin the process. The Roving Caregiver Programme developers need to capitalize on the high interest generated during the study, and maintain a presence in the Communities.

The RCP Management Committee made the following suggestions for continued community interaction in the interim while the sourcing of funds through the BvLF is in progress:

- ❑ Utilize the Byera model and set up Coordinating Community Committees in Barrouallie and Sandy Bay.
- ❑ Involve these Committees as key players in all related activities.
- ❑ Begin the process of Rover Selection by distributing and collecting applications.
- ❑ The Committees can work with NGO Collaborating Agencies to operate small classes of making items that would eventually be part of the Rovers' Kit.
- ❑ Parenting Sessions/Workshops may also be held.

The critical value and essential benefits of the RCP have been established locally. The anticipated hope is that it will be implemented without too great a delay.

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Box 4:	<i>Poverty Estimates for St. Vincent and the Grenadines</i>
Box 5:	<i>Barrouallie Community Meeting</i>
Box 6	<i>Byera Community Meeting</i>
Box 7	<i>Sandy Bay Community Meeting</i>

List of Pictures

1. Cover Page – Parent, Child and Community Worker
2. Map of St. Vincent and the Grenadines
3. House Visited in Barrouallie
4. Pre-School in Byera
5. Rabacca Dry River
6. Sandy Bay Home
7. Crossing the flooded Dry River
8. Father and Daughter

APPENDICES

- A. Definitions of Disabilities
- B. Interview Questions
- C. Focus Group Questions
- D. Community Meeting Questions
- E. Flyer for Community Meeting
- F. Application Form for Rovers
- G. Lists of Parents and Children in the Targeted Communities

APPENDIX A

DEFINITION OF TERMS (TAKEN FROM UNITED NATIONS)

(Submitted by **the National Society of Persons with Disabilities**)

IMPAIRMENT:	Any loss or abnormality of psychological, anatomical structure or function.
DISABILITY:	Any restriction or lack (resulting from an impairment of ability to perform an activity in the manner or within the range considered normal for a human being.
HANDICAP:	A disadvantage for a given individual, resulting from an impairment or disability, that limits or prevents the fulfillment of a role that is normal, depending on age, sex, social and cultural factors, for that individual. It describes the encounter between a person with a disability and the environment.
PREVENTION:	measures aimed at preventing the onset of physical, intellectual, psychiatric and sensory impairments (primary prevention) or at preventing impairment, disability (secondary prevention).
REHABILITATION:	A goal-oriented and time limited process aimed at enabling persons with disabilities to reach and maintain optimum physical, Sensory, intellectual, psychiatric and / or social function level, thus providing them with the tools to change their lives towards a higher level of independence.
EQUALISATION OF OPPORTUNITIES	The process through which the general system of society, such as the physical and cultural environment; housing and transportation; social and health services; educational and work opportunities; cultural and social life; including sports and recreational facilities; are made accessible to all.

APPENDIX B

QUESTIONS FOR INTERVIEWS

Name of Agency/ Programme / Sector/ Service:

Contact & Tel: _____

Interviewed to explain the Roving Caregivers Programme

1. What are the objectives /aims of your Agency/ Programme / Sector/ Service?
2. What experiences have your agency had with children age birth – 3 years and /or their parents?
3. What are some of the major issues or concerns involved in your work with 0-3 yr olds and their parents? Why?
4. What might you recommend as solutions?
5. Name any Agencies/Programmes of which you are aware, that are attempting to address the problems?
6. What related data do you collect? Can you share some of the related data that would help to justify the need for the RCP?
7. The RCP is looking at operating in Barrouallie, Byera and Sandy Bay. Does your operation work in any of those areas? Can you offer any helpful information?
8. How do you think that the RCProgramme will assist in improving the well-being of the child and the family?
9. How might the RCProgramme assist in your work? Are there areas where we may have collaboration with your work?

THANK YOU FOR YOUR INTEREST IN THE RCP

APPENDIX C

FOCUS GROUPS EXPLORATORY RESEARCH DESIGN

Barrouallie – Friday, May 7, 2004. Barouallie Government School

Byera – Wednesday, May 18, 2004 Byera Health Clinic

Sandy Bay – Thursdaay, May 18, 2004 Old Sandy Bay Government School

RESEARCH QUESTION: How effective can a Roving Caregivers Programme be in Barrouallie/Byera/Sandy Bay in meeting the childcare, development and parenting needs of children and parents in impoverished rural situations?

PURPOSE: A study of perceptions and commitments of stakeholders – parents and service providers in the age group of birth to three years of age – regarding the proposed Roving Caregivers Programme (RCP). The focused group interaction will elicit views and perceptions on the feasibility, benefits and challenges of the RCP in Barrouallie.

PARTICIPANTS: Parents, Teachers, Community Service Providers and Organizations. Maximum 20 persons.

PROCESS: Description and Explanation of the RCP & the Needs Assessment; Followed by Questions and Answers

Questions & Answers

1. Any Questions about the RCP? Who do you think this programme should target? – Young mothers under 19years? Single parents? Low-income families? All mothers without day care availability?
2. Tell us about You – (Participants)
 - Name and Organization /Parent/ Teacher etc.
 - What are the objectives /aims of your Agency/ Programme / Sector/ Service?
3. Share some experiences you or your agency had with children from birth – 3 years and /or their parents?
4. What is important to consider in dealing with this age group and their parents?
5. What are some of the major issues or concerns parents have in raising birth -3 yr olds? ...and why?
6. Do you think Barrouallie has any issues / concerns / problems in early childcare and development that are **unique in SVG**?
7. What other Agencies/Programmes work specifically with the birth to 3 yr age group in Barrouallie? Are they successful?
8. What do you think are the benefits of the RCP? Will it assist in improving the well-being of the child and the family?
9. What will be the most difficult thing in implementing the programme?
10. What will motivate parents to become involved – (a) with their child & the rover; and (b) with the Parent Support group?
11. What will provide barriers/challenges to maintaining the programme successfully?

