

SITUATION OF THE PROMOTION AND  
PROTECTION OF RIGHTS OF CHILDREN  
AND ADOLESCENTS IN JAMAICA

**Final Report**

**SUBMITTED TO THE ORGANIZATION OF  
AMERICAN STATES (OAS)**

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**Lead Consultant: Dr Joy Moncrieffe  
CARIBBEAN CHILD DEVELOPMENT CENTRE  
University of the West Indies  
Open Campus**

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**ACRONYMS**

Beneficiary Identification System	BIS
Canadian International Development Agency	CIDA
Caribbean Child Development Centre	CCDC
Caribbean Secondary Education Certificate	CSEC
Centre for Investigation of Sexual Offences and Child Abuse	CISOCA
Child Care and Protection Act	CCPA
Child Development Agency	CDA
Children with Disabilities	CWDs
Citizen Security and Justice Programme	CSJP
Civil Society Organization	CSO
Community-Based Organization	CBO
Constabulary Communication Network	CCN
Convention on the Rights of the Child	CRC
Department of Local Government	DLG
Department of Statistics and Planning	DSP
Disbursement Linked Targets	DLTs
Dispute Resolution Foundation	DRF
Families Against State Terrorism	FAST
Government of Jamaica	GOJ
Early Childhood Commission	ECC
Early Childhood Development	ECD
Early Childhood Institutions	ECI
Families Against State Terrorism	FAST
Independent Jamaica Council for Human Rights	IJCHR
Injury Surveillance	IS
Inter-American Children's Institute	IIN
International Labour Organization	ILO
International Programme for the Elimination of Child Labour	IPEC
Investigation Officers	IOs
Jamaica Coalition for the Rights of the Child	JCRC
Jamaica Foundation for Lifelong Learning	JFLL
Jamaica Survey of Living Conditions	JSLC
Jamaica Youth Advocacy Network	JAYAN
Jamaicans for Justice	JFJ
Justice of the Peace	JP
Kingston Metropolitan Area	KMA
Kingston Restoration Company	KRC
Medium Term Socio-Economic Policy Frameworks	MTFs
Millennium Development Goals	MDGs
Ministry of Education	MOE
Ministry of Finance	MOF
Ministry of Health	MOH
Ministry of Justice	MOJ
Ministry of Labour and Social Security	MLSS
Ministry of National Security	MNS
Multiple Indicator Cluster Survey	MICS
National Centre for Youth Development	NCYD
National Development Plan	NDP



National Plan of Action	NPA
National Strategic Process	NSP
National Student Council	NSC
National Transformation Programme	NTP
National Work Plan	NWP
New Framework of Action for Children	NFAC
Non-Governmental Organization	NGO
Non-State Actor	NSA
Occupational Safety and Health	OSH
Office of the Children's Advocate	OCA
Office of the Children's Registry	OCR
Office of the Prime Minister	OPM
Office of the Public Defender	OPD
Organization of American States	OAS
Orphans and Vulnerable Children	OVCs
Peace and Love in Society	PALS
People Living with HIV/AIDS	PLWHA
Persons with Disabilities	PWDs
Planning Institute of Jamaica	PIOJ
Policy Planning and Evaluation	PPE
Programme for Advancement Through Health and Education	PATH
Reaching Individuals through Skills and Education	RISE
School Implementation Program	SIP
Social Development Corporation	SDC
Statistical Institute of Jamaica	SIOJ
Stimulating Young Minds to Become Achievers	SYMBA
Task Force on Child Abuse Prevention	TFCAP
Terms of Reference	TOR
Threshold 21 Jamaica	T21 Jamaica
United Nations Children's Fund	UNICEF
United Nations Committee of the Rights of the Child	UNCRC
United Nations General Assembly Special Session	UNGASS
Victim Support Unit	VSU
Youth Information Centres	YICs
Young Men's Christian Association	YMCA
Youth Opportunities Unlimited	YOU

## ABSTRACT

This baseline assessment of the situation of the promotion and protection of children's rights in Jamaica is part of a larger initiative, which is being jointly administered by the Inter-American Children's Institute (IIN), Organization of American States (OAS) and the Canadian International Development Agency (CIDA). This initiative is entitled "The Protection and Promotion of the Rights of Children and Adolescents in the Inter-American System", and it is to be implemented in Colombia, Honduras, Guatemala and Jamaica. The overall aim of the country studies is, as outlined by the Terms of Reference (TOR) of this baseline assessment, to improve the "capacity of national institutions to become familiar with and generate mechanisms for the defense and promotion of children's rights, as well as to strengthen public policy, legislation and independent follow-up and monitoring systems, with regard to these rights".

Correspondingly, the assessment focused on the following themes:

### **1. The Status of Legislative Development:**

The study documents child-related legislative developments in Jamaica since the country became a signatory to the Convention on the Rights of the Child (CRC) in 1991. The 2004 Child Care and Protection Act (CCPA), which aims to "promote the best interests, safety and well being of children" (Article 3, Guiding Principles) is the most notable development in this regard. In addition, there is a range of other legislations that address various child protection issues. Although there are clear gaps in legislation (areas where laws are required), the major problem, as the majority of respondents see it, is not an absence of the law but the persistent infringement of the law, including the lack of timely enforcement and follow-up. Implementation gaps were noted, particularly in the following areas: child labour, and sexual offenses as well as physical violence against children. These gaps also affected the ability to defend the rights of specific categories of vulnerable children, and to secure the best interests of children in need of care and protection and of children in lock ups.

### **2. The Status of National Plans and Policies:**

There is a fairly sound complement of national plans and policies, though not all have been designed using the CRC or the CCPA as the lens. While there are gaps in existing policies, the major difficulty is the inadequacy of mechanisms, resources and synergies (among and across state and NSAs) to translate existing policies into effective actions.

### **3. The Status of Child Participation:**

There are no explicit policies regarding the right of the child to participate, although the CCPA pays some attention to children's *participatory* rights. Broadly, however, there are cultural barriers to institutionalizing the child's rights to participate, and it is therefore important to examine the processes employed, challenges encountered, and the interventions and resources required to bridge identified gaps. Furthermore, it is necessary to assess the extent to which genuine opportunities are provided for meaningful child participation, as well as recognition and respect for children's evolving capacities along with opportunities to have their voices heard. For the majority of agencies interviewed, the participation of children is restricted to their involvement on committees, consultations on policies and representation in child rights events. With few exceptions, child participation is not encouraged in ways that would challenge the established order and dynamics of power, but it is incorporated so as to fulfill particular mandates.



#### **4. The Status of Independent Monitoring Mechanisms:**

The evaluation assessed whether processes are in place to build recognition and support for child rights monitoring among state and NSAs. Child rights monitoring is critical for ensuring that the policies and programmes that are being considered and implemented take account of the rights of the child, seeking to promote them. It, therefore, requires continually monitoring programme and policy implementation to assess where and how the rights of children are being infringed, with the aim of plugging the gaps. Interviews revealed that child rights monitoring is not systematized or mainstreamed in this way. Rather, there is an assumption that the policies and programmes that are designed for the child invariably satisfy the range of children's rights. Predictably, this assumption has had problematic consequences. In the same way, child rights monitoring is not institutionalized across non-state agencies and communities, although there have been some attempts to promote such a culture.

#### **5. The Status of Qualitative and Quantitative Indicators:**

Serious attempts are being made to develop a reliable database of child-related quantitative and qualitative indicators; however, there are significant gaps. The JAMSTATS database – which was developed by the Planning Institute of Jamaica (PIOJ) and the Statistical Institute of Jamaica (SIOJ), and is supported by United Nations Children's Fund (UNICEF) Jamaica – currently has information on 163 indicators, with 1,064 corresponding data points across the following sub-sectors: demography, economy, education, environment, gender equity, health, information and communication, and national security. The process is underway to institutionalize the database across government ministries and agencies. Among the major challenges are the need to develop qualitative indicators, inadequacy of the available quantitative indicators, fairly low utilization of the database across agencies, inconsistent prioritization of data collection; problems with ease of use; and inadequate resources available to develop the database.

#### **6. Promoting Children's Rights in the Media:**

Over the last five years, various state and non-state agencies have advanced their public education campaigns via the electronic and print media. There are also a number of agencies that develop programmes in tandem with children. These programs enable children to educate their peers on rights issues. There is wide scope, however, for intensifying the public education campaign and for ensuring that knowledge is transmitted to communities and families where there is most need. Despite lack of formal commitment to promoting the rights of any particular group, various media houses (electronic) have been especially open to child rights programming. Print media such as the *Jamaica Gleaner's* "Youthlink" (an entertainment paper for adolescents that is currently in existence) and the "Children's Own" (published weekly during school terms) may also provide useful avenues for promoting children's rights.

Focus group discussions were conducted among differing categories of children. These results of these discussions depict the ways in which context helps to condition the views of children. Depending on the location and situation, the meanings of rights, protection and care differ markedly. For example, while children who live in secure foster homes, residential care or privileged homes do not have much cause to fear police abuse, children who live on the streets and in inner city communities are adamant that their rights to protection are most severely compromised by the security forces. These children tell of the informal security forces in their communities, and why and how the presence of these forces causes children in the inner city to feel more protected. Combating these cultures (context-specific systems of meanings) is likely to prove a formidable task. Similarly, while it is assumed that "privileged" children are more likely to have their rights observed, these children report unfair treatment by teachers who

resent their status. The findings confirm that policies and programmes cannot be implemented in uniform ways. Instead, they must be sensitive to the ingrained biases, prejudices and inequalities that can skew implementation.

## OVERVIEW

Since 1990, countries within Latin America and the Caribbean – like some other parts of the world – have been amending and/or introducing new public agendas in order to achieve the important objectives that are outlined in the CRC, to which they are signatories. Consistent with the CRC, change processes have involved legislative development, rights-based public policy development and monitoring of children’s rights.

This baseline assessment of the situation of child rights in Jamaica is part of a larger initiative, which is being jointly administered by the OAS and CIDA. The initiative is entitled “The Protection and Promotion of the Rights of Children and Adolescents in the Inter-American System”, and it is to be implemented in Colombia, Honduras, Guatemala and Jamaica.<sup>1</sup> The IIN is a specialized organization within the OAS, with responsibility for “promoting the study of issues relating to children and the family in the Americas, as well as for designing technical instruments that will contribute to solving the problems affecting them”. The purpose of the IIN “is to cooperate with the governments of the member states in promoting the development of technical activities and instruments that contribute to the integral protection of children and to the improvement of their and their families’ quality of life” (IIN, 1).

Correspondingly, the overall aim of the country studies is to improve the “capacity of national institutions to become familiar with and generate mechanisms for the defense and promotion of children’s rights, as well as to strengthen public policy, legislation and independent follow-up and monitoring systems, with regard to these rights”. The baseline study is critical for assessing the current situation within each country. In this evaluation, the term “baseline” is conceptualized as a current accounting and analysis of the situation as it stands presently so to decide on the initial elements of possible initiatives, programs or projects. Respondents were asked to reflect on developments since the enactment of the CCPA in 2004. Thus, the focus is on what obtains presently, with the passage of the CCPA as the point of departure.

The TOR for the baseline study sets out the following general objectives:

To compile information and carry out a strategic analysis of public policies, regulatory frameworks and institutionality addressing matters related to children, which will make it possible to identify those settings which are in need of technical support in order to develop further, according to the existing situation regarding children’s rights.

The specific objectives are these:

- a.** To describe and analyze public institutionality available in the country, with which to address the promotion and protection of children’s rights (universal, special and restorative policies), with regard to their characteristics, operation, powers and interrelations;
- b.** To describe and analyze the regulatory framework, which regulates and guides the action of public policies for children;
- c.** To identify the state’s fields of action with regard to children’s issues, requiring support and technical assistance in the areas of child participation, national plans, rights monitoring systems and the promotion of children’s rights through the media;
- d.** To identify the various actors who operate in the implementation and development of public policies for children and describe their interrelations; and

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<sup>1</sup>Note that on 5 July 2009, the OAS suspended Honduras from active participation in the hemispheric body, by means of Resolution AG/RES.2 (XXXVII-E/09).

- e. To identify and describe the indicators (quantitative and qualitative) available in the country in order to gather information and typify the situation of children's rights.

The following is an excerpt from the inception report. It outlines the methodology initially proposed for the study. It also outlines how and why the methodology was modified.

### **A. Proposed Methodology**

The study will be conducted in stages, each of which will culminate with clear outputs and reported in the required progress reports.

i. In the first stage of the study, researchers will conduct detailed historical reviews of pertinent secondary materials. In addition to the broad literature review, researchers will focus more specifically on exploring background material relevant to the specific objectives outlined. Targeted interviews within different sectors, private sector institutions, non-governmental organization (NGOs) and community-based organizations (CBOs) will help to pinpoint more detailed secondary data as well as identify and fill gaps.

ii. In the second stage, researchers will convene focus groups and workshops in order to further analyze each theme. Each workshop will have three inter-related aims:

1. to identify gaps in policies and national legislation, not only in terms of formal provisions but in terms of what obtains in practice
2. to document participant views on strategic methods for addressing gaps
3. to document participant views on specific areas of intervention for the National Work Plan

The research will aim to go beyond very broad analyses and to obtain views from particular categories of children, thus identifying the differential impacts of policies and laws as well as different perspectives on the factors affecting the participation of different categories of children. This deepening and strategic focusing of the research is critical since broad policies can sometimes overlook dire areas of need.

iii. Stage three will complete the fieldwork and prepare the final report. The first two weeks will fill any identified gaps, focusing particularly on convening focus groups with children who were unable to participate in the second stage activities; convening a small focus group with key policy makers who would help to refine the areas that require support as well as the type of support required, based upon findings. The report will be compiled during the final two weeks.

### **B. Actual Methodology**

The final methodology differed in some ways from what was initially proposed in the inception report. In the first stage, researchers were unable to conduct as many interviews as desired because some of the key respondents were reluctant to participate. Researchers later discovered that there was confusion about the leadership of the project and a perception that the study should have been approved by the GOJ before data collection began. There was more willingness to participate after the IIN clarified the CCDDC's role in the process and the envisioned reporting relationship.

From the first stage, it became apparent that the project would have to be handled sensitively; persons expressed their reluctance to point 'openly' to gaps in policy and practice, particularly within their own sectors, for fear of provoking animosities. Consequently, researchers opted to conduct individual interviews in lieu of focus groups and workshops. Individual interviews were conducted with representatives from relevant ministries, departments and agencies, except for

the Ministry of Justice and the PIOJ (only JAMSTATS participated), who were unable to facilitate interviews. This interviewing was a more time consuming process than focus groups; however, overall, it was very productive. The focus groups among policymakers, technocrats and non-government agencies were then used, strategically, in the final stage of the study to facilitate intersectoral collaboration on defining areas for intervention. Again, this was a very successful exercise.

Focus groups with children were conducted later than envisioned, as it was necessary to await ethical approval. As proposed in the inception report, researchers sought representation from different categories of children. With support from RISE Life Management, the YMCA, and Children First, focus groups were conducted with the following groups:

- Children in violence prone communities
- Children in conflict with the law
- Children exposed to domestic violence
- Children at risk of juvenile delinquency
- Out of school children
- Children living and working on the streets
- Rural disadvantaged children
- Teen mothers
- Unattached children
- Urban “privileged” children

CDA facilitated interviews with children in institutional care (children’s homes). Formal requests were made to the Department of Correctional Facilities in order to arrange focus groups with children in juvenile detention facilities. However, these requests were not acknowledged. Focus groups were semi-structured. Researchers hosted a series of conversations that explored three of the core themes. Using the child friendly material that is currently used to teach children about their rights (CDA’s publication) and provisions under CCPA, researchers conducted an analysis based on these three themes.

### **Theme 1: Legislative Development**

1. Children’s understanding of the Act
2. The extent to which the CCPA actually affects children’s lives
3. The factors and forces which prevent children from enjoying the rights and provisions that the CCPA affords
4. Children’s recommendations for making CCPA more effective

### **Theme 2: Public Policy for Children**

1. Children’s actual experiences of health, nutrition, education and security programmes
2. Children’s views of the extent to which they influence policy
3. Children’s views of the ways in which they could influence policy

### **Theme 3: Children’s Participation in Issues that Concern Them**

1. How current processes and mechanisms facilitate or block children’s participation
2. How the norms and relationships within families, schools and communities influence the extent to which children participate
3. How children envision that they might be able to participate in and influence the issues that concern them

The focus groups paid less attention to the remaining three themes: independent monitoring mechanisms, promoting child rights in the media, and the status of qualitative and quantitative indicators. There were two reasons for this: (1) children found it difficult to focus on the issues

after approximately 40 minutes; (2) the pilot focus group revealed that children were much more enthusiastic about exploring the first three themes; and (3) the latter three themes were raised in individual interviewees with children and youth representatives, who had more intimate knowledge of them.

The study exceeded the timeline because of a number of factors:

- Need to conduct individual interviews rather than focus groups, given the apparent sensitivities surrounding the issues;
- Late requirement for further work on “communication strategies”, this after background work was already completed on the “right to identity” issues (which was removed from the study after the first progress report was completed);
- Difficulties with obtaining some interviews and the reluctance to provide data, particularly where it was believed that this would provoke tensions from other ministries/agencies or parties within the same ministry or agency;
- Lengthy review processes; and
- Conflicting requests for amendments to the reports.

It should be noted that many respondents requested anonymity; therefore, the report does not include the names or positions of interviewees. For some respondents there existed a very real fear of reprisal.

### **Overview of the Progress Reports**

The first progress report comprised the following:

1. A description of the characteristics, operation and responsibilities of the various instruments available in the country for policy and management related to the promotion and protection of children’s rights;
2. A description of the regulatory framework which regulates and guides the action of public policies for children;
3. Identification of actors and means of inter-institutional coordination.

The second progress report comprised the following:

1. Analysis of information reviewed and of the interviews, focus groups and/or workshops carried out.
2. Description of the areas of intervention identified for the National Work Plan (NWP).

However, this report did not contain, as was requested, a matrix listing existing indicators, with a description of each, including source and frequency. This is because JAMSTATS is at the very early stages of defining child rights indicators (see section on qualitative and quantitative indicators) and required additional time to compile a listing.

This is the final report, and, consistent with the TOR, it includes:

1. Identification of the areas of intervention of the project with regard to support and technical assistance in order to strengthen actions in the matter of children’s issues.
2. Full description of the methodology undertaken, including constraints and departures.
3. Identification of the State’s areas of action related to children’s issues which require support and technical assistance with regard to: child participation, national plans, rights monitoring systems and the promotion of children’s rights in the media.
4. A matrix containing existing indicators

### **The Report Outline**

The background to the report documents the articles of the CRC, which states have used as a benchmark for changes to their public policy agendas. Section 1 reviews and analyzes legislative development; Section 2 focuses on the status of public policy development, particularly national plans; Section 3 continues discussion of the status of public policy development, though it concentrates specifically on sector plans and policies; Section 4 describes and analyzes the status of child participation; Section 5 describes and analyzes the independent monitoring systems that exist; Section 6 describes and analyzes the status of quantitative and qualitative indicators; and Section 7 discusses efforts to promote child rights through the media, including communication strategies.

## **BACKGROUND**

### **The Convention on the Rights of the Child and the Inter-American Human Rights System**

The CRC consolidated several previous international initiatives<sup>2</sup> to both articulate and protect the fundamental rights of children as a special social group. The CRC adopted a comprehensive approach to child rights, building on earlier protocols, which covered very basic rights, such as to education, healthcare, housing and social security. The articles of the CRC can be divided into three broad categories: survival and development (provision) rights, protection rights and participation rights. The Convention's four guiding principles – non-discrimination; adherence to the best interests of the child; the right to life, survival and development; and the right to participate – are defined in Articles 1, 2, 3, 6 and 12.

The interrelatedness of the rights established by the CRC has provided a platform from which advocates and governments can implement comprehensive and complementary programmes, policies and local legislation to protect the rights of children. It has also provided a basis for the development of both international and national agendas for children, buttressed by events such as the World Summit for Children (1990)<sup>3</sup> and the United Nations General Assembly Special Session for Children (UNASS) (2002).<sup>4</sup> The declarations from these summits are actively supported by the aspirations articulated in the Millennium Development Goals (MDGs). The UN Special Session for Children was a particular milestone: it was a tangible demonstration of the right to participation as it provided a forum for children to present their perspectives on the issues that directly affect their lives to an international audience. Jamaica ratified the CRC in 1991 and began the process of formulating and introducing policies, programmes and domestic legislation to protect the rights of children.

The OAS, of which Jamaica has been a member since 1969, has created various structures for protecting human rights. Through its Charter, the OAS has established two key instruments for protecting human rights: the Inter-American Commission on Human Rights and the Inter-American Court of Human Rights.

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<sup>2</sup> Most notably, the 1924 Geneva Declaration on the Rights of the Child and the 1959 UN Declaration on the Rights of the Child.

<sup>3</sup> The outcome document of the Special Session, entitled *A World Fit for Children* (United Nations 2002), includes 21 specific goals and targets for the next decade, focusing on four key priorities: promoting healthy lives; providing quality education for all; protecting children against abuse, exploitation and violence; and combating HIV/AIDS.



The Inter-American Commission on Human Rights, which is based in Washington D.C., is designed to hear complaints from organizations and individuals of human rights abuses by member states. The Commission seeks to protect those rights that are defined in the American Declaration of the Rights and Duties of Man (1948), the first international declaration of human rights. The American Declaration both documents human rights and lists the corresponding duties that individuals have, including those to children. The American Declaration of the Rights and Duties of Man applies to those states that are not signatories to the later American Convention on Human Rights (1978), which embodies the core provisions of the Declaration. The second instrument: the Inter-American Court of Human Rights (established in 1978 under the American Convention) has restricted authority since it can only hear cases concerning states that have both ratified the Convention and accepted its jurisdiction. As a member of the OAS, Jamaica is signatory to the American Convention on Human Rights but has not also accepted the jurisdiction of the Inter-American Court.

### **Background on Jamaica**

Jamaica is the third largest island in the English-speaking Caribbean. Formerly a British colony, Jamaica gained independence in 1962. The country is approximately 11,244 square kilometers, with a 2009 population of 2.69 million. In 2002, close to half (43%) of this population lived in the Kingston and Metropolitan Area (KMA). Over the past three decades, the age profile of the population has changed. It is expected that the proportion of children (0–18) will fall to 30% by 2020; currently, it stands at 34.9%. In 1991, children between 0–14 comprised 34% of the population. In 2007, the same age cohort comprised 28.3% of the population and 27.4% by 2009.

Jamaica earns the bulk of its revenues from overseas remittances, tourism, bauxite, agriculture and light manufacturing. The country has had a fairly low level of economic growth since the end of the 1970s; between 1981 and 2005, the average annual growth rate was merely 0.5%. The Jamaica Survey of Living Conditions (JSLC) reports indicate a decrease in the prevalence of poverty in Jamaica, from 18.7% in 2002 to 9.91% in 2007. However, particularly in rural and inner-city communities, there are concerns that poverty incidence levels are still high and that this has had negative effects on debt servicing and repayments, employment levels, and human development and social welfare outcomes. Unemployment and underemployment, poor debt servicing, low levels of human development and social welfare, in turn, exacerbate poverty.

Consistent with the downward trend in poverty levels decline, child poverty has been decreasing; however, Witter et al. reveal: “Child poverty remains above the national average”, and “the headcount measure of poverty is positively related to the size of the household” (2009, 123).

<b>Table 1: Trends in Income/Consumption Poverty since 1990</b>				
<b>Poverty headcount among households with children (0–17)</b>	1990	1995	2000	2005
-by national poverty line	0.31	0.31	0.22	0.17
-by international poverty line	0.17	0.14	0.03	0.02
<b>Poverty headcount among all households</b>				
-by national poverty line	0.28	0.27	0.19	0.15
-by international poverty line	0.15	0.12	0.02	0.02
<b>Number of children in poverty</b>				
-by national poverty line	315309	322040	227997	170004
-by international poverty line	180031	160301	30448	22487
National poverty line (local currency)	3837.9	20074.1	31313.9	48163.3
Number of households with children	368335	387894	429830	438315
Total number of households	580945	631366	725792	776677
Total number of children	969400	960925	953654	940154
Average household size	4.1	4.0	3.6	3.4
Average household size among families with children	5.4	5.4	4.8	4.8

Source: Witter, M. et al. 2009, 47. Adapted from JSLC 1990, 1995, 2000, 2005.

The study also showed that “the headcount measure of poverty is inversely related to the level of education of the head of the household”, with poverty levels almost twice higher among households where the heads had no education than those where the heads had secondary education. It also demonstrated that “poverty is more likely to obtain in rural households” and “poverty is influenced by the composition of the household”.

Debt servicing accounts for approximately 54% of the budget, and the debt to GDP ratio Jamaica is among the highest in the world. Over the last two years, inflation rates have averaged close to 17%, as opposed to 6% in 2006. Consequently, successive governments have had inadequate capital for social expenditures, with implications for the quantity and quality of services available for children and particularly for fulfilling the rights of the child. There is evidence that:

- Children are more deprived in some basic services than others. For example, the Global Study on Child Poverty and Disparities found that children suffered more deprivations in health than in education. This raises questions about the effectiveness of expenditure.
- Some children (for example, those living in rural households, in large households, in households headed by persons with no education and in households with unemployed and vulnerable persons) are more deprived than others.
- Jamaica has sustained vast social, economic and spatial inequalities, which have severely compromised the life chances and right to development for certain categories of children, including children living in volatile and vulnerable inner-city communities; children living in select rural areas and children who suffer added forms of discrimination: children with disabilities or living with or affected by HIV/AIDS.
- It is likely that the poverty and deprivation rates among children – which affect their rights to life and survival – will worsen in the short term (Witter et al. 2009, 123).

Financing for children’s policies and programmes are at risk, given the current global economic downturn. There are additional dangers that put further pressure on scarce resources. For

example, natural disasters, such as hurricanes and floods, are common and the country is also highly vulnerable to earthquakes. According to recent estimates, between 2004 and 2008 the costs for rectifying the damage and losses from major natural disasters were US\$1.2B.

### **Implications for Child Rights: An Overview<sup>5</sup>**

*Article 24 (1) of the CRC notes that State Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illnesses and the rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.*

Jamaica offers universal access to healthcare. Over the years, child health has improved, though progress has not been sustained on some key indicators.

- Only 15% of children at six months of age are exclusively breastfed (UNICEF 2005).
- Immunization rates were 92% in 1995 but, up to 2007, had not reached the national average of 95%.
- Infant mortality rates have not changed significantly since 1990; however, teenage pregnancy rates are high, at approximately 18% of all births.
- Close to 27000 persons are living with HIV and, of the reported cases of AIDS, 10% are among children under 18 years of age; 20% are among youth of 20–29 years of age. The country has made dramatic strides in reducing mother to child transmission of HIV from 25% in 2002 to less than 5% in 2008. Concerns remain about risky sexual behaviours among adolescents and young people; however, the most recent Knowledge, Attitudes, Behaviours and Practices Survey (2008) note that there has been a decline in risky behaviours since 2004.

*Article 28 (1) of the CRC notes that States Parties recognize the right of the child to education and with a view to achieving this right progressively and on the basis of equal opportunity, they shall, in particular: (a) Make primary education compulsory and available and free to all.*

Jamaica offers universal access to primary education. There are higher levels of enrollment at primary than secondary schools, though even within primary schools enrollment rates have begun to lag. These enrolment rates for primary schools are lower for boys (79%) than girls (85%). There are serious concerns about the quality of education, given low levels of passes on key national examinations and the number of school graduates who are functionally illiterate. Educational attainment is now a major area of focus.

*Article 19 of the CRC stipulates that States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the children from all forms of physical and mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parents(s), legal guardians or any other person who has the care of the child.*

Jamaica is recognized as a stable, democratic country, particularly where this is taken to mean that power is transferred between political parties, without serious threat of a coup; electoral procedures are respected in that sense. However, Jamaica has had a fractious political history, tainted by political violence. The causes of violence in Jamaica have now gone well beyond politics. As part of an illicit drug network, contending factions have been able to import massive

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<sup>5</sup> See UNICEF and OCA, *Children in Jamaica: Twenty Years After the Convention on the Rights of the Child*.

amounts of sophisticated weapons and challenge the authority of the state. Violence within homes, schools and communities is the most pressing issue facing Jamaican society. In 2009, 1680 persons were murdered, with children among the victims and perpetrators.

Violence takes other forms: child abuse and sexual assault are among the most common forms of violence related injuries that children experience, with relatives being the main offenders. Reports indicate that girls are the major victims of rape and carnal abuse; however, this should be qualified since little is known about the sexual abuse of boys. Cultural values are at the root of this; they compel boys to remain silent when they are abused. Particularly, boys fear the stigma that is associated with male assault and rape. They also fear being perceived as weak and vulnerable in a culture where they are supposed to be strong and resilient.

The table below shows reported offences against children (0–15) between 2000 and 2004 and children (0–17) between 2005 and 2008. These figures present a modest view of the true picture since crimes are generally underreported. Sexual offences against children constitute a high proportion of the crimes.

Offences	2000	2001	2002	2003	2004	2005	2006	2007	2008	Total
Murder	5	13	17	13	16	89	65	70	94	382
Shooting	20	33	33	37	42	75	19	71	62	392
Rape	147	303	326	360	358	382	351	348	449	3024
Carnal Abuse	434	306	270	377	409	346	434	427	462	3465
Wounding	20	28	20	34	40	258	194	245	156	995
Assault	58	38	48	52	55	525	327	409	315	1827
Abduction	11	7	10	19	39	45	38	200	33	402
Abandoning Child	8	0	1	1	1	4	2	5	0	22
<b>Total</b>	<b>703</b>	<b>728</b>	<b>725</b>	<b>893</b>	<b>960</b>	<b>1724</b>	<b>1430</b>	<b>1775</b>	<b>1571</b>	<b>10509</b>

Source: Corporate Planning and Research Unit, Jamaica Constabulary Force, cited in OCA Annual Report 2008–2009.

Corporal punishment is another major problem. The 2005 Multiple Indicator Cluster Survey (MICS) report noted that 73% of children between 2 and 14 years of age are exposed to modest physical punishment, while for 7.5%, punishment is severe. Teachers still make use of corporal punishment, despite a Ministry of Education (MOE) prohibition, and it is more prevalent in poorer communities.

There are certain categories of children that are particularly at risk and therefore require care and protection: children in correctional (including some adult) facilities; children in care; children on the streets and other unattached children; children with disabilities; and, more recently, child laborers and “missing children”. Reports indicate that the rights of these children are frequently infringed. For example, there are concerns about the quality of care that is provided to children in public institutions. Furthermore, there is a view that inadequate services are provided for children who live and work on the streets; too little attention to the rights and needs of children with disabilities; and alarm at the recent trend in children going missing is growing.

*Article 12 of the CRC notes that States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.*

Compared with attention to protection provisions, child participation has received less attention and, despite improvement, it has not been institutionalized. There are cultural reasons for this cautious approach to child participation. Like many other countries, the idea that children are rights holders is regarded as a challenge to adult authority (Brown 2002)<sup>6</sup> and as one of the prime reasons for the breakdown in societal discipline. It has been particularly difficult for Jamaicans to acknowledge that children's rights include freedom of expression and participation. In 2001, the Jamaica Coalition for the Rights of the Child (JCRC) conducted a baseline study of perspectives of educational professionals on child rights. The assessment revealed that, of the four core principles, child participation was regarded most skeptically, as teachers feared that this would, inevitably, lead to a breakdown in discipline within schools, families and society. While respondents acknowledged that child rights were useful for ensuring survival, development and protection of children, they were not convinced that children's empowerment should be included. More recently, parenting educators and child rights advocates have found that when parents understand the concepts, principles and provisions of the CRC, they tend to embrace them. Therefore, these practitioners have concluded that child rights need to be clearly explained and presented as supportive of parents, rather than as a challenge to their authority.

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<sup>6</sup> Brown. "Parental Resistance to Child Rights in Jamaica", 113–131. This paper explores some of the perceived roots of parental resistance to child rights. It discusses the views and practices of Jamaican and Caribbean parents alongside some positions within the CRC that result in some forms of parental resistance to notions of child rights.

## **SECTION 1: THE LEGAL CONTEXT OF CHILDREN'S RIGHTS: DESCRIPTION AND ANALYSIS**

### **1.1 Background**

Jamaica's Third and Fourth Periodic Progress Reports (2010) to the United Nations Committee on the Rights of the Child (UNCRC) was required to respond to specific concerns, comments and recommendations, outlining achievements over the past five years (2003 to 2008–2009), expected outcomes, and explanations of any variance between actual and expected outcomes.

With respect to the status of legislative development, after the 2003 report was submitted the UNCRC made the following observations:

#### **Concerns/Comments emanating from Concluding Observations**

- *Expression of disappointment re: slow legislative process for harmonizing legislation for children with the CRC. Child Care Protection Act (CCPA) . . . still not a reality.*
- *Proposed CCPA does not fully take into consideration the provisions and principles of the CRC, in particular the participatory rights of children.*

#### **Recommendations**

- *Government to urgently take measures to expedite the CCPA and provide human and financial resources for its full and effective implementation.*
- *This new legislation should also consider the rights of children rather than solely protection provisions.*
- *All rights of children should be incorporated into national legislation.*

Jamaica is a signatory to the major human rights instruments that are concerned with protecting children from violence. Apart from the CRC, Jamaica observes the Optional Protocol to the CRC on the Involvement of Children in Armed Conflict and is signatory to the Optional Protocol to the CRC on the Sale of Children, Child Prostitution and Child Pornography. Jamaica is also signatory to the Convention on the Eradication of all Forms of Discrimination against Women; ILO Optional Protocols on Child Labour (Conventions 138 and 182); the Beijing Rules (UN Standard Minimum Rules for the Administration of Justice); the Riyadh Guidelines (UN Guidelines for the Prevention of Juvenile Delinquency); UN Rules for the Protection of Juveniles Deprived of their Liberty); and the Declaration on Survival, Protection and Development of Children. Jamaica's core national implementing legislation is the CCPA, which succeeded the Juveniles Act of 1951.

### **1.2 The Child Care and Protection Act**

The CCPA came into effect on 1 April 2004. It is the product of lengthy and dedicated attempts to improve care and protection for Jamaica's children. The objects of the act are as follows:

- 1.** To promote the best interests, safety and well being of children" (Article 3, Guiding Principles).
- 2.** To recognize that while parents often need help in caring for children", state assistance must support the "autonomy and integrity of the family unit" (Articles 5 and 18).
- 3.** To see that child services are provided in ways that recognize the importance of stable family relationships and continuity of care. They must also take children's physical and mental differences into account.
- 4.** To specially recognize children who are in conflict with the law (Articles 3, a and d).

The CCPA determines the child's best interest, using the following criteria:

- (a)** safety of the child;
- (b)** child's physical and emotional needs and level of development;
- (c)** importance of continuity in the child's care;
- (d)** quality of the relationship the child has with a parent or other person and the effect of maintaining that relationship;
- (e)** child's religious and spiritual views;
- (f)** child's level of education and educational requirements;
- (g)** child's age and maturity,<sup>7</sup> so as to evaluate whether the child is capable of forming his or her own views and, if so, those views are to be given due weight in accordance with the age and maturity of the child; and
- (h)** effect on the child of a delay in making a decision (this list all directly from Article 2).

In principle, CCPA provides for *all* children and, in that regard, supports the guiding principle of non-discrimination (Article 2). Consistent with the CRC, the act stipulates that all children "are entitled to be protected from abuse, neglect and harm or threat of harm". It stipulates penalties for parties, including parents, who commit offences against children. The five principal categories of offences are physical and emotional abuse and ill treatment, sexual abuse, child labour, offences against the person, and administrative offences (such as unlawful disclosure of information on children).

The CCPA defines a child in need of care and protection as one who:

- (a)** [has] no parent or guardian, or . . . a parent or guardian unfit to exercise care and guardianship, or not exercising proper care and guardianship, is either falling into bad associations, exposed to moral danger, or beyond control;
- (b)** is being cared for in circumstances in which the child's physical or mental health or emotional state is being seriously impaired or there is a substantial risk that it will be seriously impaired;
- (c)** is a child in respect of whom any offence has been committed or attempted to be committed;
- (d)** is a member of the same household as a child in respect of whom such an offence has been committed; or
- (e)** is a member of the same household as a person who has been convicted of such an offence in respect of a child.

**2.** For the purposes of subsection (1), the fact that a child is found

- (a)** destitute;
- (b)** wandering without any settled place of abode and without visible means of subsistence;
- (c)** begging or receiving alms or loitering for that purpose, shall, without prejudice to the generality of the provisions of subsection 1(a), be evidence that the child is exposed to moral danger. (Part 1, 8, pp. 15–16)

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<sup>7</sup> The CRC introduces the concept of evolving capacities, which recognizes that as children's capacities increase, they have less need for protection and are better able to participate in and have say in the decisions that affect their lives. Evolving capacities is the process of maturation and learning whereby children progressively acquire knowledge, competencies and understanding. It is an enabling principle that requires adults (duty-bearers) to adjust levels of direction, guidance and control with respect for the child's emerging interests, abilities and skills, wishes, and capacity for autonomous decision making.



## **Identification of Actors and Means of Inter-institutional Coordination in the Implementation of the CCPA**

### **i. The Family**

Consistent with CRC principles, the CCPA focuses on parental responsibility for nurturing the child. The act makes it clear that the family has certain duties towards the child and is liable to be penalized, where it fails to execute them. The CCPA specifies the following duties:

1. To provide care for children (including adequate food, shelter, clothing)
2. To secure education (particularly for children between the ages of 4 and 16 years of age)
3. To ensure that offences are not committed against children
4. To report suspected offences to relevant authorities (family members specifically have this duty)
5. To prevent child labour and report contraventions to relevant authorities
6. To attend court if charged with an offence
7. To bring a child that is “out of control” to court, bearing in mind that it is recommended that all options are exhausted first

Note that the “fit person” (person whom the court has charged to care for a child) has the same duties as those designated for families.

CCPA provides for state assistance to support families who need it. It states that the child “has the right to be consulted and, according to the child’s abilities, to express his views about significant decisions affecting him/her”.<sup>8</sup> By including this provision, it pays some attention to children’s participatory rights.

### **ii. The Community**

The CCPA emphasizes that the community is also legally obliged to care for and protect children. Accordingly, adult community members have the following duties and risk serious penalties where they fail to act:

1. Mandatory Reporting – reporting suspected cases of child abuse and ill treatment to the OCR.
2. Ensuring that offences are not committed against children.
3. Preventing child labour.