12. What would you suggest as the criteria in selecting roving caregivers (Rovers)?
 13. How do you think parents would feel about having “strangers’ coming to their homes? Would you have any cautions for the Rovers?
 14. What will you do to help in the successful carrying out of the RCP?
-

APPENDIX D

COMMUNITY MEETING

Barrouallie – Tuesday, May 18, 2004. Barrouallie Government School

Byera – Wednesday, May 19, 2004 Byera Health Clinic

Sandy Bay – Thursday, May 18, 2004 Old Sandy Bay Government School

PROCESS:

- a) Circulate list to record Names, Roles, and numbers of participants.
- b) Opening Prayer - Volunteer
- c) **Welcome** - Mrs. Hull-Ballah: .
- d) Who are You – (Participants)? Icebreaker – Name game
- e) Describe the Process for the Meeting– Consultant
- f) **Describe/ explain the Roving Caregivers Programme:** Coordinator
- g) Show Video

QUESTIONS / DISCUSSION

1. What services are offered in Early Childhood care – for children from birth to 3 years old – in Barrouallie/ Byera/ Sandy Bay? If any ... are they successful?
2. Would you like to see a Roving Caregivers Programme (RCP) in Barrouallie?
3. Can the Roving Caregivers Programme really work in Barrouallie? Why?
4. What are some of the major issues or concerns you as parents have in raising birth -3 yr olds? ...and why?
5. Do you think Barrouallie/ Byera / Sandy Bay has any issues / concerns / problems in early childcare and development that are **unique** in St. Vincent?
6. What will be the most difficult thing in implementing the programme?
7. What will motivate parents to become involved – (a) with their child & the rover; and (b) with the Parent Support group?
8. What will provide blocks / challenges to maintaining the programme successfully?
9. How would you feel about having “strangers’ coming to your homes as Rovers?
10. What would you suggest as the criteria in selecting roving caregivers (Rovers)?
11. What will you do to help in the successful carrying out of the RCP?

**PARENTS OF BIRTH TO 3 YEAR OLD CHILDREN
ARE INVITED TO A COMMUNITY MEETING
TO DISCUSS A PROPOSED SUPPORT PROGRAMME -
THE ROVING CAREGIVERS PROJECT**



***HEAR ABOUT THE PROGRAMME
SAY WHAT YOU THINK OF IT AND HOW IT CAN HELP RURAL
FAMILIES WHERE THERE IS NO DAYCARE***

**PLACE: BYESAVE COMMUNITY CENTRE
WHEN: WEDNESDAY, MAY 19, 2004
TIME: 3:30 P.M.**

Come Out And Be Heard

Supported by

THE EARLY CHILDHOOD CARE AND DEVELOPMENT UNIT

**ROVING CAREGIVERS PROGRAMME
ROVERS APPLICATION FORM
Barrouallie - Byera - Sandy Bay**

PLEASE COMPLETE THIS FORM IF YOU ARE INTERESTED IN BECOMING A ROVER
IN THE ROVING CAREGIVERS PROGRAMME

Completing This Application Does Not Guarantee You A Rover's Position.

The Roving Caregiver is a person within the community who visits the homes to help in the stimulation of children from birth to three years. This person will first be trained and then will conduct home visits on a daily basis to work with the children and parents. The programme will provide a stipend. (further information can be obtained from Mrs. Judith Hull-Ballah at the Early Childhood Development Unit.)

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE LOCATION WHERE IT WAS OBTAINED – OR TO YOUR HEALTH CENTRE.

NAME _____ DATE OF BIRTH _____

ADDRESS _____

TELEPHONE / CONTACT NUMBER (S) _____

MARITAL STATUS: Married Single / DO YOU HAVE CHILDREN? Yes No

IF YES, NUMBER OF CHILDREN _____ AGE (S) _____

LEVEL OF EDUCATION COMPLETED: Primary Secondary Tertiary

OTHER (Please Explain) _____

LIST ANY EXPERIENCE YOU HAVE HAD WITH YOUNG CHILDREN _____

HAVE YOU EVER BEEN EMPLOYED? _____

HOW ARE YOU INVOLVED IN YOUR COMMUNITY? _____

LIST TWO REFERENCES FROM YOUR COMMUNITY _____

APPENDIX G

**LISTS OF PARENTS AND CHILDREN IN THE RCP TARGETED AREAS
OF BARROUALLIE, BYERA AND SANDY BAY**

(For reasons of confidentiality, any personal information on parents e.g. age, has been removed
and kept in RCP files for use in the Selection of families process

**BARROUAILLE PARENTS CANVASSED
May 13, 2004**

PARENTS	ADDRESSES
1. Iasha Gordon	Mountain Rd
2. Veleata Williams	Macka Ground
3. Merissa McKie	Mountain Rd
4. Natasha Caesar	Keartons
5. Prudence Lovelace	Keartons
6. Mayhalia Rodney	Keartons
7. Alica Hoyte	Glebe Hill
8. Moria Abraham	Glebe Hill
9. Vanda Frederick	Glebe Hill
10. Louann Dickson	Glebe Hill
11. Rosemarie Williams	Glebe Hill
12. Juliet Doyle	Glebe Hill
13. Dian Roberts	Glebe Hill
14. OKeefa Culzac	Glebe Hill
15. Vangie Frederick	Glebe Hill
16. Rosuta Grant	Glebe Hill
17. Nouns O'garro	Keartons
18. Alcina Hamblett	Glebe Hill
19. Fladina Berkley	
20. Keisha Daniel	
21. Julian Berkley	
22. Roslyn Gaymes	
23. Jackie Douglas	
24. Samantha Douglas	
25. Ingrid john	
26. Theresa Richards	
27. Utica Roberts	
28. Camelita Bentick	
29. Veronica John	

	Parent	Age	Telephone #		Child	Sex	D of Birth D-M-Y
1	Mischa Tuitt (CAP)			1	Philique Gould	F	7-10-03
2.	Angel Franklyn			2	Zeshaunte Dolton	F	27-9-01
3.	Vanda Frederick			3	Vanasha Costello	F	12-1-04
4.	Louann Dixon		Father ref	4	Juranus Solomon	F	6-12-00
5.	Rosemarie William			5	Kayla Hamlett	F	18-9-02
				6	Gerone Hamlett	M	
6.	Juliet Doyle			7	Guroney Codougan	M	3-12-01
7.	Bernadine Francis			8	Rodan John	M	29-9-03
8.	Edris Richardson			9	Kijun Richardson	M	20-2-01
9.	Petra Benn			10.	Gosrick Benn	M	25-6-03

10.	Annalie Cunningham			11.	Rashique (Pooh) Rocque		
11.	Dother Spence			12.	Shadie Benn	M	7 months
12.	Hazell Isaac			13.	Zonica Isaaac	F	4-1-00
13.	Anthea John			14.	Joella John	F	15-11-00
14.	Curly Hesborn			15.	Kyla Bolze	F	20-10-00
15.	Luenda Cuffy			16.	Shana Cuffy	F	29-11-01
16.	Itaul Simmons		Three Acres (3 children)	17.	Britney Simmons	F	8-11-02
17.	Keisha Browne		Reversion	18.	Shaquile Browne	M	1 +
18.	Ingrid John			19.	Odelia John	F	7-12-01
19.	Colleen Gillien			20.	Alroy Gillien	M	24-11-03

Total Canvassed in Barrouallie May 13.04 - 29 + 19 = 48

BARROUAILLE COMMITTEE MEETING
MAY 18, 2004

Parent Name	Age	Tel #	Child Name	Sex	Date of Birth
1. Patricia Oliver			1. Lurrony Oliver		16/08/2002
2. Jacintha Barbour			2. Qusha Samuel		23/04/2003
3. Rosemarie Williams			3. Kayla Hamlett		18/09/2002
4. Juliet Doyle			4. Juroney Codougan		03/12/2001
5. Gillian Roberts			5. Erian Williams		15/04/2002
6. Irine Grant			6. Zinda Grant		12/02/2000
7. Claudia Benn			7. Caldine Benn		20/11/2001
8. Jacintha Barbour			8. Keonous Samuel		16/10/2000
9. Morissa Mckie			9. Morika Mckie		07/11/2003
			10. Carissa Mc Kie		04/02/2002
10. Yolande Oliver			11. Carlon olliver		16/11/2001
11. Iasha Gordon			12. Crystel Gordon		02/02/2002
			13. Lennoine Gordon		27/02/2004
12. Veleata Williams			14. Kaiyanja Jordon		22/10/2003
13. Natasha Gloster			15. Emran Gloster		12/11/2003
14. Vanda Frederick			16. Vanessa Castello		12/01/2004
15. Allicia Browne			17. Tabitha Francis		/11/2001
			18. Rosann Francis		19/09/2001
16. Michelle Fraser			19. Aallyah Dublin		10/02/2002
17. Natasha			20. Brenasha Bulze		29/12/2003
18. Mayhalia Rodney			21. Tevon Rodney		27/11/2003
19. Juliette Adams			22. Christroy Gibson		19/03/2001
20. Stephanie Kiel			23. Renwick Kiel		02/09/2003
21. Maria Abraham			24. Jomo Abraham		07/08/2001
22. Greta Browne			25. Almina Browne		16/09/2001
23. Linda Barbour			26. Otis Barbour		25/12/2000
			27. Otisca Barbour		29/12/2004
24. Ruth Olliver			28. Tyrique Oliver		07/12/2001
25. Eastlyn Benn			29. Alroy Benn		07/12/2001

BARROUALLIE CCF LIST

Parent Name	Child Name	Sex	Date of Birth
1. Meniva Ashton	Sonique Ashton	F	16 th September 2001
2. Gail Grant	Dugarray Carr	M	16 th January 2001
3. Amalia Quow	Cedrico Quow-Burke	M	17 th April 2001
4. Simone Lee	Enrique Lee	M	28 th June 2001
5. Samantha Douglas	Keron Gordon	M	31 st June 2002
6. Desiree Douglas			
7. Fladine Berkley	Kirisha Berkley	F	3 rd May 2002
8. Jocinth Quashie	Rycinth Barbour	F	1 st June 2001
9. Tasha Duncan		F	16 th January 2003
10.	Jerrold Duncan		
11. Viviette Spencer	Demaul Layne	M	7 th September 2001
12. Elena Douglas	Phillicia Douglas		
13.	Baby		
14. Jacintha Cunningham			
15. Juliette Adams	Chrisroy Adams	M	19 th March 2001
16.	expecting		
17. Suffrine Thomas	Curtelo Edwards	M	21 st September 2001
18. Prudence Lovelace	Leoncia Lovelace	F	
19. Morrissa Mckie	Keneisha Mckie	F	4 th February 2002
20.	Baby		Jan,2004
21. Nesrene Prince	Aaliyah Prince	F	6 th July 2002
22. Alice Jessamay		F	4 th April 2004
23. Elda James	(Baby)	M	
24. Hilda Williams	Jobarri Lowmans	M	28 th December 2001
25. Cleavern Pierre	Simone Duncan	F	4 th August 2001
26. Edris Richardson	Kijuan Richardson	M	20 th February 2001
27. Mollissa Richardson	baby	M	
28. Enola Stephen	Odorie Scott	M	4 th September 2001
29. Shelly-ann Franklyn		F	
30. Vanda Frederick			
31. Bernadine Francis		M	
32. Marilyn Frederick			
33. Veronica Laborde	Lorin Quow	F	20 th August 2001
34. Jameilia Frederick		F	
35. Idona Dickson	Kentish Dickson	M	13 th February 2001
36. Kelitha Alexander		F	9 th October 2001
37. Sheryl-ann Primus		F	
38. Alrica Browne	Tabita Francis	F	19 th September 2001
39.	Tuey Francis	F	
40. Vincia Gabriel	Hernettha Roberts	F	26 th January 2002
41. Schazelle Gibson	Mellissa Gibson	F	26 th January 2001
42. Kayanna Gould			
43. Shirlan Barbour			2004
44. Roxanne Barbour			2003
45. Irene Grant	Winston Grant	M	
46. Laurine Duncan	Fezel Greene	M	21.12.2003
47.	Cazael Greane	M	12.1.01
48. Shirleen Williams	Oran Chance	M	24 th June 2001
49. Jacqueline Lewis	J'Vonee Lewis	F	3 rd November 2001
50.	expecting		