### **iii. The Media**

In accordance with the child’s right to privacy, the CCPA underscores that media professionals have a duty to ensure that this right is not breached. There are stringent penalties, for example, for publishing court proceedings (against the court’s direction) that would lead to the identification of victims, witnesses and alleged perpetrators of abuse.

### **iv. The Police**

The CCPA provides guidelines to the police for dealing with children who require care and protection, who are in conflict with the law and children detained in lock-ups. These guidelines address procedures for:

1. Receiving complaints
2. Investigating offences, including observing proper procedures for dealing with children who are in conflict with the law

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<sup>8</sup> Child Development Agency, *Child Care and Protection Act 2004*, 36.

3. Making arrests where necessary
4. Referring cases to support services
5. Participating in court cases

#### **v. The Office of the Children’s Advocate (OCA), the Children’s Registrar and OCR and the Children’s Court**

CCPA provides for three important entities, which are established to protect the rights of children. These are the OCA, the Children’s Registrar and OCR and for the Children’s Court within the already established Family Courts.

The OCA was established in January 2006. It has the following specific functions, as specified in Part 1 (3, p. 10) of the CCPA:

Where in any proceedings a child is brought before the court and it appears that the child is in need of legal representation in those proceedings, the court shall (a) refer the case to the Children's Advocate or, if the court thinks fit, grant a legal aid certificate in such circumstances as may be prescribed; (b) if the court thinks fit, adjourn the proceedings until such time as the court considers sufficient to allow for, as the case may be –

- (i) the Children’s Advocate to consider the case; or
- (ii) the necessary arrangements to be made for the child to obtain legal representation pursuant to the legal aid certificate; and
- (iii) cause to be delivered to the Children's Advocate a notice of its determination under this section.

The OCA has legal, consultative, regulatory, investigative, administrative, and educational and advisory roles:

*Legal* – Representing children in courts and in non-criminal proceedings; advising on the best interests of the child

*Consultative* – soliciting views from children and parents on the role of the Children’s Advocate

*Regulatory* – reviewing laws and practices that pertain to child rights; assessing the quality of services provided for children to ensure that appropriate standards are met

*Investigative* – Investigating complaints of child rights infringements/abuses

*Administrative* – Assisting children who are making complaints about rights infringements; acting on the child’s behalf when complaints are being investigated; recording complaints; reporting to Parliament

*Educational and Advisory* – Teaching children about the OCA’s roles and functions; advising Parliament on matters relating to the child’s best interest.

The OCR, was established on 1 January 2007 to record reports of actual and potential contraventions of child rights. “Prescribed persons” (select designated professionals, including teachers, social workers and guidance counsellors) who fail to report as required will be subject to fines. Thus:

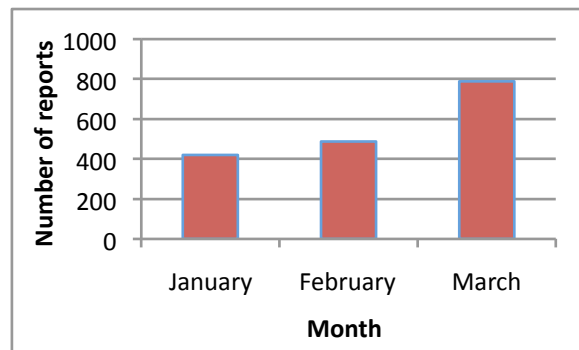
*(2) Any person who has information which causes that person to suspect that a child (a) has been, is being or is likely to be abandoned, neglected or, physically or sexually ill-treated; or (b) is otherwise in need of care and protection, shall make a report to the Registry. (3) A prescribed person who, in the discharge of that person's duties, acquires information that ought reasonably to cause that person to suspect that a child – (a) has been, is being or is likely to be, and abandoned, neglected or, physically or sexually ill-*

*treated; or (b) is otherwise in need of care and protection, shall make a report to the Registry in accordance with the provisions of this section.*

In 2007, the OCR reported 496 cases of child abuse; by 2008, this had increased to 6774. Few of the reported cases are of emotional abuse, which is not as easily recognized or considered to be a form of abuse. The figure and table below show reported cases between January and March 2010.

### **Office of the Children’s Registry (OCR): Statistics of Child Abuse Reports Received January to March 2010**

**Figure 1:**  
**Total number of reports received by the OCR by month, January – March 2010**



**Table 3:**  
**Number of incidents reported to the OCR by major category and month, January – March 2010**

Category of incident	January	February	March
Physical abuse	109	122	179
Sexual abuse	120	110	194
Emotional abuse	40	43	50
Neglect	186	145	346

**Note:** Figures shown are preliminary

The Children’s Registrar is then required to assess reports and either (a) refer them for further investigation; or (b) notify the person who is charged with the child’s care, unless this would cause further harm. Reports are to be kept confidential; there are specified fines should this dictum be breached. Further, the Registrar is liable to be fined should s/he fail to assess reports and refer them for investigation, where required. With the exception of the Children’s Advocate, officers who fail to investigate reports are considered in breach of their duty and are liable to be fined. With these punitive measures, the act attempts to enforce the effective exercise of responsibilities, in the child’s best interest.

#### **vi. The Children’s Court**

Children who are in need of care and protection and children whose parents have difficulty controlling them may be brought to the Children's Court so that welfare decisions can be made. A child who is accused of an offence should be brought before the Children's Court or to another court, if he or she is charged along with an adult. A child who has been a victim of criminal offense, either from another child or an adult may be brought (as a complainant or witness) to the Circuit, Resident Magistrate's or Children's Court.

When offences against children are brought to the Children's Court, the court makes orders, such as concerning the placement of the children, counselling for victims and punishments for offenders. The CCPA has provisions for how children should be treated during court proceedings, including specific guidance for dealing with children who are in conflict with the law.

#### **vi. Children's Officer, Probation and After-Care Officer**

CCPA outlines the roles of children's officers, probation and after-care officers. The children's officer has responsibility for children in need of care and protection. The after-care and probation officers deal with children in conflict with the law. Where a child is found guilty of committing an offence, the court may dismiss the case; make an order for probation; place the child under the supervision of an after-care officer or probation officer, with or without a probation order. Where a child, who is to be brought before a Children's Court, is in need of care and protection, the notice is served on a children's officer. Probation and children's officers prepare reports to assist the courts with decision-making.

#### **vii. The Child Development Agency (CDA)**

The CDA became an executive agency of the Ministry of Health (MOH) on 1 June 2004, as a result of a merger of the Children Services Division, the Adoption Board and the Child Support Unit. A Chief Executive Officer leads the CDA and there are four divisional directors who provide support. These directors are responsible for human resources management and administration, policy planning and evaluation, children and family programmes, and financial management and accounting services. Child services are delivered island wide through four operational regions: South East (Kingston and St Andrew, St Catherine and St Thomas); North East (St Ann, St Mary and Portland); Southern (St Elizabeth, Manchester and Clarendon) and Western (St James, Hanover, Westmoreland and Trelawny).

The CDA has responsibility for children who are in need of care and protection and those who are awaiting the outcome of court proceedings related to care and protection. CDA's child protection services include the following:

- 1. Intake** – As CDA is the first point of contact for clients, it gathers the information that is necessary for assessing the situation and deciding on appropriate actions.
- 2. Investigation** – Through this process, CDA seeks to evaluate complaints, prepare and submit findings, as well as act on reports that are received by its intake services desk, which is located in each of its parish offices. CDA receives and investigates reports from the OCR and, subsequently, prepares a status report. Each year, the CDA sees approximately 18,000 children and families through its intake services desks.
- 3. Counselling and Guidance** – The aim of this component is to support the child in order to improve behaviour, facilitate his or her development, as well as ensure safety and protection.
- 4. Case Planning** – The caseworker collaborates with the child's family in order to develop a plan for effective intervention. This process involves risk identification, including of problematic behaviours, as well as defining the strategies and interventions that are

required to promote the desired changes. The case plan establishes clear goals and outcomes, as well as targets for measuring achievements.

**5. Case Management** – Case management entails placing a child in a programme that is considered to be best suited to his or her needs; monitoring of the child’s progress; referral to the appropriate social service departments and monitoring – on the client’s behalf – of the services received from a range of social agencies. The CDA, through its case managers/children’s officers, has the leading role in coordinating services and advocating for the client.

The CDA offers the following programmes: residential care for children in need of care and protection (there are 61 children’s homes and places of safety; the CDA manages four of these homes and eight places of safety); foster care, family reintegration and supervisory services for children and their families (approximately 5,782 children live in the care and protection system; of these, approximately 3,326 are in family programmes); investigations to satisfy requests from overseas agencies; preparation of Social Enquiry Reports for submission to the courts, as well as recommendations for actions that are in the child’s best interests in order to guide court decisions; inspections of residential care facilities; monitoring of children in police lock ups; and intervention services for children and families who are considered to be at risk (Profile Summary of the CDA).

#### **viii. Minister with Responsibility for Children’s Services**

CCPA assigns several functions to the minister and his or her agents. They are required to do the following:

1. Investigate why prescribed persons have failed to make reports;
2. Work through a children’s officer or other designated person to bring a child who is in need of care and protection to the court;
3. Select a Children’s Officer or person of similar standing who is designated to supervise the child;
4. Receive notification from the court of children who require care and protection;
5. Receive and execute probation, supervision, “fit persons” and correctional orders;
6. Request that the court orders that a child remanded in a juvenile correctional facility is provided with support, and that it enforces such orders;
7. Provide licenses to operators of private children’s homes;
8. Receive and act upon notifications of children entering or leaving children’s homes;
9. Issue directions for the operation of private children’s homes;
10. Apply to the court for an order to remove a child from a children’s home to a place of safety, particularly where there are reasons to believe that the child is being mistreated or where the existing license has been suspended or canceled;
11. Order that a child be transferred from one fit person to another;
12. Permit a child who is being cared for by a fit person to emigrate;
13. Persuade the Children’s Court that a child who is being detained at a juvenile correctional center should be moved elsewhere, given the child’s behaviour; and
14. Outline conditions for detaining a convicted child offender.

#### **ix. Operators of Private Children’s Homes and Places of Safety**

The Children’s Home Regulations, which were passed in 2007, provide the rules and standards against which the quality of care provided in these homes is assessed. Private children’s homes and places of safety – which are also referred to as Residential Child Care Facilities – are required to allow visits and inspections to evaluate the standard of administration and of the care provided for children. Failure to facilitate inspections can incur a maximum fine of

\$500,000 or six months imprisonment. Those homes that are considered to present threats to the children's welfare may be given directions for correcting the contravention, have their licenses revoked or children removed from their care. The maximum fine for breaching children's rights (as noted above) is \$250,000 or three months imprisonment.

CDA operates an Institution Monitoring Programme, which deploys five Monitoring Officers across the various regions of Jamaica. Officers are required to monitor all residential childcare facilities, both government and private, and to ensure that the standards of care that are established for the operation of these facilities are maintained. Where problems are identified, these are brought to the attention of the managers/management of the facilities and a deadline is given for the problem to be corrected. Another inspection is done thereafter, and, if the problem is still not addressed, correspondence is then sent to the head of that facility and another deadline is given for resolving the problem. Further non-compliance may result in closure of the facility. Monitoring Officers report to a regional director.

In July 2009, the prime minister set up a task force on residential care. This task force, which comprised a multi-sectoral team, was established to review the child welfare sector and make recommendations.

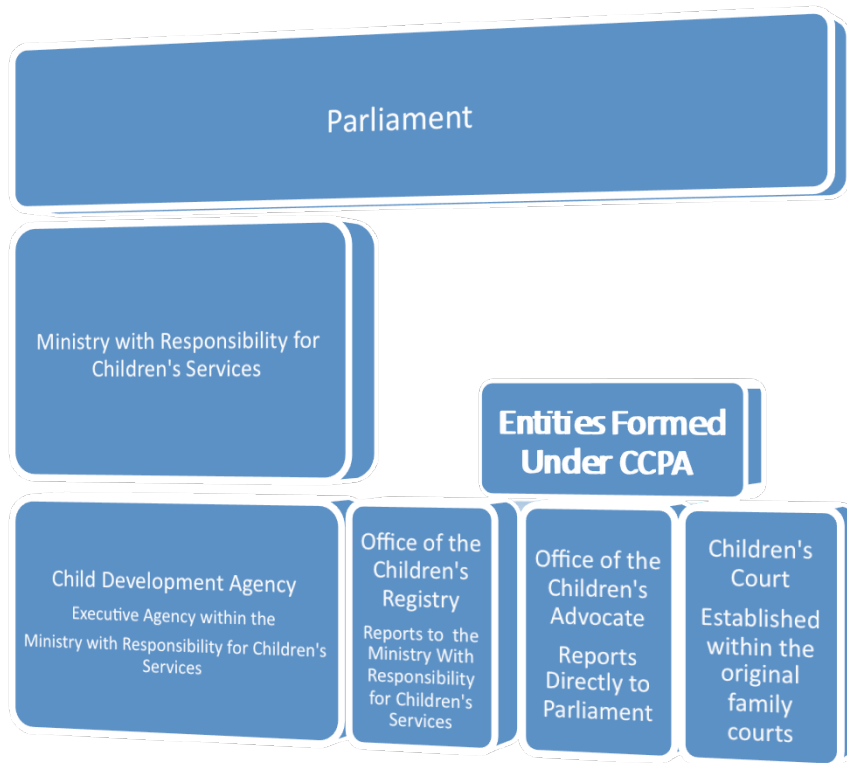
#### **x. Administrators and Staff of Places of Safety**

Administrators must ensure that children placed in their care are brought to court. They must also ensure that the rights of the child are observed, as noted above. Staff members must report any complaints that are made by detained children to the Children's Advocate.

#### **xi. Justices of the Peace**

Justices of the peace (JPs) are required to issue warrants, such as for searching for and removing a child who is in need of care or protection, to permit police to enter places suspected of child labour, and to allow inspection of a private children's home. JPs also issue orders for protecting children and take depositions from children.

The CCPA, therefore, seeks to involve and coordinate a wide range of actors in order to ensure care and protection for children. It is significant that the CCPA identifies the roles of the family and community and also holds them liable for failing to act in the child's best interest.

**Chart 1: Relations Across Key Agencies**

### 1.3 Other National Legislations

With respect to the rights and provisions that are incorporated in other national legislation, there are various Acts that, primarily, address different dimensions of child care and protection (either directly or indirectly), although the Early Childhood Commission Act (2003), Early Childhood Act (2005) and the Early Childhood Regulations (2005) focus on the young child's right to development. They provide national standards for the operations, management and administration of early childhood institutions. Summaries of the relevant Acts are presented in Annex 4.

### 1.4 Analysis of Legislative Development

The analysis of legislative development, which is presented in this section, addresses the following overarching themes:

- 1.4.1** Extent to which the CCPA takes account of the full range of children's rights
- 1.4.2** Extent to which the CCPA, along with other legislations, provide comprehensively, for the child rights provisions outlined in the CRC as well as for the regulations of the American Convention on Human Rights (1978)
- 1.4.3** Level of knowledge of the CCPA among implementing partners
- 1.4.4** Extent to which implementing agencies and key actors have, with their knowledge of the CCPA, formulated and/ or improved policies and programmes for protecting children's rights
- 1.4.5** Effectiveness of coordination across implementing agencies and key actors
- 1.4.6** Effectiveness of coordination among agencies and communities and the families within them
- 1.4.7** Adequacy of resources (human and financial) for implementing the CCPA
- 1.4.8** Effectiveness of systems and mechanisms to monitor implementation of the CCPA



### 1.4.1 Extent to which the CCPA Takes Account of the Full Range of Children's Rights

*To what extent does the CCPA take account of and enforce the full range of children's rights? For example, is there appropriate balance among protection provisions and other rights? Where do gaps exist? How could addressing these gaps improve implementation of the CCPA?*

Child rights advocates and independent monitoring groups, such as the Jamaica Coalition for the Rights of the Child, Jamaicans for Justice, and Hear the Children Cry, were all very influential in pressing the GOJ to formulate and implement the CCPA. The formulation process was lengthy – arguably excessively so. However, it involved a wide range of actors in consultations, and there is agreement among state and non-state actors (NSAs) that the end product is, at minimum, “a good effort”, which provides a sound platform for action.

There are diverging views on the extent to which the CCPA takes account of and enforces the full range of children's rights. The Attorney General department notes that the CCPA takes into account the rights of the child, specifically the rights guaranteed by Jamaica's constitution and other relevant laws. Thus, the act is read in light of rights provided for in the constitution and other laws. Consequently, there are provisions stated in the CRC, which are not expressly addressed in the CCPA. These include the rights of the child to be free from discrimination based on disability, gender, or social background. It does not include special protection provisions for those living with/affected by HIV/AIDS, as does the CRC. There is also no mention of the rights of the child who has suffered from armed conflict. (Here, some commentators suggest that it is not unreasonable to describe the type of violence that occurs in some areas as constituting “armed conflict”.)

Is there appropriate balance among the four overarching principles? In principle, the CCPA provides for *all* children and, in this respect, endorses the principle of non-discrimination. However, there is the view that in order to actively address discrimination, it may be necessary to name and make special provisions for those categories of children who are known to suffer persistent discrimination and disadvantage. Six years after the implementation of the CCPA, practitioners recognize that specific provisions are required for children with disabilities, unattached children and children who are infected with and otherwise affected by HIV/AIDS. There is, however, a National Disability Bill, which will be tabled in Parliament soon.

There is much debate about the wisdom of naming particular groups of children within the act. Those who object claim that such a move would spark an uncontrollable backlash in which advocates for various groups of children, who are thought to be especially disadvantaged, will seek to have their special interests safeguarded in the act. Yet the challenge remains for certain categories of children, their best interests as well as their right to life, survival and development. Also, respect for their views depends, critically, on the extent to which the discrimination they encounter is actively addressed. Therefore special provisions need to be made in order to ensure that vulnerable children are, particularly, protected by the law.

This, however, raises other issues. First, identifying a child's best interest is not necessarily straightforward and this, according to some legal scholars, has presented persistent problems, both in principle and in practice. The majority of legal analysts consulted in this evaluation are content that the CCPA takes the best interests of the child into consideration as well as the means of protecting and enforcing his or her rights. These analysts underscore that there is appropriate balance among protection provisions and other rights since the CCPA makes it

explicit that those protective provisions, rights and the best interests of the child are paramount. No greater importance is given to any one aspect. There are others who, in analyzing the content and implementation of the act, instead argue that it could be refined to ensure that the best interests of different categories of children are secured. For example, are the best interests of children who are living with HIV/AIDS served through the CCPA?

Second, some legal analysts maintain that the idea of “respecting the views of the child” is nebulous, and even subjective, and that this is reflected in the tangential way in which children’s participatory rights are both legislated and often implemented in practice. Conversely, there are others who argue that the constitution supports the participatory rights of the child and there are policies and practices in place to encourage child participation. Therefore, there is no need for the CCPA to include specific provisions that stipulate and enforce children’s rights to participate.

The CCPA pays comparatively modest attention to participation rights. This may have much to do with cultural attitudes to child participation, which is still rejected and/or is approached cautiously and suspiciously in many contexts. Often, what is accepted as child participation is, in other circles, regarded as very limited and superficial consultation. The majority of interviews that were conducted as part of this evaluation revealed minimal concern with including children’s participation rights within the CCPA. Furthermore, there appeared to be little consideration of how children’s participation in the issues that affect them could also improve the effectiveness of protection provisions. Arguably, this is an important link that needs to be made.