51. Yolande Barbour	Mekeal Williams	M	12 th February 2001
52. Cindy Henville		M	
53. Laurette John	Name		
54.	Name	M	2003
55. Gloria Gabriel	Nathalie	F	Dec 2003
56. Versil Hepburn		M	
57. Jennifer Dann		M	
58. Maxine Stapleton	Rasheed Rocque	M	5 th November 2001
59. Susan Rock	Anthonio Rock	M	July 2001
60.	expecting		
61. Greta Browne	Almina Browne	F	16 th September 2001

Barrouallie Health Centre

Names	Sex	D.O.B	Mothers' Name	Address
1. Marlon Richards	M	8.1.01	Marcia Richards	Kearntons
2. Cazaal Duncan	M	12.1.01	Laurine Duncan	Pierre Hughes
3. Ashley Richards	F	8.1.01	Shaneal Richardson	Glebe Hill
4. Dugary Grant	M	16.1.01	Gail Grant	Reverision
5. Dannessa Baptiste	F	10.2.01	Marsha Baptiste	Kearntons
6. Mekeal Williams	M	12.2.01	Yolande Barnour	High road
7. Airel Dickson	F	13.2.01	Melissa Dickson	Kearntons Hill
8. Jemmie Keil	M	10.2.01	Lavern Kiel	Kearntons Hill
9.	M	13.2.01	Zidona Dickson	Kearntons Hill
10. Kijuan Richardson	M	20.2.01	Edris Richardson	Glebe Hill
11. Tueshumba Hepburn	M	21.2.01	Valtrice Hepburn	Glebe Hill
12.	M	27.2.01	Clydette Creese	Kearntons
13. Caldeen Benn	F	3.3.01	Claudia Benn	Morgan Square
14. Trijon Layne	M	9.3.01	Adrina Layne	Kearntons Hill
15. Brittney John	F	13.3.01	Anesia John	Reverision
16. Christroy Adams	M	19.3.01	Juliette Adams	Kearntons
17. Blessie Richardson	F	19.3.01	Etta Richardson	Kearntons hill
18. Marlon Culzac	M	17.3.01	Urcella Culzac	Glebe Hill
19. Le Anna Lovlace	F	24.3.01	Prudence Lovelace	Kearntons
20. Jorani Charles	M	6.4.01	Joanna Charles	Kearntons
21. Zimroy Lewis	M	24.3.01	Ann-Marie John	Bamboo Square
22. Osbourne Charles (T1)	M	14.4.01	Charlene Anderson	Bottle & Glass
23. Zania Charles (T2)	M	14.4.01	Charlene Anderson	Bottle & Glass
24. Dellie Primus	F	15.4.01	Kimmy Primus	Kearntons Hill
25. Jellando John	M	16.4.01	Jelda John	Bottle & Glass
26. Jozanna Pierre	F	27.4.01	Ann Pierre	Kearntons Hill
27. Mosanna Francis	F	12.5.01	Jonella Francis	Glebe Hill
28. Nicholas Layne	M	6.5.01	Wilma Layne	Glebe Hill
29. Garbriel Frederick	F	24.5.01	Debbie Fedrick	Green Hill
30. Adriel Lewis	M	1.6.01	Shirlene lewis	Walliabou
31. Ghoti Rawlins	M	1.6.01	Orlando Williams	Glebe Hill

32. Sarine Hannaway	F	9.6.01	Pearlette Hannaway	Buccament Bay
33. Preah Frederick	F	14.6.01	Mishael Frederick	Glebe Hill
34.	F	14.6.01	Aileen Gabriel	Keartons Hill
35. Rycinth Barbour	F	1.6.01	Jacintha Quashie	Reverision
36. Cedrico Quow	M	17.4.01	Amalia Quow	Reverision
37.	F		Shirlene Williams	Pierre Hughes
38.	F	27.6.01	Angella Delpesche	Keartons
39. Mellesya Gibson	F	26.6.01	Earlese Gibson	Bottle & Glass
40. Rayforna Gould	F	27.6.01	Cassita Gould	Glebe Hill
41. Anrique Lee	M	28.6.01	Simone Lee	Reverision
42. Aliyah Lampkin	F	6.7.01	Nesen Prince	Walliabou
43. Jovani Edwards	M	28.7.01	Michelle Ledger	Keartons
44. Teddie Isaacs	M	30.7.01	Annie Richard	Glebe Hill
45. Azeem Browne	M	2.8.01	Monique Browne	Keartons hill
46. Ziwana Johnson	F	2.8.01	Joan William	Glebe Hill
47. Simone Duncan	F	4.8.01	Cleavern Pierre	Bottle & Glass
48. Jomo Abraham	M	7.8.01	Maria Abraham	Glebe Hill
49. Leonard Griffith	M	24.8.01	Rolene Griffith	Keartons
50. Tyrese Davis	M	19.8.01	Yistine Davis	Bottle & Glass
51. Mackisha Roberts	M	8.9.01	Katisha Roberts	Glebe Hill
52. Delmo Lane	M	7.9.01	Vivette Spencer	Reverision
53. Desron Aurthur	M	18.9.01	Rosedair Aurthur	Glebe Hill
54. Ashantiaha Browne	F	16.9.01	Greta Browne	Pierre Hughes
55. Lasasha Quow	F	15.6.01	Natasha Fredricks	Reverision
56. Nickyce Daniel	F	16.9.01	Jenese Lewis	Glebe Hill
57. Tabilla Francis	F	19.9.01	Alcia Francis	Central
58. Kertello Thomas	M	21.9.01	Sufrine Thomas	Keartons
59. Corrohutte Durrant	M	19.9.01	Ann Marie Durrant	Green Hill
60. Lenore Lorraine	M	28.7.01	Merle Lorraine	Three Acres
61. Derano Ceasar	M	24.9.01	Natasha Ceasar	Keartons
62. Domell Gould	M	28.9.01	Dawn Gloster	High road
63. Zeshante Daltan	F	29.9.01	Shelly Franklyn	Glebe Hill
64. Aaliyah Samuel	F	1.10.01	Shauna Samuel	Reverision
65. Reynaldo Roberts	M	3.10.01	Margret Roberts	Glebe Hill
66. Johnika Seaton	F	4.10.01	Calileen Hull Seaton	Keartons Hill
67. Brittany Audain	F	7.10.01	Dawn Audain	Keartons Hill
68. Shemal Reid	M	12.10.01	Sherry Reid	Keartons
69. Shima McKie	M	2.9.01	Angar McKie	Keartons
70. Tineal Alexander	F	9.10.01	Kelita Alexander	Keartons Hill
71. Kyla Bulze	F	20.10.01	Curline Hepburn	Morgan Square
72.	M	26.10.01	Yenorl Mason	Pierre Wood
73. Alvan Campbell	F	23.10.01	Cassandra Campbell	Three Acres
74. Kazil Jessamy	M	23.10.01	kate Jessamy	Keartons
75. J'vonee Lewis	F	3.11.01	Jacqueline Lewis	School Hill
76. Rashide Rocque	M	5.11.01	Marene Stapleton	Reverision
77. Javan Bailey	M	8.11.01	Marcelle Bailey	Keartons