#### **1.4.2 Extent to which the CCPA, along with other legislations, provides comprehensively for the child rights provisions outlined in the CRC as well as for the regulations of the American Convention on Human Rights (1978).**

The national legislations including the CCPA do not appear to be in contradiction to the CRC or to the American Convention on Human Rights. In formulating the Acts and regulations, legislators focused on building complementarity with the international conventions that Jamaica has signed.

The CCPA is the main piece of legislation for children but there are other actual and emerging legislations that are designed to ensure that observed gaps, particularly in child protection, are addressed. For example, the Trafficking in Persons (Prevention, Suppression and Punishment) Act was enacted in response to that emerging phenomenon. Similarly, the Cyber Crimes Bill, which is now under consideration, supplements the Child Pornography Act and attempts to plug one of the current avenues through which pornography is promulgated. Table 4 above provides a summary of these legislations.

Although the legislations altogether address an impressive range of issues, there are still some nagging gaps.

1. One gap in legislation for children is the age of consent. Currently, the age of consent is set at 16, although children are classified as persons in the 0 to 18 age range. Consequently, some analysts have been arguing for modifications in order to prevent contradictions.
2. Both the OCA and CDA suggest there is a lack of specificity on some issues that cause confusion in legal practice. For example, what is really meant by “children who are uncontrollable”? Observers note that the family courts are inundated with cases where

parents bring children and ask for them to be sent to correctional facilities on the basis of them being “uncontrollable” Sometimes, the true objective is to rid themselves of the burden of parenting. Here, the CDA and OCA recommend that the act be amended in order to facilitate a more precise definition of “uncontrollable behaviour”, such as is provided in similar legislation in Belize.

**3.** The OCA’s annual report emphasizes that the CCPA makes no provision for how children in correctional institutions should be provided for, though it does (in Section 62) stipulate how the rights of the child in places of safety, children’s homes or in the care of a fit person order should be provided for. In addition, while the CCPA restricts the time that children spend in Places of Safety to 90 days, it does not specify the time that children should spend in lock up. Consequently, there is no ready recourse when children are held in lock ups for extended periods.

**4.** Under the Adoption Act, parents who demonstrate no interest in their children are requested to give their consent before these children can be placed in the care of the state. Problems occur when parents do not respond in an acceptable time; therefore, respondents suggest that amendments should be made in order to impose time limits, such that children can be provided with care in a timely manner. Specifically, the law should provide a point at which parental rights are terminated.

There are questions, too, about the conditions under which parental rights should be terminated. Normally, parental rights are not terminated in cases of neglect. The children may be put in care but parents have the option of reclaiming them at any point. In such circumstances, guidelines are required for determining and enforcing the best interests of the child.

**5.** Currently, if a parent is unable to take care of his/her children, the court can designate a fit person who will provide foster care. However, there are many cases where parents’ inability to care for their children is rooted in lack of finances. Some policymakers contend that the problem would be better resolved if the state were to make financial provisions for these children. Therefore, they suggest that legislation is needed, which stipulates that where parents are financially unable but willing to care for their children, the state should make appropriate payments for the child’s care and protection.

**6.** Some commentators argue that the Act could provide more sentencing options. Presently, there is nothing in the Act that provides for community service orders. Some judges have instituted curfews; however, options such as these should be legislated. However, there is some debate about whether such legislation is required. As one lawyer commented: “There are a lot of things that judges can do and you do not have to legislate on them. You do not want to legislate everything the judges can do because you are then fettering the judge. Judges prize their discretion very highly”.

**7.** Some legal officers propose that the directive concerning mandatory reporting needs to be reviewed. The CCPA establishes that there should be mandatory reporting of child abuse. There is no choice in whether or not one reports. The Act penalizes for not reporting. However, this stipulation can – and does in cases – have the reverse effect. For example, when teenagers go the public hospitals to give birth, nurses tend to avoid asking the children’s ages since, if they are under the age of consent, the nurse would be required to report this to the OCR, giving as much details as possible. In a situation where many of the pregnancies are the products of rape by “bad men” in particular areas, the nurses consider it life-threatening to report under age pregnancies. They avoid this by simply “forgetting” to collect certain particulars, such as on age. Consequently, many victims of rape are still not being reached.

8. Some child rights advocates argue that the distinction between carnal abuse and rape should be thrown out. Penalties for rape are higher than those for carnal abuse and equalizing the penalties might reduce the prevalence of carnal abuse.
9. There is a view that the CCPA does not make sufficient provisions for sexual assault of boys and that child trafficking needs to attract stricter penalties.
10. Policymakers in one focus group insisted that it is important to pay closer attention to (and educate all stakeholders on) emotional abuse, which is largely underestimated and/or ignored.
11. Given the increasing number of allegations of children being used to bear arms, the OCA suggests that the relevant legislations should be strengthened.
12. The OCA recommends that the Regulations to the CCPA 2004(Children's Homes) be reviewed to address the rights of the child to provisions for nutrition, medical care, physical infrastructure, transportation, among others, while in the care of the state. In its current state, the Act focuses, principally, on the registration process.
13. There is need for dedicated attention to the problem of 'institutional neglect/abuse'. Participants in one focus group (of policymakers from implementing agencies) agreed that it is important to design effective mechanisms for enforcement, such that the negligence of persons and institutions that are entrusted with the care of children can be so sanctioned that similar lapses in performance are prevented. Participants made special note of the need to address the abuse and neglect that can occur within schools, churches and care facilities.

Analysts note that some of the complementary legislations should also be updated. The following is extracted from the OCA's (2009, 54–55) annual report:

- A. The Education Act needs to be reviewed, as it is outdated. Special provisions need to be made for the intervention of the OCA to protect the rights of children in criminal, property, state or divorce proceedings. Review of the Adoption Act and procedures to allow for a thorough yet speedier process. There have been many complaints as to frustration of potential adoptees due to the lengthy process.
- B. Review of the Children Custody and Guardianship Act to allow for the termination of parental rights after a specific number of years.
- C. The finalization and enactment of the National Disability Act, which seeks to bring national legislation in line with UN Convention on the Rights of Persons with Disabilities, [should] be treated with urgency.

### **Implementation Gaps**

The majority of the interviewees agreed that “the problem is not an absence of the law but the persistent infringement of the law”, including the lack of timely enforcement and follow-up.

The excerpt from one interview below is representative of the general opinion.

*How adequate/complete is the current regulatory framework?*

The CCPA is pretty broad in its scope. It covers a wide range of scenarios that affect our children; for example, it offers protection from various abuses (verbal, physical and so on), covers and offers protection for even those who have committed offences: no child should be incarcerated with adults and so on. Overall, our laws adequately cover all important aspects of our children's lives.

*Are there gaps that you can identify? What and where are they?*

Gaps exist with respect to the implementation of the above framework. The legislators need to put as much effort into implementation and adherence as they put into the development of the laws. For example, from time to time news reports indicate that children are being housed with adults in adult correctional facilities. No checks and balances are in the system to prevent breaches.

Various respondents, among them government officials and child rights advocates, indicated that there were pervasive implementation gaps, particularly in the following areas: child labour; sexual offenses against children; physical violence against children; defending the rights of specific categories of vulnerable children; and securing the best interests of children in need of care and protection and of children in lock ups.

### **Implementation Gap: Armadale**

The Armadale Report (2008) provides a pejorative account of failures in the implementation of child protection regulations. Armadale was designated a juvenile correctional centre on 25 September 1991. Under the CCPA, children who are found guilty of an offence in a Children's Court and remanded to a juvenile correctional facility are, notwithstanding, entitled to protection from abuse, neglect, harm or threat of harm.

Armadale should have facilitated 45 girls but had 65 in residence in March 2008. Originally, 35 girls were accommodated in the Cottage dormitory and 35 in the Upstairs dormitory. The conditions of the Upstairs dormitory, where 35 girls were housed, were known to be abysmally low. As early as 2007, recommendations were made that the building should be abandoned. The Upstairs dormitory had no bathroom facilities, which proved inconvenient when the doors were locked at night. The external bathroom facilities were known to be unsanitary. The engineer's (2007) memorandum to the responsible authority had made it clear that:

The original building is now structurally unsound . . . now a fire hazard . . . girls have no bathroom to use at nights . . . when locked in . . . the bathroom used in the day is in very bad condition . . . is woefully inadequate . . . and is contributing to health risks (Armadale Report, 2008, 11)

Despite recommendations for emergency repair, the girls remained in this facility for approximately one year, up to March 2008, when they started a fire by lighting mattresses inside the dormitory. In response, 23 girls were moved to the Office dormitory, which was only 20 feet long by 12 feet wide, with one door. There was inadequate space for movement. In accordance with the National Building Code (1983), only five girls should have been housed in the Office dormitory. The Armadale Report noted that in some cases, two girls were forced to share one bed. So restricted was the space that if all the girls stood at once, each could only occupy six square feet. The girls were forced to subsist under these conditions up to May 2009, when they attempted to break out. In response to the attempted outbreak and outraged by angry responses from the girls, one colonel threw a tear gas canister into the dormitory, which sparked a fire. Without appropriate means of escape, in the absence of established evacuation procedures and of necessary equipment, such as fire extinguishers, and with little assistance from various officers on the compound, five girls perished in the fire. The Report describes gross forms of abuse and neglect, which lasted for years. It underscores the inhumanity to which the girls were subjected and the ineffectiveness of monitoring procedures. Importantly, there is no indication or suggestion that the conditions at Armadale are common across juvenile correctional facilities; yet, Armadale proves the failures that can occur, in the absence of effective precautions.

Interviews with representatives from the OCA, OCR and CDA conclude that enforcement appears to be at its minimum among children who live in conditions of poverty, which again reinforces the importance of provisions that actively address discrimination and other forms of inequity. Yet, while poverty presents its own obstacles, privilege does as well. For example, there is very little knowledge of the pervasiveness of sexual offenses against children in the wealthier classes; additionally, there is almost a resignation that very little can be known. Advocates suspect that there is little difference in the prevalence of sexual abuse across social classes but that what occurs among the wealthy is often shrouded in “mandatory” secrecy. There is also little knowledge of and engagement with unattached children (not associated with and school or formal grouping), which makes it impossible to assess the prevalence of abuse within this group.

#### 1.4.3 Level of knowledge of the CCPA among implementing partners

Much effort has been placed on building knowledge of the CCPA among implementing partners; that is, to the extent that budgets allow. As one official within the CDA sees it, “people know what they are supposed to do. There have been hundreds of trainings. What is lacking is people’s willingness to do as they should”.

Yet, there are other key respondents who maintain that many police officers do not know about the Act; that there are Attorneys at Law who are unfamiliar with the provisions; and that there are judges who legislate poorly because of their unfamiliarity with the Act. Considerable training is still required.

It is important that the CCPA lists communities and families among the implementing partners. Despite limited funding, some organizations believe that information has been disseminated fairly effectively. Child friendly versions of the Act have been printed and numerous consultations have been held within schools and communities. The OCA’s annual report (2007–2008) notes that its public education campaign targeted children, parents, schools and civil society. Over the period under review, the OCA distributed over 10,000 pamphlets, which informed children and adults on “child rights, role and functions of [the] OCA, child abuse, protecting children, the Child Care and Protection Act, child safety and good parenting” (p. 25). There was special focus on children in places of safety, childcare facilities and correctional centres. Further, the OCA worked with teachers colleges (Bethlehem Moravian College, Shortwood Teacher’s College, Caribbean Graduate School of Theology, UWI and Mico Teacher’s College) in order to build a cadre of professionals who are aware of children’s rights and have the capacity to promote them within schools.

<b>Table 4: Presentations and Seminars (OCA)</b>		
<b>INSTITUTIONS</b>	<b>FREQUENCIES</b>	<b>PERCENTAGE</b>
Places of Safety/Children’s Home/Correctional Centre	16	14
Education Institutions	52	45.2
Other (including NGOs, CBOs, foster parents and health professionals)	47	40.8
Total	115	100

However, there are significant gaps in knowledge, particularly in deep rural areas. Respondents argue that innovative communication strategies must be employed since there are many

persons who do not read documents. Therefore, there is need for people who are skilled in communication and can participate in delivering key messages in diverse fora. Certain rural parishes were singled out as being in dire need of information; these were Westmoreland, St Mary and Hanover. Officers were not clear about the factors that contributed to this “lack of information” but they emphasize that consultations within these parishes reveal less than satisfactory knowledge of child rights issues.

**1.4.4** Extent to which implementing agencies and key actors have, with their knowledge of the CCPA, formulated and/or improved policies and programmes for protecting children’s rights

**1.4.5** Effectiveness of coordination across implementing agencies and key actors

There are different views on the effectiveness of coordination across the CDA, OCA and OCR. All respondents noted that relationships among agencies were “good”, although, throughout the course of the interviews, several problems were noted. For example, the OCR’s main responsibility is to accept reports of known and suspected cases of abuse, assess and refer them to the OCA (which has particular responsibility for investigating cases of alleged abuse by state agencies and actors) and CDA (which has prime responsibility for investigating allegations of abuse by the non-state cases agencies and actors under its charge). Agencies are required to present updates, once per quarter, on the reported cases. In order to achieve this, the cases must be investigated (by the OCA and CDA) with dispatch so that they can be verified and appropriate actions taken. However, the OCR reports that there are huge time lags on the part of the OCA and CDA, compromising the OCR’s ability to conduct their own monitoring, which includes tracking trends in child abuse. The OCA and CDA contend that they are constrained because of inadequate human resources. The CDA emphasizes that there are other factors: the quality or credibility of the reports sometimes presents difficulties in investigations; there may be problems in locating the child or other persons identified in the reports, as well as persons named in the investigation, may be non-cooperative; and certain communities are not easily accessible, which also obstructs effective investigation. However, the OCR remains concerned about how the untimely investigations are affecting processes and outcomes.

There was evidence of some mild tensions across the agencies, but respondents indicated that there is now new willingness to collaborate, such as on public education campaigns, in order to capitalize on scarce resources.

**1.4.6** Effectiveness of coordination among agencies and communities and the families within them

The core agencies hope to build collaboration with communities and families through their public education campaigns. However, all the agencies note that there could be better collaboration with established community based associations and NGOs – such as the Media Association of Jamaica – in order to effect this. Vital consultations have occurred, particularly with some of the widely recognized agencies, such as Hear the Children Cry, Hope for Children, and Children First. CSOs have claimed and been invited to participate in policy spaces with more frequency than obtained formerly. In general, however, there are still inadequate synergies between state agencies, NGOs and CBOs. The principal cause is the undesirable duplication of activities and associated waste of scarce resources. There is sufficient research available that suggests that there are mutual suspicions across state and non-state agencies and actors. But better working relationships can and should be built. For example, CBOs can be more instrumental than they currently are in disseminating knowledge

regarding the CCPA. There are a number of NGOs, such as both Sistren and Women's Media Watch, which have honed innovative and effective communication strategies that have reached and influenced some of the most marginalized contexts. Yet these resources remain underutilized.

#### 1.4.7 Adequacy of resources (human and financial) for implementing the CCPA

Generally, the resources available are considered insufficient for implementing the CCPA. Not all agencies provided budget details, though all made it clear that they rarely receive the budget requested. For example, in 2009–2010, the OCR submitted a budget of approximately \$65 million and received approval for \$30 million. Of this, \$27 million was designated for salaries and \$3 million for infrastructural development. No funds were available for public education, yet public education is critical to the OCR's operations. It is through public education that people are taught to identify abuse and advised of the importance of reporting it. The OCR notes the barriers that must be broken through public education. In some communities, they indicate, persons are convinced that the beatings they received as children have contributed to their positive outcomes; thus, they consider it their parental duty to punish in this way. There are others where egregious crimes, such as incest, have become normalized, such that people do not recognize it as sexual abuse. It is these sorts of deep-seated cultural attitudes that the OCR must tackle.

The Ministry of Finance (MOF) has indicated that children are highly prioritized, noting that this year, most agencies have received the full amounts budgeted. However, the agencies have pointed out that there is a nuance to this: in the current year, the MOF issued strict spending ceilings and it is against this background that full budgets were granted. The OCR indicated the implications for their budget. Its desired budget for public education in 2010–2011 amounted to \$18,372,500. Under guidelines from the MOF, the budget was reduced to \$6,887,500. With adequate financial resources, the OCR envisions that it could have provided a public education campaign including the following:

1. A mass media drive involving television, radio, print, billboard and transport advertisements
2. Innovative advertising, such as backs of seats in transport areas, mousepads, cups and so on
3. Utilizing time signals when people listen to the television or radio
4. Increased presentations and consultations

Although the OCR is satisfied with its employees' skills levels, it recognizes the need for more support, particularly in providing public education. It notes that more resources are also required for building synergies with other organizations. The OCA has severe human resource constraints and senior officers admit: "Frankly, the organization does not have the staff to do what it is asked to do". Applications for additional staff have been made to the Cabinet Office, MOF and to Parliament, with minimal success. One concern is that the current positions are classified at too low levels. For example, while the OCA requires Deputy Children's Advocates to possess a high level of expertise, the position is classified so low that the organization has had to settle with appointing a suitable individual on a part time basis. The OCA also requires additional staff with appropriate legal experience to deal with some of the very intricate legal issues that arise and set legal precedents. Staff members are frustrated that there are only two legal officers and two investigating officers to serve the entire island when, ideally, there should be one investigating officer and lawyer per region. Currently, all staff members are overworked. In order to fill the gaps, the OCA sometimes applies to legal aid and seeks donor help to fund



another lawyer but with limited success to date. Though the OCA acknowledges the growth in the office since 2004 – in the beginning, there were 12 staff members; currently there are 17 – it maintains: “if the government is intent on promoting children’s rights, it has to supply the expertise”.

There are also serious financial constraints. Like the CDA and OCR, the OCA has received only a percentage of the requested budget submitted over the years. This year, they were provided with the full amount requested after adhering to the strict MOF guidelines. In general, there are inadequate financial resources for public education. The following are the amounts allocated each financial year between 2007 and 2010:

2007–2008: \$100,000  
 2008–2009: \$50,000  
 2009–2010: \$400,500  
 2010–2011: \$1,500,000

The chart below shows disparities in budget allocation to the CDA between 2004–2005 and 2010–2011. Up to 2007, the CDA received less than requested. Between 2007–2008 and 2008–2009, more was allocated than requested and in 2009–2010, there was a notable shortfall in allocation, compared with the support requested. The CDA, like other organizations, was required to submit “realistic” budgets for the 2010–2011 period, which was funded in full.

**Table 5: CDA Budgetary Allocations 2004–2009**

Operating Year	Budget Support Requested by the CDA	BUDGETARY ALLOCATIONS						Grand Total	% Change
		CHILD DEVELOPMENT AGENCY							
		Children's Homes	Places of Safety	Foster Care Services	Direction and Administration	Sub-total	OCR		
2010–2011	1,482,449,963	647,077,000	294,052,000	71,597,000	471,348,000	1,484,074,000	65,395,000	1,549,469,000	13.29
2009–2010	1,609,947,560	623,369,000	248,913,000	74,548,000	390,871,000	1,337,701,000	30,000,000	1,367,701,000	2.37
2008–2009	1,203,025,588	547,813,000	220,975,000	65,000,000	472,290,000	1,306,078,000	30,000,000	1,336,078,000	27.08
2007–2008	1,017,335,352	395,476,000	194,566,000	57,560,000	403,775,000	1,051,377,000		1,051,377,000	19.11
2006–2007	979,753,248	363,881,000	167,778,000	72,430,000	278,569,000	882,658,000		882,658,000	6.34
2005–2006	1,078,999,182	359,997,000	156,468,000	71,600,000	241,935,000	830,000,000		830,000,000	75.33
2004–2005	636,927,829	177,736,000	100,633,000	51,665,000	143,360,000	473,394,000		473,394,000	
Total budget request/ Allocation over reporting period	8,008,438,722	3,115,349,000	1,383,385,000	464,400,000	2,402,148,000	7,365,282,000	125,395,000	7,490,677,000	

Source: CDA 2009b.