78. Lanique Solomon	F	15.11.01	Jozette Solomon	Glebe Hill
79. Carlan Oliver	M	16.11.01	Letisha oliver	Kearntons
80. Samuel Francis	M	16.11.01	Larlita Francis	Kearntons Hill
81. Rose-ann Francis	F	12.11.01	Renette Francis	Reverision
82. Nolliesha Gordon	F	21.11.01	Nouris O'Garro	Glebe Hill
83. Azalia Lett	F	22.11.01	Dawn McKie	Kearntons
84. Crispin Jack	M	24.11.01	Alison Quow	Central
85. Kitanna Richards	F	22.11.01	Alica Richards	Bottle & Glass
86. Kristrane Cane	F	23.11.01	Ulitha Cane	Glebe Hill
87. Twyzee Williams	M	12.11.01	Monique Williams	Reverision
88. Savis Jackson	M	9.11.01	Lynette Jackson	Central
89. Odelia Delpeshe	F	7.12.01	Ingrid Delpesche	Pierre Hughes
90. Tyrque Olliver	M	7.12.01	Ruth Oliver	Kearntons
91. Juroney Codougan	M	5.12.01	Juliet Doyle	Glebe Hill
92. Philleen Hadaway	F	4.12.01	Phillorn Anderson	Reverision
93. Chrisford Bentick	M	20.12.01	Camalita Bentick	Pierre Wood
94. Javin Lewis	M	14.12.01	Sylvia Lewis	Bamboo Square
95. Julanus Gaymes	M	29.12.01	Juanita Gaymes	Glebe Hill
96.	F	14.12.01	Loreta Badnock	Three Acres
97. Destany Arthur	F	6.5.01	Georgina Olton	Reverision
98. Shaquroy Johnson	M		Sylvia Jackson	Three Acres
99. Britney Billingsy	F		Lucitta Charles	Green Hill

BYERA (CCF)

Parent Name	Age	Child Name	Sex	Date of Birth
1. Patrick, Jennifer		1. Patrick, Chaz	M	10.09.01
		2. Patrick, Chazinna	F	10.09.01
2. Mack, Katherine		3. Mack, Rick	M	03.12.02
3. Burke,		4. Burke, Christina	F	20.06.03
4. Daniel, (G)		5. Daniel, Vasherna	F	01.04.04
5. Stapleton,		6. Stapleton,	F	06.03.04
6. Burke, Jason		7. Yearwood, Ekhan	M	10.10.01
7. Daniel, Bertha(G)		8. Daniel, Anthony	M	20.07.02
8. Butler, La Fleur		9. Butler, Prisia	F	24.11.01
9. Woods, Steve		10. Williams, Steven	M	12.05.02
10. Williams, Phyllis (G)		11. Williams, Anthony	M	02.12.01
11. Cane, Kathleen		12. Boyea, Julia	F	19.11.01
12. Dabriel, Lawrence		13. Dabriel, Rowene	F	26.01.01
13. Williams, Corel		14. Gonsalves, Daniel	M	29.01.02
14. James, Junior		15. Neptune, Annel	F	19.12.01
15. Smith, Annetta		16. Smith, Eric	M	25.06.01
16. Williams, Bridget		17. Williams, Ravi	M	28.07.02
17. Roban, Harper (G)		18. Roban, Ivan	M	27.02.01
18. Hackshaw, Curlina		19. Burke, Noel	M	02.10.01
19. Warren, Cleonise		20. Lewis, Kyron	M	29.02.03
20. Shallow, Monica (G)		21. Shallow, Ako	M	05.10.02
21. " " (G)		22. Shallow, Marcus	M	03.02.03

22. Cane, Watson (G)		23. Cane, Calesia	F	25.11.01
23. Cane, Wilson (G)		24. John, Desmond	M	19.12.03
25. Stephen, Gerald		25. Neptune, Enarora	F	31.10.01
26. Joseph, Junior		26. John, Kerwyn	M	03.03.00
27. Mack, Katherine		27. Mack, Keison	M	05.05.00
28. Edwards, La Fleur		28. Lewis, Kwanshell	F	10.09.00
29. Stapleton, Ann		29. Stapleton, Shekika	F	29.01.00
30. Williams, Jacqueline		30. Williams, Randell	M	12.12.00
31. Adams, Evrod (G)		31. Adams, Kemroy	M	23.08.00
32. Williams, Petrina (C)		32. Henry, Britney	F	.08.00
33. Moore, Mary (G)		33. Moore, Romano	M	29.06.00
34. Joseph, Leopald		34. Toney, Haliyah	F	10.04.00
35. Burke, E (G)		35. Benn, Jasmine	F	31.07.00
36. Durrant, Idorne		36. Durrant, Sihahied	M	25.03.00