Note: These amounts contain adjustments to reflect the effects of relevant supplementary estimates for each period.

There are different views on the extent to which the resource constraints are indicative of how children are prioritized. While some argue that children are not as important as they should be to the government, others contend that government is committed but there are serious resource constraints. In subsequent focus group discussions, policymakers acknowledged that there were serious resource constraints but maintained that despite the low level of resources, better use could be made of what is available. They pointed out the unnecessary costs of duplicating activities, such as public education. They also noted that savings could be gained by working with and through effective CBOs and NGOs in order to reach communities and families, and also underlined the ways in which cumbersome bureaucratic procedures produce waste. Participants agreed that that it was important and urgent to find concrete ways of maximizing on scarce resources.

The table below shows budget allocations between 2008–2009 and 2010–2011. The bulk of government expenditure is allocated to education, particularly primary and secondary education. Other priority areas, though receiving considerably less funding, are student nutrition and ECD. Among the OCR, OCA and CDA, the CDA receives the most funding and the OCA receives the least.

**Table 6: Total Budgetary Allocations (Children 0–18) 2008–2009 to 2010–2011**

	Budget 2010–2011			Budget 2009–2010			Budget 2008–2009		
	Recurrent	Capital	Total	Recurrent	Capital	Total	Recurrent	Capital	Total
ECD	2,157,845	348,782	2,506,627	2,176,220	156,143	2,332,363	1,762,371	232,624	1,994,995
Primary Education	21,859,291	571,853	22,431,144	22,360,167	530,407	22,890,574	18,217,615	711,240	18,928,855
Secondary Education	21,929,717	30,433	21,960,150	22,755,575	8,880	22,764,455	18,585,221	7,240	18,592,461
Student's Nutrition	2,946,185		2,946,185	2,596,049	22,974	2,619,023	1,671,874		1,671,874
<b>Total Education</b>	<b>48,893,038</b>	<b>951,068</b>	<b>49,844,106</b>	<b>49,888,011</b>	<b>718,404</b>	<b>50,606,415</b>	<b>40,237,081</b>	<b>951,104</b>	<b>41,188,185</b>
ECD	17,500		17,500	17,500		17,500			
<b>Total Health</b>	<b>17,500</b>		<b>17,500</b>	<b>17,500</b>		<b>17,500</b>			
<b>National Security</b>		<b>321,000</b>	<b>321,000</b>					<b>13,487</b>	<b>13,487</b>
OCA	57,253		57,253	50,597		50,597	42,828		42,828
Children's Homes	3,500		3,500	3,500		3,500	3,500		3,500
CDA	1,481,817		1,481,817	1,335,444		1,335,444	1,303,821		1,303,821
OCR	65,395		65,395	30,000		30,000	30,000		30,000
PATH Programme		1,913,493	1,913,493		1,500,000	1,500,000		1,112,373	1,112,373
<b>Total Spending (0–18 Years)</b>	<b>50,518,503</b>	<b>3,185,561</b>	<b>53,704,064</b>	<b>51,325,052</b>	<b>2,218,404</b>	<b>53,543,456</b>	<b>41,617,230</b>	<b>2,076,964</b>	<b>43,694,194</b>
<b>Total Budget (Excluding Debt)</b>	<b>201,780,510</b>	<b>63,206,348</b>	<b>264,986,858</b>	<b>204,780,734</b>	<b>40,854,440</b>	<b>245,635,174</b>	<b>180,950,454</b>	<b>44,648,439</b>	<b>225,598,893</b>
<b>% Total Budget</b>	<b>25.04%</b>	<b>5.04%</b>	<b>20.27%</b>	<b>25.06%</b>	<b>5.43%</b>	<b>21.80%</b>	<b>23.00%</b>	<b>4.65%</b>	<b>19.37%</b>

#### 1.4.8 Effectiveness of systems and mechanisms to monitor implementation of the CCPA

The CCPA has strict stipulations concerning the penalties to be exacted where there are lapses in performance. However, respondents have varying positions on the effectiveness of these measures. Continual reports of abuse, including within some state institutions, appear to confirm the failures of enforcement. Agencies have their own internal systems and procedures for monitoring and evaluation. For example, the OCR has strict internal monitoring mechanisms. There is a requirement that any information received has to be kept confidential. Failure to observe this requirement can lead to dismissal. There is also a work log that has to be completed. The log records daily workloads. Senior officers then match outputs to claims made on paper. In addition, there are regular, comprehensive appraisals. Supervisors examine performance in terms of core duties and relations with clients. Within the CDA, there is a policy evaluation department that assists with monitoring. Monitoring Officers ensure that policies and guidelines are being followed by the residential childcare facilities; however, there is a view that an overarching monitoring unit should be instituted to coordinate monitoring across agencies. The table below summarizes the findings and lists specific recommendations for action.

<b>Table 7: Summary: Gaps in Legislative Development for Children and Identified Areas for Intervention</b>		
<b>Goals</b>	<b>Findings</b>	<b>Areas of Intervention</b>
The CCPA incorporates and actively upholds the CRC's indivisible principles: best interests of the child; non-discrimination; right to life, survival and development; and the right to participate.	<p>There are diverging views on the extent to which the CCPA takes account of and enforces the full range of children's rights. Generally, analysts contend that the CCPA should pay closer attention to children's right to participate and actively ensuring non-discrimination.</p> <p>There are no evident contradictions between the CCPA, other national legislations, the CRC and the American Convention on Human Rights. In formulating the Acts and regulations, legislators focused on building complementarity with the international conventions that Jamaica is signatory to. Although the legislations, altogether, address an impressive range of issues, there are some nagging gaps remain, including in implementation.</p>	<p>Revise the CCPA such that it emphasizes child participation and provides a framework for actively pursuing non-discrimination for certain categories of children.</p> <p>Revise the CCPA to address the identified gaps in legislation.</p> <p>Define individuals and agencies that are responsible for enforcing sanctions.</p> <p>Develop mechanisms for strengthening enforcement.</p>
All implementing agencies and key actors know the principles and provisions of the CCPA.	Much effort has been made to build knowledge of the CCPA among implementing partners; that is, to the extent that budgets allow. However, some key respondents maintain that many police officers do not know about the Act; some attorneys are unfamiliar with the provisions; and some judges legislate poorly because of their unfamiliarity with the Act. Considerable training is still required.	<p>Strengthen (and devise new) communication strategies, which include maximizing on the underutilized resources that are accessible.</p> <p>Secure additional funding for public education. Develop multi-sectoral and multiagency education campaigns to reduce costs.</p>
There are systems and mechanisms in place. These are operating to educate communities, families and schools about the principles and provisions of the CCPA.	The core agencies have made solid efforts to educate communities, families and schools about the principles and provisions of the CCPA. More could be done through increased collaboration with NGOs and CBOs.	<p>Conduct capacity gap analysis to identify where improvement needs to be made in collaborating with NGOs and CBOs in order to strengthen communication with communities.</p> <p>Develop strategic actions to improve collaboration.</p>

<p>There is effective communication and coordination across implementing agencies.</p>	<p>There are different views on the effectiveness of coordination across the CDA, OCA and OCR. All respondents noted that relationships among agencies were “good”, although, throughout the course of the interviews, several problems were noted.</p>	<p>Conduct capacity gap analysis to see where improvement needs to be made in communication and coordination.</p> <p>Develop strategic actions to improve collaboration.</p>
<p>Sufficient resources are available for effective implementation of the CCPA.</p>	<p>Generally, the resources available are considered insufficient for implementing the CCPA. Not all agencies provided budget details, though all made it clear that they rarely receive the budget requested. Some agencies, such as the OCA, note that there are severe human resource constraints.</p>	<p>Analyze how better use can be made of existing resources; for example, via reducing bureaucratic obstacles</p> <p>Coordinate efforts to secure additional financial and human resources.</p>
<p>There are systems and mechanisms in place and operational to effectively monitor and evaluate implementation of the CCPA.</p>	<p>CCPA has strict stipulations concerning the penalties to be exacted where there are lapses in performance. However, respondents have varying positions on the effectiveness of these measures.</p> <p>Generally, there is a view that monitoring and evaluation should be strengthened at all relevant levels.</p>	<p>Assess the deficiencies in monitoring and evaluation.</p> <p>Develop specialized skill set for monitoring and evaluation (M&amp;E), rather than rely on external agencies.</p> <p>Cultivate culture of monitoring and evaluation, such that these are built into projects and programmes at inception.</p>

## SECTION 2: PUBLIC POLICY FOR CHILDREN: NATIONAL PLANS

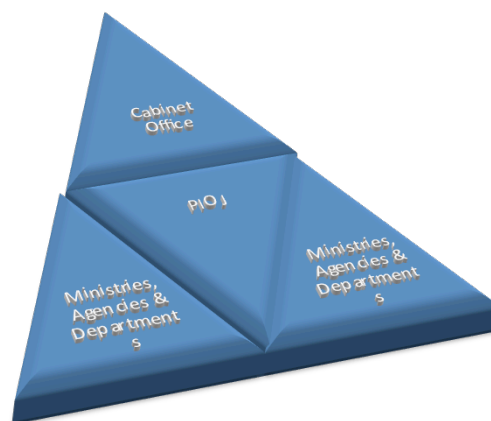
The CRC General Comments 7 explain that “*the right to survival and development can only be implemented in a holistic manner, through the enforcement of all the other provisions of the Convention, including rights to health, adequate nutrition, social security, an adequate standard of living, a healthy and safe environment, education and play (Articles. 24, 27,28, 29 & 31) as well as through respect for the responsibilities of parents and provision of assistance and quality services (Articles. 5 and 18)*”. (GC7 paragraph 9)

Since Jamaica’s ratification of the CRC, the Government of Jamaica (GOJ), its International Development Partners (IDPs) and various organizations within civil society have worked in more and less coordinated ways to formulate public policies that are consistent with the objectives and goals of the CRC. This section discusses the National Development Plan (NDP): Vision 2030 Jamaica, which provides the overarching policy framework. It also discusses the new Framework of Action for Children (NFAC), which is now being developed, as well key national plans of action, which are meant to reach particular categories of children and address specific issues. This section is concerned with highlighting gaps in the planning process; it also incorporates views on how these gaps can be addressed.

### 2.1 THE OVERARCHING POLICY FRAMEWORK

The Cabinet Office provides guidelines for public policy formulation, which include required steps in the process; the desired composition, roles and functions of the policy steering committee; the necessity for stakeholder involvement and for public consultation where required; and a consultation code, with explicit guidelines and rules. Through these mechanisms, the Cabinet Office aims for public policies that have broad ownership and that are feasible, given resource constraints.

**Figure 2: Relations Between Cabinet Office, PIOJ and MDAs**



The “Cabinet is the principal body with responsibility for policy and the direction of the Government and has ultimate responsibility for implementation of the Vision 2030 Jamaica National Development Plan” (GOJ 2009, Vision 2030 Sector Plans 2010).

The PIOJ is the central planning agency. Its core functions include:

- Initiating and coordinating the development of policies, plan and programmes for the economic, financial, social, cultural and physical development of Jamaica
- Advising the Government on major issues relating to economic, environmental and social policies
- Undertaking research on national development issues
- Providing technical and research support to the Cabinet
- Collecting, compiling, analysing and monitoring social status and economic performance data
- Managing external cooperation agreements and programmes
- Collaborating with external funding agencies in the identification and implementation of development projects.

Other responsibilities are to:

- Interpret decisions on economic and social policy and integrate them into the national development programme
- Prepare economic models for the guidance of policymakers, investors and other planners.
- Assess existing and projected social, economic and human resources and formulate plans for the most effective use of such resources
- Coordinate national, regional and sectoral development planning to facilitate the consistent and efficient implementation of projects and programmes
- Determine the economic, financial and technical feasibility of new development projects, and coordinate the implementation of ongoing projects
- Be instrumental in conceptualizing investment projects for national development
- Maintain a national socio-economic library
- Prepare and disseminate socio-economic data and analysis through its publications
- Prepare population projections
- Undertake consultant activities for local and foreign Government entities.<sup>9</sup>

The Ministries, Agencies and Departments are not accountable to the PIOJ but are necessarily connected with it, in order that PIOJ can fulfill its responsibilities to Government.

### **2.1.1. The NDP: Vision 2030 Jamaica**

*Vision 2030 Jamaica* is the country's first long term development plan; it was the product of collaboration among the GOJ, the private sector and other civil society groups. Vision 2030 dispenses with the traditional development paradigm, which seeks to generate growth and development through improving the tourism, agriculture and mineral industries over the short to medium term. It replaces that approach with a development plan that focuses on building cultural, human, knowledge and institutional capital over time, believing that this long-term approach augurs well for sustainability and is best able to catapult the country to developed status by 2030. Vision 2030 is long-term and integrated; it includes social, economic and environmental elements.

As the overarching development plan, Vision 2030 has seven critical, guiding principles: transformational leadership; partnership; transparency and accountability; social cohesion;

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<sup>9</sup> This information can be seen on the "About Us" page of the Planning Institute of Jamaica's website. See <http://www.pioj.gov.jm/AboutUs/Functions/tabid/108/Default.aspx>.

equity; sustainability; and urban and rural development. These principles both underpin and steer four strategic national goals and associated outcomes.

**TABLE 8: NATIONAL GOALS AND OUTCOMES (VISION 2030)**

NATIONAL GOALS	OUTCOMES
Jamaicans are empowered to achieve their fullest potential.	<ol style="list-style-type: none"> <li>1. A healthy and stable population</li> <li>2. World-class education and training</li> <li>3. Effective social protection</li> <li>4. Authentic and transformational culture</li> </ol>
Jamaican society is safe, cohesive and just.	<ol style="list-style-type: none"> <li>1. Security and safety</li> <li>2. Effective governance</li> </ol>
Jamaica’s economy is prosperous.	<ol style="list-style-type: none"> <li>1. A stable macroeconomic environment</li> <li>2. An enabling business environment</li> <li>3. Strong economic infrastructure</li> <li>4. Energy security and efficiency</li> <li>5. A technology-enabled society</li> <li>6. Internationally competitive industry structures</li> </ol>
Jamaica has a healthy natural environment.	<ol style="list-style-type: none"> <li>1. Sustainable management and use of environmental and natural resources</li> <li>2. Hazard risk reduction and adaptation to climate change</li> <li>3. Sustainable urban and rural development</li> </ol>

Thirty-one task forces were commissioned to design sector plans that fit within this framework, such that they support the specified national goals and outcomes. Sector plans that have special relevance for children, particularly those on health, education, labour, social welfare will be discussed alongside sector plans that deal with vulnerable groups, poverty reduction and disabilities in Section 3.

Vision 2030 is being implemented and monitored through Medium Term Socio-Economic Policy Frameworks (MTFs), each lasting three years. The NDP makes special provisions for monitoring and evaluation, as it aims to ensure that the implementation of the sector plans remain consistent with the “vision”. The institutional monitoring framework comprises the following:

- 1. Parliament** has responsibility for reviewing and discussing the Vision 2030 annual reports.
- 2. The Economic Development Committee (EDC)** is based within cabinet and chaired by the prime minister. It reviews progress on Vision 2030, including the sector plans, and considers the policy implications.
- 3. The National Planning Council (NPC)** comprises key decision-makers within the government, private sector, labour and civil society. The NPC should discuss the implementation of the Plan at least once each quarter.
- 4. Prime Minister’s Office chairs the Vision 2030 Jamaica Technical Monitoring Committee (TMC).** This steering committee monitors and gives technical oversight to the NDP. It also reports on the status of implementation.
- 5. The PIOJ houses the Vision 2030 Jamaica Technical Secretariat,** which is responsible for maintaining links with the focal points/key reporting officers within the

ministries, departments and agencies; consolidating sectoral reports; analyzing social and economic data; and supporting the Thematic Working Groups.

**6. The Ministries, Departments and Agencies (MDAs)** are key to the monitoring and evaluation system. As the sectoral focal points, they are required to provide the data necessary for tracking progress. It is critical that this data is provided in a timely manner.

**7. Thematic Working Groups**, which meet twice annually, are meant to facilitate multi-stakeholder involvement in the planning, coordination, implementation and monitoring of actions related to the NDP and the sector plans within them. The working groups comprise representatives from ministries, departments and agencies; the private sector, Civil Society Organizations (CSOs); IDPs and the national focal points.

### **2.1.2. The New Framework of Action for Children (NFAC)**

While Vision 2030 provides the framework for the GOJ's long-term development programme, it does not specifically ensure that the CRC and CCPA actually guide the formulation and implementation of the sector plans. This specific guidance should be provided by another framework that falls under Vision 2030: the NFAC. The NFAC, which is not yet finalized, is the product of collaboration across several agencies, state and non-governmental, (including the private sector) under the direction of a multi-sectoral steering committee. The design of the NFAC started in 2002, when subcommittees were formed to develop specific areas: "budget, information, education and communication, healthy life, providing quality education, protection against violence, combating HIV/AIDS and the living environment". The draft document (completed in 2004) was then subject to wide consultations and, subsequently, to an intensive revision process in order to incorporate the relevant legislative, policy and programmatic changes that were made between 2004 to 2006.

The NFAC combines sector plans within a single framework. It builds on the CRC and a number of other conventions and guidelines, including the International Labour Organization (ILO) Convention 138 which specifies the Minimum Age for Employment; ILO Convention 182, which speaks to the Elimination of the Worst Forms of Child Labour; and the Declaration of the UNGASS on HIV/AIDS.

In its current form, the NFAC has six core focus areas, which are consistent with the CRC:

1. *Healthy Lives and Lifestyles* for all children.
2. *Providing Quality Education* with the aim that all children should complete secondary level education and gain the skills that will provide the best prospects for their self-development.
3. *Protection against Abuse, Exploitation and Violence*
4. *Care for Children* in special circumstances
5. *Secure Living Environment*: building community and family contexts that are most conducive to children's development.
6. *Meaningful Child Participation*: facilitating children's full participation in social, spiritual, economic and political processes.

The NFAC has selected certain groups of children for priority action, although it is designed to serve all children in Jamaica. These are listed in table 9 on the following page:



A. Health	B. Education	C. Protection	D. Special Circumstances	E. Living Environments	Participation
Children at risk of early pregnancy, substance misuse, HIV and others STIS	Rural children	Children living and working on the streets	Street Youth	Insufficient green areas for play and recreation Foster care	Children not affiliated
			Incarcerated mothers		
		Victims of trafficking	Foster care		
Underserved rural children	Boys, especially in poor rural areas	Victims of abuse	Children in institutional care (children homes, places of safety, correctional or other)	Children living on the streets	Children with disabilities
		Exposed to the worst forms of child labour		Exposed to natural or man-made disasters	
Children in institutional care	Out of school children	At risk of abuse	Children at risk of juvenile delinquency	Children living alone or with siblings	Children infected and affected by HIV/AIDS
Adults influential in children's lives and responsible for the implementation of children focused health activities	Teen mothers	Children in violence prone communities	Rural disadvantaged children	Single-parent households headed by children	Younger children
	Children with special needs				
	Children in institutional care	Children exposed to domestic violence	Children in conflict with the law	Unsafe housing, water or air quality	
	Children with disabilities				

As it is a framework document that is meant to incorporate existing programmes, the NFAC has been amended, continually, to account for changes as they occur. As changes occur, the targets change. Currently, a further revision of the NFAC is being contemplated to take account of emerging issues, for example missing children and trafficking in children. It is also being proposed that the NFAC be reshaped to reflect new legislations that are designed to bolster children's protection rights. This matter is being contemplated. CDA recognizes that the NFAC is overdue and will discuss the costs and benefits of submitting the NFAC in its current form and including amendments thereafter.

## **2.2 NATIONAL PLANS OF ACTION TO ADDRESS SPECIFIC THEMES AND CATEGORIES OF CHILDREN**

Apart from the NFAC, there are national plans of action, which focus on special groups of children and specific issues of concern. Some of these, such as the National Plan of Action (NPA) for Orphans and Vulnerable Children (OVCs) were formulated prior to the CCPA and to Vision 2030.

**2.2.1 The 2003 NPA for OVCs** was supported by UNICEF Jamaica and informed by a 2002 assessment of the situation of children who have been orphaned or made vulnerable by HIV/AIDS.

The plan identifies six key outputs:

1. Strengthening capacity of families and institutions to care for OVC
2. Providing information on and increasing access to available services for OVC
3. Providing psycho-social support to caregivers and OVC
4. Reducing stigma attached to people living with HIV/AIDS (PLWHA) and those associated with them
5. Coordinating and sharing information on issues facing OVC with relevant agencies
6. To lengthen lives of parents by providing universal access to health care for PLWHA

### **2.2.2 The NPA on Child Labour**

The MOH's (2000) survey of Street and Working Children estimated that there were 6500 child labourers across the island. In contrast, the STATIN Youth Activity Survey (2002) estimated that there were 8600 children less than 15 years of age who were working for longer hours than prescribed by law. When the age limit was raised to 18 years of age, these numbers increased to 26,400 involved in work over a 12-month period. In an Assessment of the Implementation and Enforcement Machinery to Combat Child Labour in Jamaica (Cooke et al. 2010), the consultancy team suggested that the figures for child labour would increase even further, if more subtle forms of work were included: child marriages (young girls living with older men); child soldiers (interpreted in the Jamaican context as the inner-city children who must "work" on the don's command). Thus the main forms of child labour in Jamaica are:

1. Street children
2. Commercial agricultural workers
3. Domestic helpers
4. Urban formal sector workers
5. Sexually exploited children
6. Children who are directed to commit illegal activities, including violence

Prior to 2002, the CDA had responsibility for child labour. In 2002, however, the ILO established its International Programme for the Elimination of Child Labour (IPEC) within Jamaica. With funding from ILO, a Child Labour Unit was instituted within the MLSS; this unit was responsible for administering the ILO's programme. The MLSS appointed a National Steering Committee on the Prevention and Elimination of Child Labour in 2002. After several meetings and two national consultations, a NPA was formulated in 2004. This plan named the following groups for priority action: child domestic workers, children in hazardous employment (rural agriculture/fishing sectors) and children in prostitution.

The NPA committed to the following nine activities:

1. National Policy and Resource Development (prepare user-friendly handbook; develop reporting mechanism on child labour; create combined database for monitoring agencies; prepare budgeted programme of intervention; increase number of factory inspectors; do needs assessment of implementing agencies; mobilize voluntary financing for child care and protection)
2. Social and Economic Support Services (develop list of child indigents and their families, list potential income generating activities available for parents, do needs assessment of families/parents, provide technical and financial assistance programmes to

families, initiate job placement service to skilled persons, organize community sensitization)

**3.** Health and Child Labour (sensitization of health professionals, STI and HIV/AIDS prevention for child prostitutes, anti-drug abuse programme)

**4.** Training and Capacity Building (joint training for enforcement agencies, child care and protection training)

**5.** Public Information and Awareness (multi-media child labour campaign, schools' public educational programme, community meetings in special areas, child month campaign, national logo/song competition, supporting child rights through education, arts and media)

**6.** Legislation and Enforcement (review and harmonize existing legislation, organize inter-agency coordination meetings, enact Organizational Safety and Health legislation)

**7.** Education (increase educational opportunities for working children, develop special educational programme for parents about child labour, establish special training for at-risk children, recruit volunteers for teaching programme, facilitate universal, compulsory education)

**8.** Social Protection (distribute social assistance leaflets to families at risk, organize community sensitization workshops on benefits, accelerate social safety net programme, attract informal sector participation in the National Insurance Scheme, provide more resources for residential care facilities, strengthen family court, increase private sector assistance to private voluntary organizations, facilitate access by child labourers to PATH benefits)

**9.** Monitoring and Evaluation (establish high-level inter-agency/stakeholder monitoring task force, commission small rapid appraisal surveys on child labour, STATIN to conduct 5-yearly national child labour surveys, institutionalize Child Labour unit).<sup>10</sup>

In February 2009, the GOJ, in collaboration with ILO/IPEC and the European Union, launched the *TACKLE (Tackling Child Labour through Education)* programme, which is designed to promote public awareness, build capacity, “advocacy, community programmes and the mainstreaming of victims of child labour”. The programme, which includes specific interventions for the rural child, aims to retain children between the ages of 15 and 18 years of age in schools, while also engaging them in vocational and/or other skills training programmes<sup>11</sup>.

### **2.2.3 The NPA for an Integrated Response to Children and Violence**

The Ministry of National Security, the MOH, the CDA and the Jamaica Constabulary Force are responsible for developing policies that address violence against children. These agencies are coordinated through an inter-sectoral working group, which led the design of a NPA for an Integrated Response to Children and Violence. The plan (which is still being finalized) is designed to “foster an environment that protects children from violence, abuse and exploitation; promotes diversion programmes and community/family based rehabilitation and reintegration of children in conflict with the law and provides home/family-based care for children without familial care”.<sup>12</sup>

<sup>10</sup> Cooke et al., Assessment of Implementation and Enforcement Machinery to Combat Child Labour in Jamaica.

<sup>11</sup> CDA, *Jamaica's Status Report on Initiatives Aimed at Combating/Preventing Child Labour*, 3.

<sup>12</sup> Taken from UNICEF's Jamaica-focused webpage, <http://www.unicef.org/jamaica/violence.html>.

**2.2.4 NPA for Child Justice 2006–2011** The NPA for Child Justice is described as a comprehensive initiative setting out a multi-agency response to the state of child justice in Jamaica. A steering committee was mandated to oversee the development of this Plan and it was the subject of consultations across sectors. The goal of this NPA is to develop and sustain a justice system, in which the best interest of the child is paramount. It speaks to the development of a National Child Diversion Policy, the establishment of more family courts, the implementation of measures to assist young and vulnerable witnesses in giving evidence in a court of law, the establishment of boards of visitors to the children’s correctional institutions, increasing programmes for conflict resolution in schools, among other provisions. The original NPA was prepared in 2006. It is currently being revised for 2010–2013.

**2.2.5** Note that the PIOJ, under Component 4 of the Social Protection Project is responsible for the development of a Comprehensive Social Protection Strategy by 2013. Various knowledge-gathering activities towards the development of this Strategy have started. These include studies, study tours and training courses.

### **2.3 GAP ANALYSIS**

One of the certain strengths of the planning process is the commitment to multi-stakeholder involvement and wide consultation. A second strength is the quality of the plans; generally, considerable effort is placed on developing a range of strategies. The assessment, however, revealed the following gaps in the process:

1. Some plans remain in the planning stage for an inordinately long time;
2. There are key policymakers and policy implementers who are unclear on the details both of the overarching frameworks and the national plans; and
3. Major difficulties appear to arise at the point when plans are to be translated into concrete actions.

Some examples of these gaps include the following:

- Key policymakers (from the core ministries, departments and agencies) in one focus group argued that the communication and intersectoral linkages with Vision 2030 are very low. Although quarterly reports should provide the links with the NDP, the overall effectiveness on the reporting organization is compromised since reporting is often regarded as an academic exercise. The results based management component of Vision 2030 is viewed as important but participants agreed that, in practice, results based management does not go further than the persons who interact with the material. There is an apparent lack of understanding of – and failure to communicate – the significance of results based management for the remainder of the organization.
- Many respondents (individual interviews and focus group discussions) outside of the CDA were hazy about the current components of the NFAC and, apparently, frustrated with the very lengthy formulation period. Some were unclear about the extent to which the framework will guide policies and programming, in ways that are constructively different to what currently obtains. Very few respondents were able to cite specific gaps, given their unfamiliarity with the details of the NFAC. However, JAMSTATS, which is charged with developing child rights indicators, emphasized that the NFAC does not yet contain adequate indicators for monitoring child rights (see section on Qualitative and Quantitative Indicators). The CDA is aware of this. Correspondingly, it has already defined a working group (including the OCA, OCR, JAMSTATS, STATIN, MOJ and the Child Labour Unit, MLSS) to develop indicators.
- The GOJ has not yet adopted the NPA for an Integrated Response to Children and Violence.

- The MOJ has, to date, been unavailable for interviews. However, two of the stakeholders in this NPA (NPA for Child Justice) explained that the Plan is compromised by resource constraints. As the MOJ has not participated in the study, it has not been possible to confirm or refute this assessment.
- One UNICEF report concludes that since the inception of the NPA for OVCs in 2003, “uneven implementation of the plan leaves countless children without the appropriate social services they need”.

The problem of uneven implementation is not uncommon. In order to explore the factors that cause this, researchers reviewed available data on the NPA on Child Labour, which was recently evaluated.

### **Understanding the Constraints to Translating Plans into Concrete Actions: One Case Study**

The 2010 assessment of the NPA on Child Labour concluded that “a mechanism for implementing the Plan of Action was never put in place and the Plan has been implemented in an ad hoc manner, if at all”. The report explains that this occurred because the IPEC programme ended when the plan was formulated, the steering committee no longer functioned and there was, then, no effective coordinating mechanism. The report identifies, to date, the gaps, that principally work in a capacity that militates against effective implementation of the plan.

The following list of agencies were named in the plan as possible collaborators to effect implementation: the Child Labour Unit, MLSS; Guidance and Counselling Unit, MOE; CDA; MOH; OCA; Possibility Programme; Bureau of Women’s Affairs; HEART/NTA; Jamaica Foundation for Lifelong Learning (JFLL); Jamaica 4H Clubs; PACT and National Council on Drug Abuse (NCDA). The constraints for each agency are listed below:

<b>Table 10: Agencies, Actors and Constraints</b>	
<b>Agencies/Actors</b>	<b>Constraints</b>
Child Labour Unit, MLSS	<ul style="list-style-type: none"> <li>-Child labour is not regarded as a priority issue within MLSS.</li> <li>-The Child Labour Unit is not equipped to execute regulatory functions.</li> <li>-Budget promised (\$17.5 million) has not been fully provided; only one quarter has been spent thus far.</li> <li>-No Child Labour policy is available to guide implementation; there is a lack of required staffing and inter-agency coordination.</li> <li>-The unit is not equipped to perform various tasks under the NPA, particularly needs assessment; training; and education in schools and communities.</li> </ul>
Guidance and Counselling Unit, MOE	<ul style="list-style-type: none"> <li>-The main function of this agency is to provide counselling and guidance to vulnerable children in school system, as well as to monitor the occurrence of child labour. However, they have no formal link with MLSS, CDA or system for monitoring forms of abuse. Note the need for additional resources for needs assessment and intervention.</li> </ul>
Child Guidance	<ul style="list-style-type: none"> <li>-There is a severe shortage of professionals in clinics; clinics are not available in all parishes</li> </ul>
CDA	<ul style="list-style-type: none"> <li>-The CDA does not focus on identifying child labour, except when this relates to children in need of care and protection.</li> </ul>

MOH	-There is a need to increase services provided to street children.
OCA	-The OCA has limited staff; it needs to disaggregate data to identify child labourers.
Possibility Programme	-This actor attempts to provide an integrated response to the problem of street children in KMA, working with the Kingston YMCA, St Andrew Parish Church, St Patrick's Foundation, HEART Trust, LEAP Centre, KRC, NCDA and St Andrew Rotary Club. No constraints have been identified.
Bureau of Women's Affairs	-Main area of focus on child labour for the bureau is on domestic abuse and human trafficking (girls and women). They claim to be constrained by unreliable data on trafficking and insufficient literature on child labour.
HEART/NTA	-This actor is not yet an active participant in the child labour initiative. HEART would need to change entry requirements from a grade nine certificate and its minimum age limit of 17 years of age
Jamaica Foundation for Lifelong Learning	-The foundation is designated to fill the gap in education attainment from current level to grade nine. There is inadequate funding, and the agency relies on untrained volunteers.
Jamaica 4H Clubs	-4H Clubs are slated to provide life-skills training, basic entrepreneurial skills and assistance in starting cottage industries. The clubs are inadequately funded and it is not likely that the government will increase funding for its work on child labour.
PACT	-PACT is an umbrella organization for CBOs and select NGOs. It is a major implementing agency for Uplifting Adolescents Programme; there are severe funding constraints
National Council on Drug Abuse	-The National Council needs financial resources in order to provide services to street children, children in criminal gangs and children in the sex trade

Source: Cooke et al. 2010, Assessment of Implementation and Enforcement Machinery to Combat Child Labour in Jamaica.

The researchers also conducted a capacity analysis of the proposed monitoring agencies: Child Labour Unit, MLSS; Occupational Safety and Health (OSH) Division, MLSS; Programme for Advancement Through Health and Education (PATH) and Public Assistance Department, MLSS; MOE (Education Officers); Jamaica Constabulary Force; Programmes Division, CDA; OCR and STATIN. The review concluded: "The child labour monitoring and enforcement mechanism at present can be described as a top-down one, with little or no coordination between the agencies who have statutory responsibility for various aspects of child labour regulation" (Cooke et al. 2010, 56).

A number of specific challenges are worth noting.

1. The OSH division, which is responsible for investigating infringements of the Factories Act, lacks the resources (the number of inspectors required, travelling allowances and vehicles) to investigate allegations of child labour in informal establishments, such as agricultural holdings in mountainous areas. Moreover, OSH inspectors do not have the legal authority to prosecute but must refer breaches to the police who then, in turn, seek a warrant from a JP. The OSH Act should have remedied that, but this has not yet been passed. The OSH does not have the

numbers of inspectors required to investigate the large number of operations according to its current workload (approximately 6400 registered and unregistered industrial operations). There are merely 13 inspectors. The new OSH bill vastly increases the number of establishments that require monitoring, as it stipulates that all economic operations should be included. This stipulation adds a further 27000 establishments, but the staff complement has not increased. Despite being allocated J\$43 million for the 2009–2010 financial year, cabinet has imposed cutbacks on hiring and on purchasing new equipment.

According to the 2010 assessment, OSH is also concerned that the legal and policy framework is flawed in some respects. First, although the list of partners was decided since 2004, no memorandums of understanding have been provided. There is also no defined entity with clear responsibility for monitoring and preventing child labour: the CDA, OCR or OSH/Ministry of Labour. There is inadequate knowledge of the provisions of the law, given the lack of media coverage, and lack of funding for workshops and research into the area.

Since then, a number of workshops have been organized with OSH, in which the legislative framework and OSH's role in the process have been discussed. However, the memorandums of understanding (MOU)s have still not been finalized, pending the passing of the Act.

**2.** The PATH programme is meant to assist the child labour programme by providing an avenue by which children can remain in school; however, one interviewee proposed that there should be more effective synergies. One of the gaps noted is that PATH does not address unattached youth. Rather than focus solely on being a family benefit programme, PATH could appoint agencies to reach unattached youth, and these agencies would receive a subvention for the youth under their supervision.

**3.** Among the challenges that the Child Labour Unit faces is that of persuading government and the public of how child labour affects development. Currently, there are doubts about the extent to which it is seen as a national development issue that needs to be addressed. However, this sensitization is impossible without resources, even to conduct the research required to understand and respond to the evolving dynamics of child labour in Jamaica.

## **2.4 Summary**

The discussions above highlight a plethora of constraints to translating plans into concrete and effective actions. The case study indicated problems with coordination, management and leadership; financial and human resource constraints; low capacity levels in some agencies; partial ownership, despite the commitment to multi-stakeholder involvement; inadequate clarity/delineation in responsibilities; tardiness in formulating MOUs; inadequate synergies across programmes; the perceived importance or unimportance of the issue; and the inability to effectively persuade or communicate effectively with key stakeholders. In subsequent focus group discussions, policymakers and policy implementers discussed the findings and refined recommendations for areas of intervention. The key views are summarized in the table below.

<b>Table 11: Summary Points: Overarching Frameworks and National Plans</b>		
<b>Goals</b>	<b>Findings</b>	<b>Areas for Intervention</b>
There are processes in place and operational to translate national plans into concrete actions.	<p>Some policymakers contend that there could be better linkages between national plans and the NDP: Vision 2030.</p> <p>The NFAC has not been finalized and much work is required to institutionalize it.</p> <p>The NPA on Child Labour has sparks of activity but has largely lagged in implementation. The GOJ has not adopted the NPA for an Integrated Response to Children and the NPA on Child Justice is now being revised.</p>	<p>Provide technical assistance to improve the translation of plans into concrete actions.</p> <p>Provide specific support in determining how to strategize plans, which includes ensuring that they are feasible.</p>
Plan formulation processes have involved all stakeholders, including children, so as to build broad “ownership”.	Plan formulation processes have involved a broad cross-section of stakeholders, although this has not necessarily built ownership, particularly for issues such as child labour.	Provide technical assistance to improve the quality of stakeholder involvement.
The national plans incorporate and actively uphold the CRC’s indivisible principles: best interests of the child; non-discrimination; right to life, survival and development; and the right to participate.	<p>The plans address children’s rights, particularly to protection; however, there are major implementation gaps.</p> <p>Children are involved in consultations in the process of preparing the plans. No data was provided on the nature and influence of these consultations.</p>	Provide technical assistance to improve the quality of children’s involvement in plan development and implementation.
The national plans have effective synergies, which ensure coherence.	There are possible synergies across national plans; more attention could be given to exploring them.	Define the planning agency’s role in coordinating national plans and building synergies, and assessing costs and benefits of exploring these synergies.
All implementing agencies and other key stakeholders know the objectives and provisions	In general, implementing agencies know their roles and responsibilities, through	Conduct capacity gap analysis to see where improvement needs to be made in



<p>of each national plan, as well as their roles in implementation.</p>	<p>various stakeholder sessions. However, in some cases, divisions in responsibilities are not carefully defined.</p>	<p>communication and coordination.</p> <p>Develop strategic actions to improve collaboration.</p> <p>Refine process for defining MOUs.</p> <p>Define responsibilities and develop strategies that would improve compliance with MOUs.</p>
<p>There is effective coordination among implementing agencies (state and non-state).</p>	<p>Coordination is variable across implementing agencies. Resource constraints, inadequate commitment, low capacity levels in some agencies, and partial ownership and inadequate clarity/delineation in responsibilities are among the factors that affect the quality of relationships among organizations.</p>	<p>Conduct capacity gap analysis to see where improvement needs to be made in communication and coordination.</p> <p>Develop strategic actions to improve collaboration.</p>
<p>Sufficient resources are available for effective implementation of the national plans.</p>	<p>Generally, there are resource constraints to implementing the plans.</p>	<p>Analyze how better use can be made of existing resources</p> <p>Coordinate efforts to secure additional financial and human resources</p>
<p>There are systems and mechanisms in place and operational to monitor and evaluate the implementation of each national plan.</p>	<p>Monitoring and evaluation processes and procedures exist; the NDP: Vision 2030 has developed a fairly comprehensive framework. However, there are perceptions that the system is not adequately institutionalized and that there needs to be more effective mechanisms for enforcing compliance.</p>	<p>Assess the deficiencies in monitoring and evaluation</p> <p>Develop specialized skill set for M&amp;E.</p> <p>Cultivate culture of monitoring and evaluation as well as strategies and mechanisms for ensuring compliance.</p>

### SECTION 3: PUBLIC POLICY FOR CHILDREN: SECTOR PLANS

This section expands on discussions in Section 2. It pays special attention to the sector plans that fall within the NDP: Vision 2030 Jamaica (as well as the policies and programmes that comprise them). In Jamaica, the key agencies that have responsibility for policy formulation and implementation for the promotion and protection of the right to life, survival and development of children are the MOH, the Ministry of Labour and Social Security, the MOE (including the Early Childhood Commission), the Ministry of Justice and the Ministry of National Security. All these agencies have multi-sectoral plans and policies.