NAMES RECEIVED FROM BYERA CLINIC

	Parent Name	Sta-tus	Address	Child Name	Sex	Date Birth
1.	Silverne Smith		Byera	Rowena Dabriel		26/01/2001
2.	Ysan Phillips			Jonell Culzac		06/02/2001
3.	Cassandra Moore		Byera	Franklyn Moore		14/02/2001
4.	Monell Thomas		Byera	Shaquan Thomas		14/02/2001
5.	Sophia Douglas		Byera	Neisha Douglas		28/03/2001
6.	Ingrid Olliver		Byera Hill	Raynesha Olliver		05/05/2001
7.	Lavern John			Kerwin John		09/05/20001
8.	Jwanette Jack		Byera	Tyrone Francois		24/04/2001
9.	Roslyn Davis		Gorse	Syndisha Davis		19/06/2001
10.	Orler Smith		Byera	Eric Smith		25/06/2001
11.	Amanda Culzac		Byera Hill	Allianna Culzac		01/07/2001
12.	Stenika Francis		Byera	Kafique Francis		03/07/2001
13.	KathyAnn Burke		Chester	Ria Burke		29/07/2001
14.	Lavern Burke		Chester	Lex Burke		23/08/2001
15.	Jennifer Patrick		Chester	Chez Patrick		10/09/2001
16.	Jennifer Patrick		Chester	Chazinna Patrick		10/09/2001
17.	Curlina Hackshaw		Byera	Noel Burke		02/10/2001
18.	Charlene Samuel		Byera Hill	Stephanie Samuel		04/10/2001
19.	Keisha Yearwood		Chester	Ethan Yearwood		10/10/2001
20.	Asha Culzac		Byera	Keith Culzac		25/10/2001
21.	Debra Neptune		Byera hill	Shanara Neptune		30/10/2001
22.	Kathleen Caine		Byera	Julia Boyea		19/11/2001
23.	Natalie Williams		Byera	Danicia Williams		24/11/2001
24.	La Fleur Butler		Gorse	Anesea Butler		24/11/2001
25.	Roxann Haywood		Chester	Erran Arrindell		13/12/2001
26.	Tishorn Shallow		Byera Hill	Alijah Shallow		26/12/2001
27.	Clarones Bynoe		Byera Hill	Kavaughn Peters		30/12/2001
28.	Valcena Culzac		Byera	Mellisa Culzac		26/12/2001
29.	Zenor Roban		Byera Hill	Iran Roban		27/02/2001
30.	Denise Tittle		Byera	Denesha Tittle		02/11/2001
31.	Jemonia Da Souza		Byera	Shamron Da Souza		02/01/2001
32.	Idor Billiny		Chester	Tonique Billiny		16/01/2002
33.	Corel Lewis		Byera	Daniel Gonsalves		29/01/2002
34.	Kay Holder		Byera	Orayier Holder		07/02/2002
35.	Sherlene Holder		Byera	Kellisa Neptune		03/03/2002
36.	Natasha Billiny		Byera Hill	Chelsea Billy		17/03/2002

37.	Imogene Ellis		Byera	Nicques Ellis		29/03/2002
38.	Sheena Thomas		Byera	Jajmaine Thomas		05/04/2002
39.	Vasilea Cain		Byera	Anthonio Cain		19/04/2002
40.	Amelia Porter		Byera	Karylee Porter		04/02/2002
41.	Joyelyn Williams		Byera	Steven Williams		12/05/2002
42.	Cleopatria Currency		Byera	Rogeik Currency		13/01/2002
43.	Helen Moore		Chester	Olivia Moore		20/06/2002
44.	Navne Mack		Chester	Elroy Mack		24/06/2002
45.	Roslyn Miller		Byera	Tonique Miller		09/07/2002
46.	Bridgette Williams		Byera Hill	Ravi Francois		28/07/2002
47.	Vashti Daniel		Chester	Anthony Williams		29/07/2002
48.	Audrey Richards		Byera	Faith Richards		11/08/2002
49.	Vanelsea Roban		Byera Hill	Hanelal Roban		05/09/2002
50.	Tishorn Mack		Chester	Paulson Mack		05/09/2002
51.	Nicole Lampkin		Byera	Kayanna Laynes		05/09/2002
52.	Cassandra Moore		Byera	Bradley Moore		22/09/2002
53.	Avonell Sam		Byera Hill	Osique Sam		17/09/2002
54.	Karen Samuel		Chester	Irvine Samuel		06/10/2002
55.	Allicia Gonsalves		Byera H	Shante Neptune		14/10/2002
56.	Esther Nimblett		Byera H	Kyle Nimblette		21/10/2002
57.	Denise Burke		C	Ronel Burke		30/10/2002
58.	Jemma Warren		Byera H	Javanne Williams		27/11/2002
59.	Angella Richards		CHester	Azesha Richards		25/11/2002
60.	Susan Mack		Chester	Kelson Mack		03/12/2002
61.	Natalie James		Chester	Dmarion Samuel		08/12/2002
62.	Thamico Phillips		Chester	Tewana Burke		25/12/2002
63.	Monita Hoyte		Mangrove	Monica Hoyte		03/12/2002
64.	Natasha Grant		Byera	Tasheka Grant		21/03/2002
65.	Jasmine Pollard		G'town	Garett Denney		12/02/2002
66.	Letyles Williams		Byera	Kesron Williams		24/01/2003
67.	Debbie Shallow		Byera H	Marcus Shallow		03/02/2003
68.	Stacia Shallow		Byera H	Zoran Shallow		04/01/2003
69.	Joycelyn Smith		Byera	Cheyanna Smith		10/02/2003
70.	Vanessa Williams		Byera	Kyle Williams		10/02/2003
71.	Michelle Richards		Chester	Augustus Richards		09/02/2003
72.	Cleonne Lewis		Byera H	Kyron Lewis		28/02/2003
73.	Sharmon Neptune		Byera H	Sio Neptune		19/03/2003
74.	Anna Shallow		Byera H	Akelia Shallow		03/04/2003
75.	Desiree Taylor		Chester	Kender Taylor		18/04/2003
76.	Iyardi Thompson		Gorse	Ashanti Thompson		28/04/2003
77.	Hayden Billiny		Byera H	Cidaney Billiny		21/05/2003
78.	Cherriel James		Byera	Moriah James		30/05/2003
79.	Shanell Scrubb		Gorse	Juana Scrubb		09./06/2003
80.	Erranny Burke		Chestser	Christiana Burke		20/06/2003
81.	Monique Aberdeen		Byera	Jahiem Andrews		03/07/2003
82.	Vashti Nimblette		Byera H	Olannie Nimblett		12/07/2003
83.	Yvonne Adams		Byera H	Irvin Jr Warren		30/07/2003
84.	Parmester Joseph		Byera H	Esron Joseph		07/08/2003
85.	Ivorn Daniel		Byera	Ronell Daniel		05/08/2003
86.	Shakira Lewis		Byera H	Aron Lewis		09/08/2003
87.	Lynette Williams		Chester	Mickella Williams		15/08/2003
88.	Sheena Thomas		Byera	Elyssa Thomas		27/08/2003
89.	Avalyn Alfred		Colonnaire	Jeva Alfred		23/07/2003
90.	Annette Woods		Byera	MaryAnn Woods		16/09./2003