#### 3.1 SOCIAL WELFARE AND VULNERABLE GROUPS, DISABILITIES AND POVERTY REDUCTION

The task force on “social welfare and vulnerable groups” notes that the sector is committed to building a “social welfare system that is responsible to the needs of the vulnerable population and contributes to maintaining human dignity”. The sector plan focuses on addressing differing manifestations of vulnerability, including homelessness; the impact of natural disasters; deportee and refugee status; human trafficking; poverty and chronic illnesses; and the needs of “at-risk” children, youth and the elderly. It necessarily involves a number of ministries, departments and agencies, including the Ministry of Labour and Social Security, MOH, MOE, NGOs and CBOs, Department of Local Government (DLG), Office of the Prime Minister (OPM), CDA, OCA, OCR and Municipal Services Commission.

<b>Table 12: Social Welfare Sector: Goals, Outcomes and Strategies</b>		
<b>Goals</b>	<b>Outcomes</b>	<b>Strategies</b>
A society that adequately meets the basic needs of vulnerable persons.	Sustainable resource base	-Establish a reliable mechanism for sustained financing of the requisite range of welfare support programmes -Foster multi-sector partnerships between state and non-state sectors to address the needs of the poor.
	Adequate social welfare provision	-Estimate the size and cost of “adequate social welfare” provision
	Citizenry that demonstrates social responsibility for its vulnerable members	-Promote and encourage social partnerships between government and the business community -Strengthen the capacity of families to care for their vulnerable members
	Expanded range of programmes to meet practical and strategic needs of various vulnerable group	

A social welfare programme that is delivered in a professional manner that maintains people's sense of dignity and value.	Effective, efficient, transparent and objective delivery system for social welfare services and programmes	-Strengthen client-oriented institutions -Decentralize the delivery mechanism (with social welfare delivered and administered at the local government level)
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Source: GOJ 2009, Vision 2030 Sector Plan, Social Welfare and Vulnerable Groups, 29–32.

The sector plan notes that there is a range of mechanisms and institutions that address the needs of vulnerable children. These include the CCPA and the Early Childhood Act as well as the OCA, CDA and OCR. One of the interventions highlighted in the sector plan is the role of PATH, which is a conditional cash transfer facility that seeks to break intergenerational poverty by contributing to human capital development, particularly of children in poor households. Applications to PATH are screened using the Beneficiary Identification System (BIS), which is a proxy means test to determine the most needy households. There are concerns that the “current BIS under-selects certain vulnerable groups”; consequently, one of the core goals (Goal 1) is to create a ‘society in which the vulnerable population is identified and included in the social support system’. The corresponding strategies are in the interest of completing the following:

- a.** Strengthen the system of identification of beneficiaries of public assistance programmes;
- b.** Improve system of selection of beneficiaries (including persons not in households);
- c.** Increase awareness of the availability and eligibility criteria of social assistance programmes; and
- d.** Develop and/or strengthen the database of the vulnerable groups and welfare beneficiaries (Sector Plan, Social Welfare and Vulnerable Groups, 28–29)

There are other goals and strategies that are significant for how vulnerable children are treated:

- Enforce all legislation relating to care and protection of children and comply with the CRC
- Assess and revise the system of inventory to ensure the adequacy of supplies for assistance in emergencies with sensitivity to differences in age, gender, disability, geography (climate) etc.
- Improve the mechanisms for coordinating rehabilitation efforts to ensure greater efficiency and prevent duplication
- Establish a pool of funds to enable the provision of regular periodic monetary benefits for children who are not currently covered by any other financing mechanism (welfare recipient)
- Ensure food security to enable the provision of adequate nutritional needs of children in schools and institutions by improving and expanding the school-feeding programme
- Identify and address barriers that prevent accessibility to services (health, education, housing, safe water)
- Ensure that information and services are available to all sectors of the population – including all types of disability
- Provide suitable accommodation, care and protection to children in Institutions (e.g. residential care, mental health facilities, Children’s Homes) according to specific needs
- Ensure the provision of age appropriate education for children in institutional care
- Provide support to families as an alternative to institutional care (including foster parenting) (Sector Plan, Social Welfare and Vulnerable Groups, 33–36)

There are designated youth programmes that aim to reach vulnerable children up to 18 years of age. These are identified in the National Youth Policy (see below), particularly the provisions that focus on unattached youth and youth who are resident in and exiting children's homes and places of safety.

The sector plan outlines other specific youth focused strategies:

- Provide assistance in emergency for rehabilitation or other needs
- Regular periodic monetary benefits (welfare recipient)
- Adequate nutritional provision in schools and institutions
- Ensure that services are provided and accessible (health, education, housing, safe water)
- Suitable Institutional Care and Care and Protection for children who require this service (e.g. residential care, mental health facilities, Children's Homes, correctional facilities)
- Provide halfway houses for youth leaving state institutions
- Provide vulnerable youth with capacity and opportunities to earn a living, (including provision of life- skills and the engagement of private sector in mentorship and apprenticeship)
- Develop programmes for out-of-school youth in the age group 15–16 who are unable to access existing training and educational programmes that do not cater to that age group. (Sector Plan, Social Welfare and Vulnerable Groups, 36–37)

In addition to these strategies, other strategies designed to address other aspects of vulnerability, specifically homelessness, vulnerability to natural disasters, refugees, victims of human trafficking, vulnerability as a result of chronic illnesses, and vulnerability as a consequence of disabilities have both direct and indirect consequences for children.

### *DISABILITIES*

Apart from the Social Welfare Sector Plan, a special task force was convened to address disabilities, including among children (who comprise 20% of persons with disabilities [PWDs]) and youth (comprising 12.6%). The task force noted certain strengths. For example, both government and NGOs are relatively responsive to disability issues; Early Intervention and Special Education programmes have been established island wide; there are community based rehabilitation programmes and an "increasingly responsive" public. However, the task force also concluded that the existing programmes (such as the aforementioned Special Education and Early Intervention) have been slow to develop and do not provide sufficient coverage for the relevant populations; resources (financial, human and physical) and legislations are inadequate; there is lack of knowledge of appropriate services for PWDs; and inadequate synergies across ministries which deliver services. Against this background, the task force outlined plans that aim for the following outcomes: "PWDs are treated with respect and dignity at all levels of the society; high levels of participation of PWDs in social, cultural and governance activities; a society in which PWDs have access to services and goods; and an environment in which the risk of acquired disabilities is minimized." (Persons with Disabilities Draft Sector Plan, 23) Among the specific child relevant actions are the following: to "Train all teachers in inclusive education"; "Expand community early intervention programmes to prepare/accommodate Children with Disabilities (CWDs) in the regular schools"; and "Expand team of Special Education Coordinators to monitor CWDs in regular schools (at all levels of the education system)".

### *POVERTY REDUCTION*

The Poverty Reduction Sector Plan highlights both the multidimensional and intergenerational nature of poverty. Children are among the more vulnerable groups, comprising over half of

those living in poverty, while constituting approximately 38% of the population. The plan recognizes the importance of addressing the factors that appear to underpin the cyclical nature of poverty:

- a. low educational attainment levels
- b. low income earning capability
- c. inability to access basic social services
- d. lack of economic opportunities leading to underemployment, unemployment and low wage employment
- e. poor rural development [which affects] the opportunities and livelihoods of rural households and
- f. high levels of risk due to natural hazards and poor environmental practices. (GOJ 2009, Vision 2030 Poverty Reduction Sector Plan, 9–10).

The sector’s action plan seeks to improve the mechanisms for “measuring and monitoring poverty” and to ensure “equitable access to basic goods and services”. The latter includes actions that should have benefits for children:

- 1. Designing and implementing policies, projects and programmes that target identified priority population groups and geographic areas.
- 2. Creat[ing] more client-responsive services (age, disability, gender etc) that provide “real” access for the poor.
- 3. Promot[ing] sustainable community development initiatives
- 4. Ensur[ing] access to affordable housing, and electricity
- 5. Ensur[ing] access to safe water and sanitation facilities
- 6. Provid[ing] adequate physical infrastructure including roads, public transportation
- 7. Promot[ing] a culture of information- sharing
- 8. Ensur[ing] access to basic foods providing recommended dietary allowance
- 9. Ensur[ing] access to quality secondary education
- 10. Ensur[ing] access to quality primary health care (GOJ 2009, Vision 2030 Poverty Reduction Sector Plan, 23–26).

### **3.2 NATIONAL YOUTH CENTRE FOR DEVELOPMENT**

As with many other policies, the **National Youth Policy** is the product of a wide consultative process, involving young people, CBOs, differing government sectors, NGOs and quasi-governmental agencies, local and international donors and the private sector. The National Youth Policy is designed to address the issues that affect youth and encourage youth development, which includes strengthening the mechanisms for collaboration across youth organizations. Six main areas of focus have been identified:

- A.** Education and Training
- B.** Employment and Entrepreneurship
- C.** Health
- D.** Participation and Empowerment
- E.** Care and Protection
- F.** Living Environments

The policy document explains that the strategy is deliberately multi-sectoral. It establishes clear goals and objectives. Additionally, it names particular groups for priority action, based on the findings from the prior consultations.

<b>Table 13: Youth Development: Strategic Framework</b>		
<b>Goal</b>	<b>Priority Groups</b>	<b>Strategic Objectives</b>
<p><b>Education and Training</b> -All youth completing secondary level education and acquiring the skills to enable them to be prepared for livelihood, self-development and citizenship</p>	<p>Out of school youth Teen mothers Youth with disabilities Boys, especially in poor rural areas Students with special needs Youth in institutional care</p>	<p>-Promote universal access to quality secondary education -Advocate for an education system that is relevant to the needs of youth and potential employers -Foster participation of students in the administration of their institutions -Facilitate increased access to quality training opportunities in skills relevant to the global market place and use of cultural and indigenous products -Develop and implement a programme for identifying and supporting youth with special needs -Develop and implement strategies to improve male performance up to secondary level and matriculation to the tertiary level -Promote school as community empowerment points and safe zones</p>
<p><b>Employment and Entrepreneurship</b> -An environment which promotes the creation of opportunities for employment and an environment that promotes entrepreneurship</p>	<p>Rural youth Young women Youth infected and affected by HIV/AIDS Youth working on the streets Youth with certification from HEART/NTA and other training agencies</p>	<p>-Increase the employability of youth -Increase the number of employment opportunities for youth -Foster an environment conducive to creation of opportunities for self-employment</p>
<p><b>Health</b> -All young people embrace healthy lifestyles and enjoy optimum physical and mental health</p>	<p>Youth at risk of early pregnancy, substance misuse, HIV and other STIs Younger and underserved rural youth Youth in institutional care Adults influential in young people's lives and responsible for the implementation of youth focused activities</p>	<p>-Create through advocacy networks, a supportive policy environment that fosters positive health outcomes -Improve knowledge, influence attitudes and selected priority health practices -Improve access to and quality of health services</p>
<p><b>Participation and Empowerment</b> -The development of a culture that allows for the full participation of youth</p>	<p>Youth not affiliated Youth with disabilities Youth infected and affected by HIV/AIDS</p>	<p>-Enhance the capacities of young people to participate in societal processes -Provide spaces and opportunities to increase participation</p>

in the social, spiritual, economic and political processes in the society		-Enhance cultural dynamism through opportunities for creative expression and unique Jamaican talents
<b>Care and Protection</b> -The creation of a society that provides care and protection to those youth whose care and protection rights have been compromised	Street Youth Youth in institutional care Youth at risk of juvenile delinquency Youth with special needs, physical and mental disabilities Rural disadvantaged youth	-Prevent those at risk from needing care and protection -Advocate for the provision of the highest quality services for those that are in need of care and protection -Facilitate the successful reintegration of all youth who are in special care with their family and the society -Advocate for full implementation of the provisions of the NPA for Youth Justice in Jamaica
<b>Living Environments</b> -The development of supportive families and communities that provide youth with an environment conducive to their positive development and well-being	Youth exposed to domestic violence Youth living on the streets Youth living alone Single-parent households headed by youth Youth in rural, underserved parishes	-Promote the strengthening of families to provide a supportive environment for youth development -Promote strengthening of community programmes to support families -Advocate for a culture supportive of youth development

Source: National Youth Centre for Development 2004, 25–26.

The Youth Development Policy (YDP) is concerned with achieving justice for the youth. It does not assume uniform experiences but focuses on specific categories of youth, based on knowledge of the risks they encounter. Thus, it attempts to counter the discrimination and breaches of rights that particular groups of youth have experienced. It is in this sense that the YDP dovetails with the programmes for social welfare and vulnerable groups.

Aspects of the Youth Policy have been implemented. For example, one half of the Youth Information Centres (YICs) have been constructed and others are being built. The National Centre for Youth Development (NCYD) is also working towards mainstreaming youth. To that end, a youth survey is currently being conducted, with support from STATIN. The Youth Development Policy is to be revised following the conclusion of the youth survey and it is expected that, at that point, youth groups that were hitherto excluded for priority action (such as youth involved in human trafficking) would then be included.

### 3.2 EDUCATION

Consistent with Vision 2030, the Education Sector Plan (2009–2030) has the following vision: A “well resourced, internationally recognized, values based system that develops critical thinking, life-long learners who are productive and successful and effectively contribute to an improved quality of life at the personal, national and global levels”. In formulating the sector plan, the task force relied on a quantitative systems dynamics model – Threshold 21 Jamaica (T21 Jamaica), which takes account of economic, social and environmental factors and is able to predict the consequences of various strategies as well as indicate how variations in variables and indicators are related to assumptions.

The child's right to education is secured through a network of public schools at the infant, primary and secondary levels. The government also supports vocational training and tertiary level education through colleges and universities across the island. This public network is supported by private early childhood, primary and secondary institutions. The large number of schools has made possible universal enrollment of children in school up to the first cycle (grade nine) secondary level. Additionally, there are public institutions catering for children with special mental (such as autism) and physical (blindness and deafness) needs. There are just over 25 such schools in the island, although most are concentrated in the KMA. The task of regulating and coordinating this system is undertaken by a central MOE, supported by offices in six educational regions located island wide.

<b>School Type</b>	<b>Number of Institutions</b>	<b>Level of Education</b>
Infant	31 (Included in the figure noted for primary schools below)	Early childhood
Primary	546	Primary
All Age	159	Primary; Lower secondary (Grades 7–9)
Primary and Junior High	87	Primary: Lower secondary
Junior High	0	Lower secondary
Special Education	10	Early childhood to secondary
Secondary High	147	Lower and upper secondary
Technical High	14	Lower and upper secondary
Vocational/Agricultural	2	Upper secondary
Teachers' Colleges	5	Teacher training
Multi-disciplinary	3	Teacher training; post-secondary/pre-university
Community Colleges	5	Higher education
Specialized Colleges	2	Higher education
Universities	2	Higher education
Infant	31 (Included in the figure noted for primary schools below)	Early childhood

Source: MOE 2009.

The public school system is financed by the GOJ, which, in 2008–2009, spent 13.2% of the national budget on the education sector. Government budgetary allocations were



supplemented by funds from bilateral and multilateral agencies, the private sector and NGOs.<sup>13</sup> The largest share of the GOJ allocation, 32.9%, went to the secondary level, followed by 30.7% to the primary level, 19.6% to the tertiary level and 3.7% to the early childhood level. Notably, as the table below shows, the bulk of the budget has been allocated to recurrent expenditure, with considerably less available for investment in infrastructure and learning resources.

	Approved			Actual		
	Recurrent	Capital	Total	Recurrent	Capital	Total
2002/2003	20,734,800	1,000,000	21,734,800	23,065,094	650,000	23,715,094
2003/2004	22,800,000	874,453	23,674,453	28,772,528	381,325	29,153,853
2004/2005	29,560,000	170,800	29,730,800	30,508,511	470,497	30,979,008
2005/2006	34,000,000	3,489,780	37,489,780	34,000,000	3,926,680	37,926,680
2006/2007	35,944,425	4,911,415	40,855,840	40,820,981	3,547,102	44,368,083
2007/2008	47,784,160	5,822,876	53,607,036	41,453,555	5,686,403	47,139,958
2008/2009	60,750,000	4,259,161	65,009,161	n/a	n/a	n/a
2009/2010	67,349,500	4,353,960	71,703,460	n/a	n/a	n/a

Source: GOJ 2009, Vision 2030 Sector Plan – Education, 12.

Up until 2008, children attending public secondary schools were required to pay a portion of their tuition fees. With the introduction of the government's free tuition policy in the 2008–2009 academic year, families are no longer required to pay any tuition fees for their children at these institutions. However, some schools charge an additional fee to offset the ancillary costs of education. These fees are discretionary and failure to pay cannot result in exclusion from school. Primary education has always been tuition free in Jamaica.

In addition to financing the public education system, the central MOE is responsible for identifying the national strategic educational priorities and developing and implementing policies to achieve these strategic objectives. Since 2002, the GOJ has been concerned with the transformation of the education system in an attempt to improve performance and achievement throughout the system. Driven by the recommendations of the National Task Force on Education (2003), the GOJ's Education Transformation Programme notes that its main objectives are to:

1. Create a world-class education system in Jamaica
2. Enable Jamaica to compete in the global economy
3. Raise educational standards for all
4. Enable access and equity for all
5. Produce disciplined, ethical and culturally aware Jamaican citizens.<sup>14</sup>

The Transformation Project Team operates in six areas identified as critical to the transformation process:

1. *Modernization of the MOE*, with the aim of making it more policy-focused and of strengthening its capacity to lead, monitor and guide the education system.

<sup>13</sup>Planning Institute of Jamaica, *Economic and Social Survey Jamaica: 2007*.

<sup>14</sup>Ministry of Education, *Education Transformation – Cabinet Briefing, 18 January*.

**2. Improvements in school facilities and infrastructure**, including the addition of new school spaces at the upper secondary level (beyond grade nine) to existing national inventory.

**3. Curriculum, teaching and learning**, which focuses on improvements in literacy, teacher quality, the development of a ‘modern’ curriculum and improvement of assessment strategies across the sector.