91.	Melissa Jack		Byera	Sasha Jack		19/10/2003
92.	Menelva Grant		Byera	Gracia Grant		07/11/2003
93.	Marilyn Francois		Byera H	Wasio Adams		30/10/2003
94.	Sherllan Burke		Chester	Jeffroy Burke		01/12/2003
95.	Denise Alleyne		Byera	Inayah Gonsalves		22/08/2003
96.	Petrona Browne		Byera H	Ryan Alexander		20/08/2003
97.	Christerlean Snagg		Chester	Raina Horne		06/12/2003
98.	Debra Moore		Byera	Delanique Moore		15/12/2003
99.	Deliah Miller		Byera	Kishania Miller		16/12/2003
100.	Allison Neptune		Byera H	Desmond John		19/12/2003
101.	Ginella Hoyte		Mangrove	Javiere Hoyte		25/12/2003
102.	Hycainth Patrick		Chester			28/12/2003
103.	Rhonda Williams		Byera	Bevin Williams		09/11/2003
104.	Deborah Williams		Byera	Vernisha Williams		23/12/2003
105.	Anastacia Phillips		Byera	Jeremy Phillips		04/03/2003
106.	Petula Williams		Byera	Tyra Collins		04/01/2004
107.	Ann Stapleton		Chester	Nyasha Grant		06/03/2004
108.	Venus Roban		Byera Hill	B/o Vanul Roban		25/03/2004
109.	Annetta Williams		Chester	B/o Annetta Williams		13/04/2004
110.	Shanielle Peters		Gorse	B/o Shamele Peters		29/04/2004

BYERA FOCUS AND COMMUNITY MEETING

* Parent under 21 years

May 19, 2004

Parent Name	Age	Tel #	Child Name	Sex	Date of Birth
Focus Group					
1. Volisa Shallow			No live child		
2. Bridgette Williams			Azor Williams	M	28/07/2002
3. Vancin Roban			Beauty Roban	F	11/03/2004
4. Marilyn Francis			Wasid Adams	M	24/10/2003
5. Eranny Burke			Christiana Burke	F	20/06/2003
6. Tishorn Mack			Paulson Mack	M	05/09/20002
7. Natalie James *			Omarion Samuel	M	08/12/2002
8. Kathy- Ann Burke			Ria Burke	F	29/07/2004
9. Christerleen Snagg *			Kaisia Snagg	F	06/12/2003
10. Laverne Burke			Lex Burke	M	23/08/2001
11. Michelle Richards *			Usha Richards	M	09/02/2002
12. Cherriel Williams			Moriah James	F	22/05/2003
13. Narie Mack *			Elroy Mack	M	24/06/2002
14. Anetta Williams			Earland Jr Williams	M	13/04/2002
15. Vashti Daniel			Anthony Daniel	F	29/07/2002
16. Thamico Williams *			Tewana Burke	F	25/12/2002
17. Valdisha Culzac *			Jironnie Culzac	M	18/04/2002
18. Vanessa Williams *			Kyle Williams	M	10/02/2003
COMMUNITY MEETING					
19. Valcina Culzac			Mellisa Cul;zac	F	26/12/2001
20. Ashu Culzac *			Keith Culzac	M	25/10/2002
21. Slemonia DaSouza *			Shamron Da Souza	M	02/01/2002
22. Amanda Culzac *			Allianna Culzac	F	01/07/2001
23. Ann Stapleton			Naisha Grant	M	06/03/2004
24. Debra Neptune			Shanar Neptune	F	30/10/2001
25. Orla Smith			Eric Smith	M	05/04/2002
26. Sheena Woods *			Jahmaine Thomas	M	05/04/2002

27. Susan Hillocks *			Elissa Thomas	F	27/08/2003
28. Ingrid Olliver					
29. Niasha Williams					
30. Susan Mack *			Ikel Mack	M	03/12/2002
31. Cleonise Warren			Kiran Warren	M	1 year

SANDY BAY (HEALTH CLINIC)

Parent Name		Child Name	
1. Kurl	Sutherland	Jovanie Sam	
2. Cassandra	Sam	Shania Sam	
3. Vernette	Ince	Lamax Ince	
4. Cassian	Nero	Desran McLean	
5. Verene	Baptiste	Zuron Baptiste	
6. Georgiaria	Sutherland	Christianria Sutherland	
7. Eva	Lavia	Shellisia Sutherland	
8. Lucin	Baptiste	Javed Baptiste	
9. Shornette	Roberts	Malcaldo Aberdeen	
10. Sharon	Nero	Devrick Young	
11. Shermine	Peters	Leo- Junior Roberts	
12. Juliet	Ballantyne	Elisa Ballantyne	
13. Ulrica	Baptiste	Danwayne Baptiste	
14. Eve	Nanton	Britney Nanton	
15. Colern	Baptiste	Eriel	Welcome
16. Evelyn	Lavia	Denrick	Lavia
17. Joy	Baptiste	Marcus	Baptiste
18. Chirmine	Nero	Antonette	Nero
19. Ferensce	Baptiste	Ronaldo	Browne
20. Keresha	Hoyte	Kereshia	Hoyte
21. Sharon	Woods	Tryisha Woods	
22. Morvette	Baptiste	Zevion Baptiste	
23. Janniel	Baptiste		
24. Karen	Pompey	Desrie Pompey	
25. Verene	Baptiste	Omarro	Baptiste
26. Luenda	Brackin	Angella	Baptiste
27. Hellen	Baptiste	Kenisha	Baptiste
28. Catherina	Sutherland	Leroy Sutherland	
29. Marcella	Charles	Lenroy	Sutherland
30. Lena	Baptiste	Dilyan	Charles
31. Jasmine	Baptiste	Lerondo	Baptiste
32. Rayan	Baptiste		
33. Jennifer	May	Jeron May	
34. Hepcie	Roberts	Craig Roberts	
35. Nedesha	Lavia	Juanice	Lavia
36. Cheryl	Stay	Chesney	Shay
37. Yvonne	Nanton	Keraudo	Osment
38. Donnette	Toppin	Irvaldo	Thomas

39. Juliana	Nero	Desroy	Nero
40. Kelsa	Nanton	Kelrick	Nanton
41. Deniella J	Johnson	Jemmissia	Johnson
42. Shermine	Peters	Mikeroy	Peters
43. Nina	Sam	Akiel	Sam
44. Lydia	Ballantyne	Curticia	Mattis
45. Shauta	Baptiste	Zayshawn	Baptiste
46. Suzette	Baptiste	Tyrese	Baptiste
47. Rayleen	Hoyte	Kadeem	Hoyte
48. Camelin	Baptiste	Jemelia	Baptiste
49. Monette	Lavia	Manelle	Lavia
50. Clourn	Pierre	Unnamed	
51. Noami	Pope	Unnamed	
52. Danielle	John	Kia	John
53. Annete	Lavia	Keneshia	Lavia
54. Marcia	Brackin	Unnamed	
55. Kitrana	Williams	Unnamed	
56. Maveern	Baptiste	Jaden	Hoyte
57. Karleen	Francois	Unnamed	
58. Natalie	Baptiste	Unnamed	
59. Shaniel	Baptiste	T Jani	
60. Mischka	Roberts	Chelsi	Clarke
61. Loender	Roberts	Unnamed	
62. Veronica	Hoyte	Veronique	Thomas
63. Deborah	Ballantyne	Unnamed	
64. Sharal	Williams	Unnamed	
65. Shirley	Drakes	Unnamed	

**SANDY BAY
ATTENDEES AT COMMUNITY MEETING – MAY 20/04**

	Parent Name	Age	Tel	Child`s Name	Date of Birth
1.	Karen Pompey*			Eldon Pompey	19/08/1991
2.	LoenderRoberts			Rafanique Roberts	20/11/2003
3.	DeniellaJohnson *			Jeminisia Johnson	7/3/2003
4.	Juliana Nero			Berson Nero	7/2/2003
5.	Clifford Francois			Palgie Francois	29/12/1999
6.	Cheryl Mc Dowall				
7.	Coleen Nero				
8.	Shirley Drakes			Burnelle Drakes	13/12/2000
9.	Elliyah Drakes				23/08/2003
10.	Nadesha Lavia			Clinsroy Lavia	12/10/2000
11.	Kelsa Nanton			Jaunice Lavia	20/01/2003
12.	May			Kelrick Nanton	25/ /2003
13.	Alison Cordice			Emisto May	01/ / 2003
14.	Andrea May			Daziah May	5/10/2002
15.	Raylene Hoyte			Kardeem Henry	25/06/2003

16. Keresa Hoyte	Kereshia Hoyte	18/06/2001
17. Movette Baptiste	Zavion Baptiste	22/02/2002
18. Desiree Ballantyne	Keron Ballantyne	17/09/1999
19. Lisa Baptiste	Danalisa Baptiste	18/08/2000
20. Charmin Nero	Cherique Nero	9/8/2000
21. Lucin Baptiste	Javid Baptiste	3/12/2002
22. Martina Lavia		
23. Jenielle Baptiste (Rover)		
24. Claudia Francis R		
25. Monique Lavia R		
26. Michelle Lavia R		

SANDY BAY
CCF LIST

<i>Parent Name</i>	<i>Age</i>	<i>Child Name</i>	<i>Sex</i>	<i>D of Birth</i>
1. Baptist, Gordon		1. Baptiste, Kimony	F	30.08.00
		2. Devonte Hoyte	M	19.05.01
2. Eve Nanton		3. Britney Nanton	F	04.04.01
3. Inez May (G)		4. Dazia May	F	05.10.02
		5. Ronaldo Baptiste	M	09.06.01
4. Emeline Baptiste		6. Jemelia Baptiste	F	10.07.03
5. Xement Campbell (C)		7. Marko Baptiste	M	.12.01
		8. Omaro Baptiste	M	16.05.02
6. Ernestino Nero (C)		9. Kenesha Nero	F	26.11.02
Ernestino Nero (M)		10. Shemar Nero	M	12.08.00
7. Edwin Glasgow (G)		11. Crisroy Lavia	M	17.10.00
Edwin Glasgow (C)		12. Shelise Lavia	F	17.12.00
8. Chiefton May (G)		13. Zenda Lewis	M	13.11.01
9. Leroy May (G)		14. Zevion Baptiste	M	22.01.02
10. John Wilson		15. Kimal Sutherland	M	29-08-00
11. Casela Peters		16. Eddisha Peters	F	03-06-00
12. Francis Lavia (G)		17. Mackada Mc Coy	F	25-05-00
Francis Lavia (G)		18. Macshello Mc Coy	M	13-12-01
13. Alfantina Browne		19. Antonio Browne	F	15-09-00
14. Elevern Sutherland		20. Clevridge Pierre	M	25-09-01
		21. Clevique Pierre	M	22-11-00
15. Jeffrey Lavia		22. Giovanni Lavia	M	22-11-00
16. David Ashton		23. Rayshad Ashton	M	05-09-01
17. Mayble Roberts		24. Solano Sutherland	M	25-03-02
18. Gordon Baptiste		25. Micah Baptiste	M	08-04-02
19. ?? roy May		26. Enise Lavia	F	03-11-01
20. Catherine Sutherland		27. Lenroy Sutherland	M	15-08-02
21. Berisford Nero (G)		28. Camiele Nero	F	06-09-01
22. Andrea Nanton		29. Angenello Rose	F	19-06-01
23. Carl Roberts (G)		30. Britney Peters	F	26-04-00
24. Shirley May (C)		31. Brianna May	F	04-12-02
25. Matilda Baptiste (C)		32. Leronda Baptiste	M	04-11-02
26. Dianna Delicia		33. Kenroy Delicia	M	26-02-00
27. Genervie Sam (G)		34. Akeel Pompey	M	28-04-03
28. Isabel Baptiste (G)		35. Eriel Welcome	M	19-04-01