**4. Behaviour and community outreach**, involving working directly with the communities in which schools are located to raise awareness of family and community role in student discipline and academic performance.

**5. Schools leadership and management** with the aim of improving both school and instructional leadership.

**6. Communications and stakeholder relations** focused on engaging a full range of stakeholders in the process of educational improvement.

With Vision 2030, the sector plan for education builds on the work that was started by the Task Force on Education Transformation. The sector plan acknowledges the achievements in education but is also aware of the limitations.

### **Achievements of the Education System**

- Universal access to early childhood, primary and the early grades (7–9) of the secondary level; development of standards to guide the delivery of early childhood education, including the establishment of the Early Childhood Commission;
- National standardized textbooks and workbooks, provided free of cost at the primary level; addressing some of the demand for spaces in the secondary schools by constructing over 17 schools during the period 2005–2007, to generate over 16,000 spaces;
- A highly subsidized and accessible book rental scheme at the secondary level, a highly subsidized lunch programme, a standardized national primary curriculum, and the heightening of participation by civil society in the education process, resulting in additional funds being provided for the system;
- A revolving loan scheme (J\$600-million) for professional development of teachers; production and delivery of student and teacher furniture amounting to over 250,000 units over the period 2005–2007;
- Development and building standards for the school infrastructure system for over 400 schools; refunding of tuition to teachers; training of principals in Principles of Management at UWI;
- Repairs to over 400 schools over the period 2005–2007;
- Development and implementation of a series of educational policies including an ICT policy for Education, a Language Education Policy, a Mathematics and Numeracy Policy, a National Policy for HIV/AIDS Management in Schools, a Special Education Policy; and
- Execution of the Jamaica Environment Trust programme centred on improving the surroundings of schools at all levels while educating the students of the need to take care of their environment.

### **Limitations of the education system**

1. Insufficient access to quality facilities particularly at the pre-primary, primary and secondary levels;
2. Inadequacy of space particularly at the upper secondary and more so, tertiary levels
3. Performance targets, set in the Ministry, are not sufficiently cascaded throughout the system, which results in little or no accountability for performance at the various levels;
4. Inadequate number of university trained teachers for all levels;
5. Inadequate number of trained teachers at the pre-primary level;
6. Negligible use of educational technology at all levels;

7. Use of teacher-centred teaching methods at the early levels;
8. The inability of some parents to afford the fees charged under the Cost Sharing scheme, despite the “no child should be left behind” policy;
9. Inadequate facilities to accommodate students with special needs (e.g. physically and mentally challenged students as well as the gifted);
10. Inadequate involvement of parents in the education of their children;
11. The under performance of boys compared to girls at all levels of the school system;
12. Anti-social behaviour and increased violence in schools; and
13. Inadequate managerial training among school leaders.

	Primary			Lower Secondary			Upper Secondary			Total Secondary		
	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total	Male	Fem	Total
2000/2001	93.6	94.1	93.8	78.1	80.2	79.1	51.1	58.0	54.5	67.5	71.5	69.5
2001/2002	93.3	93.0	93.2	77.5	79.7	78.6	51.4	57.2	54.3	67.3	70.9	69.1
2002/2003	92.9	92.0	92.5	83.1	84.8	83.9	54.7	60.8	57.7	72.0	75.4	73.7
2003/2004	92.9	90.8	91.9	85.8	85.3	85.6	54.5	59.9	57.2	73.8	75.5	74.7
2004/2005	93.5	91.0	92.3	83.7	83.3	83.5	67.8	51.2	59.5	77.6	70.9	74.2
2005/2006	92.1	90.0	91.1	80.8	81.9	81.4	59.9	67.1	63.5	72.8	76.2	74.5
2006/2007	93.4	91.0	92.2	87.2	86.9	87.0	59.3	67.9	63.6	76.1	79.4	77.8
2007/2008	90.1	90.4	90.2	84.9	88.8	86.8	60.0	69.8	64.8	75.2	81.5	78.3
2008/2009	87.5	89.3	88.4	85.9	89.0	87.0	64.1	72.9	68.4	77.0	82.8	79.8

Source: GOJ 2009, Vision 2030 Sector Plan on Education (2009–2030), 8–10.

The “limitations” described above show that there are gaps in access but more so in quality. Correspondingly, in the 21 July 2009 sectoral debate, the education minister lauded the country’s achievements in improving access to education, though he expressed concern about declining enrollment rates; attendance in rural areas; attendance at secondary level and, significantly, the substantial gaps in education quality.

As the Minister explained, the vision behind providing education services has, conventionally, “largely hinged on access considerations rather than quality considerations”. While the administration is committed to fulfilling access goals, the current emphasis is on promoting “access and quality in education simultaneously”.

This administration . . . realizes that there can be no trade-offs between access and quality. While we were expanding physical access at the primary level over the last 100 years, we continued to turn out a large but declining percentage of primary students who are illiterate. While we were expanding physical access at the secondary level over the last 30 years, it is now clear that a significant number of the students placed in secondary institutions could not access or benefit from the secondary curriculum because they are illiterate. (Sectoral debate presentation, 21 July 2009, 4)

Government reports note that there are a number of national initiatives and policies that are being used to assist with providing quality education to all Jamaican children. In principle, inclusive education seeks to provide space for participation for all children, regardless of special needs, circumstances or abilities. The state claims that this paradigm is being woven through the entire system from curriculum to teacher preparation and training. Among these policies and programmes are the following:

### **National Compulsory Education Policy**

This policy has been instituted to support the mandatory enrollment of all children between the ages of 3 to 18 years of age in a “meaningful, structured and regulated learning setting”. The policy mandates regular attendance at learning institutions for all children. It is built on the concept of inclusiveness and takes into consideration the following issues:

1. Provision of a balanced and diverse education
2. The needs of unattached children/youth (which normally means children who are not registered in any education or training institution and are unemployed)
3. Children in Special Circumstances
4. Children with Special Needs
5. Home Schooling

### **Competency Based Literacy Transition Policy**

This policy addresses the GOJ’s commitment to ensuring that all children entering secondary level education are certified literate. The policy makes provision for children who have failed to master the Grade Four Literacy Test at first sitting to be given an opportunity to access special literacy interventions and re-sit the test on up to four occasions. Where the child has not achieved mastery after four sittings, special provision is made for them in an “alternate”, remedial secondary school. This new policy, introduced in 2009, is geared at reducing the number of children who are automatically streamed into secondary schools that offer no targeted programme to respond to their special learning needs.

### **Alternate Secondary Education Programme (ASEP)**

This programme is designed to provide intensive support to students who, at the end of the primary level, will require assistance to advance to the next stage.

### **Text Book Programme**

This programme provides free or subsidized textbooks to students attending public primary and secondary schools.

### **High School Equivalency Programme**

This is a modular self-instruction programme, which provides an opportunity for unattached youth to acquire high school leaving qualifications to matriculate to another level of the education system or to find employment. It is also supplemented by the **Jamaica Foundation for Life Long Learning**, which, while not focusing exclusively on children, provides intermediary programmes for children who are preparing to enter the High School Equivalency Programme.

### **Career Advancement Programme (CAP)**

This new initiative is now being piloted in 11 schools. In an effort to reduce drop out rates and to improve student readiness for work, the CAP promises to provide children who reach the age of 16 without the required competencies in Math and English with remedial education and skills training that will allow them to reach HEART Level One certification. HEART and the JFLL will be required to go into schools to work with the students. Children will remain in school until 18 years of age and be required to do a community placement service and life skills training.

Importantly, there are also new measures to improve accountability for quality education. The Jamaica Teaching Council was established to “raise and regulate the standards of the teaching profession in Jamaica, as well as provide support to achieve excellence in teaching” (Sectoral Debate Presentation, 21 July 2009, 13). The National Education Inspectorate is a monitoring mechanism, with the purpose of promoting “a culture of excellence and system of

accountability”. Regional education agencies are being established to “improve the management of education affairs by devolving authority for operations to smaller local agencies, and provide support for school improvement” (Sectoral Debate Presentation, 21 July 2009, 14). As well, there are a number of other policies that have been/are being developed, again with wide stakeholder involvement.

### **National Policy for HIV/AIDS Management in Schools**

Consistent with the CRC’s principle of non-discrimination, this policy is designed to prevent discrimination against children and employees who are infected with and otherwise affected by HIV/AIDS. It applies to all educational institutions. The policy ensures that the concerns of affected children and employees are recognized and receive adequate response. The mechanisms for addressing discrimination include guidance and counselling as well as replacement at other educational institutions that are more tolerant and accommodating.

### **Security and Safety Policy Guidelines**

These guidelines, established in 2008, endeavour to foster a culture of security and safety, particularly within schools that do not now have such a culture. The standards and guidelines apply to issues such as bullying, gang culture, the presence of drugs and weapons, and the inappropriate use of information and communication technologies.

Other policies include the National Library Policy; the Language Policy, which is being revised; Health and Wellness Policy of the Early Childhood Commission (ECC); a Screening Policy-Special Education; a Cultural Policy (in collaboration with the Ministry of Culture). Not all of these have been submitted to cabinet; some are internal documents. Among the draft policies are those on parenting and on play.

The **National Policy on Play** is still in draft form. It is formulated based upon the principle that play has an “important role in children’s learning and development”. It has the following goals:

1. To promote a culture and environment that values play
2. To provide opportunities for high-quality, developmentally appropriate play throughout childhood and adolescence
3. To improve access to and quality of play, play-based services, and play spaces
4. To enhance the understanding and capacity of families, professionals, and communities to provide opportunities for play
5. To promote strengthening of educational and community programmes that support play
6. To create a policy environment that recognizes the importance of play and supports the integration of play in all government initiatives. (National Policy on Play, Draft, MOE)

The **National Parenting Policy**, which is spearheaded by the Early Childhood Commission, is designed to promote good parenting such that:

1. All Jamaicans make wise choices about being parents; including, readiness to be a parent, the number and timing of children, health, education, moral and emotional support, and economic and social well being of their children.
2. Each parent understands and utilizes/applies best-practices in parenting.
3. There is an enabling institutional framework to support parenting.
4. Children who are in the care of the state experience positive parenting.

The attending strategies will focus on the following areas:

1. Public Education and Communication
2. Policy, Advocacy, and Legislative Change

3. Behaviour Change – including (a) greater personal responsibility and (b) the creation of abuse and violence free environments.

4. Service Quality and Access

5. Capacity Building – including (a) implementation and (b) sustainability

6. Coordination

7. Monitoring, Evaluation and Research (National Parenting Policy, Draft, MOE)

Both policies use the CRC as a guide; both involve children in policy development. As one respondent from the MOE underscored: we have more child participation in policymaking than we did in the past.

The sector plan outlines strategies for improving the quality of education for all children. It defines the following goals and expected outcomes.

#### **Goal 1: A standards based education system that is internationally recognized**

- Quality educators are attracted and retained.
- A standards-based education system that is internationally recognized is instituted.
- Schools, communities and children are ready for early childhood development programmes.
- Each primary school graduate has achieved his/her fullest potential/talents and is fully prepared and ready to access secondary education.
- Secondary school leavers attain standards necessary to access further education, training and/or decent work and be productive and successful Jamaicans.

#### **Goal 2: World-class school environment**

- All schools (public and private) meet international standards.
- School environments are safe, as well as alcohol and drug-free, and individuals there are disciplined to abhor violence, demonstrate respect for others and uphold equal rights.
- Accountability mechanisms are institutionalized at all levels of the education system.

#### **Goal 3: Attainment of equal and inclusive access and retention, to ensure completion of secondary education and continuation to tertiary**

- Adequate number of school places available to meet all needs and reflective of emerging population trends.
- Enforce compulsory education at three levels (early childhood, primary and secondary).

#### **Goal 4: Decentralised systems for quality leadership, management and resourcing**

- Networking, linkages, exchange, partnerships and interaction among stakeholders in education.
- Sustained International partnerships for supporting decentralised systems.
- An adequately managed and financed education system assured.

### **3.3 HEALTH**

Consistent with Vision 2030, the health sector underscores its commitment to promoting “healthy lifestyles in a healthy environment producing healthy people”. The sector plan provides a comprehensive assessment of strengths and weaknesses. Those directly and indirectly related to children are presented in the table below.

<b>Table 17: Strengths and Weaknesses of the Health Sector</b>	
<b>Strengths</b>	<b>Weaknesses</b>
<b>SERVICE DELIVERY</b>	
<ul style="list-style-type: none"> <li>-A strong tradition of public health with well-organized public health programs and campaigns sustained over several decades. Many technical innovations have been adapted to Jamaica and applied with great success.</li> <li>-A comprehensive health system with ready access to an island wide network of health centres and hospitals, including a well developed system of primary health care and specialist care.</li> <li>-High quality of health professionals.</li> <li>-Impressive progress in child health in Jamaica. The immunization levels remain very high and child prone diseases are under control.</li> <li>-Prominence of child health among the health policy makers.</li> <li>-Widespread access to potable water and sanitary facilities and a strong tradition of good hygiene among the people.</li> <li>-Successful surveillance programme launched by the MOH</li> <li>-Significant achievements in immunization programmes</li> <li>-Maternal Health remains high on the policy agency</li> <li>-Visits for ante-natal and post-natal care remain high</li> <li>-Infectious diseases are on the decline.</li> <li>-Rapid tests at clinics to screen HIV/AIDS patients</li> <li>-Costs for anti- retroviral treatment has dropped to USJ\$100.00</li> <li>-Attitudes of doctors have improved and there are less complaints from patients</li> <li>-The MOH has managed to keep the HIV/AIDS issue on the agenda</li> <li>-There is evidence that the provision of Anti-Retroviral drugs to pregnant women who are HIV positive will reduce the transmission to their children.</li> <li>-Improved social conditions including standard of living, literacy, educational level and nutrition have also contributed to</li> </ul>	<ul style="list-style-type: none"> <li>-A chronic shortage of nurses and other health professionals.</li> <li>-Weak management systems and practices.</li> <li>-Underfunding of the health services.</li> <li>-Inadequate use of information technology.</li> <li>-Inadequate physical conditions in many health facilities including poor maintenance</li> <li>-Non-functional equipment and inadequate supplies</li> <li>-Concerns about the under-registration of deaths by the Registrar General's office</li> <li>-There are delays in the handing over of records of infant deaths to the Registrar General's office</li> <li>-There are indicators that records of deaths occurring outside of the hospitals do not reach the RGD offices</li> <li>-There are concerns expressed that recording the actual causes of deaths may be problematic</li> <li>-Children with HIV/AIDS are not properly monitored and their quality of life is often poor.</li> <li>-Concerns expressed about the recording of maternal deaths. If the mothers die some time after childbirth the death is not always treated as a pregnancy- related illness</li> <li>-The deaths of the mothers who die at home because of pregnancy- related illnesses may not be recorded</li> <li>-The expanded immunization programme came to an end in 2001</li> <li>-The sustainability of direct intervention is under threat</li> <li>-The discrimination practised by health workers also remains an area of grave concern</li> <li>-There may be an under-recording of deaths due to HIV/AIDS</li> <li>-Females represent approximately 40% of all reported cases of AIDS. The male-female infection ratio in the 10–19 age group is alarmingly high at 1 male to 2.84 females (MOH, Annual Report 2001, 68)</li> <li>-The contribution of injuries to the morbidity</li> </ul>

improved health status -Fee waiver (increase access)	and mortality rates is high (over 30%) -Fee waiver may over burden the public health system
<b>HEALTH CARE DELIVERY SYSTEM</b>	
-The focus on PHC -Wide geographical coverage -Fee waiver for those unable to pay -PATH benefits to the poor -Benefits of the pharmaceutical programme -Recognition of epidemiological transition and the financial burden associated with health care for chronic conditions -Existence of a Healthy Lifestyle Policy	-Continuing emphasis on maternal and child health despite demographic and epidemiological changes - No attention to gender issues in planning and implementation of health sector reform -Gap between policy formulation and implementation -Ill treatment of clients --women mainly -Inadequacies of pharmaceutical programmes - Inefficient and costly rural transportation - Rural women disadvantaged
<b>THE LEGISLATIVE ENVIRONMENT</b>	
-The gravity of many of the problems affecting health is being recognized and laws are being introduced or modified to meet the problems: OSHA, National Workplace, Offences Against the Person, Incest Amendment	-Too many are in draft too long -Laws that are outdated and not gender sensitive -Insufficient attention to changing behaviour and addressing problem of stigma and victimization -Insensitivity of judiciary
<b>HEALTH STATUS</b>	
-Increase in life expectancy -Decreased child morbidity -Decrease in population < 15 years -Changed emphasis from family planning to reproductive health -Decline in teenage pregnancy -Decline in sera prevalence in STI and antenatal population -Decline in cervical cancer -Policy on disabilities developed	-Losing gains in life expectancy -Female advantage in life expectancy and schooling; Male advantage in income -Women spend more time in illness -Women have more co-morbidity -Too little focus on reproductive health needs of men -Organization of health services discourages use by men -HIV/AIDS risk to young women growing -Violence not integrated into reproductive health system -Teenage pregnancy still to high -Inadequate screening for cancers -Health needs of the disabled ignored
<b>HEALTHY BEHAVIOUR</b>	
-Emphasis on four life style behaviours encourages the young to improve behaviour – smoking, alcohol consumption, drugs – that affect health in later life -Lifestyle could encourage appreciation of a life course approach to health among young -Better behaviour could improve health, but most affect on those who are not poor -Injury surveillance (IS) is an important first step in prevention	-Lifestyle locates the problem within the individual -It does not promote equity -It does not meet the growing problem of chronic diseases among the poor -There has been no test of the representativeness of IS data



-IS provides comprehensive data on injuries seen at accident and emergency departments in hospitals	
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Source: GOJ 2009, Vision 2030 Health Sector Plan, 30–37.

In response to the weaknesses identified, the sector plan lists the following goals:

1. Social, cultural, physical and economic conditions that support the health and well being of Jamaican society
2. High quality facilities for health services delivery
3. A cadre of world-class human resources for the health services
4. World-class and accessible health service delivery
5. Sustainable, equitable, efficient and effective public health financing accessible by all (GOJ 2009, Vision 2030 Health Sector Plan, 62)

Under this umbrella, the sector continues to develop policies and programmes that have direct relevance for children. The National Health Policy (2006–2015) and the Strategic Plan (2006–2010) are guided by the goals specified in the MDGs. They prioritize three areas: maternal mortality, HIV/AIDS and lifestyle diseases. Consistent with Article 6 of the CRC, health policies are designed to “ensure to the maximum extent possible the survival and development of the child”. Accordingly, the MOH is committed to providing widespread access to adequate perinatal, child health and nutrition services. There is only one specialist pediatric hospital in the country; however, each health care institution provides services for children.

**Infant and Child Health:** The indicators of infant and child health in Jamaica are: levels of immunization, nutritional status, and infant and child mortality rates.

#### Indicator 1: Immunization

The 1986 Immunization Regulations require that all children under the age of seven must be “adequately immunized” before entry to school. They recommend that, ideally, all children should be immunized within one year of birth or soon thereafter. The 2003 Public Health Act enforces these regulations.

Records indicate that approximately 90% of children have been appropriately immunized with the key vaccines (BCG, OPV and DPT/DT). However, immunization levels for some types of vaccines are low in some areas (PIOJ 2003). Using data showing spatial representation of immunization levels, the MOH has been able to target interventions to particular parishes. The Ministry has been limited in its reach because the national datasets do not identify the communities that have low immunization coverage.

#### Indicator 2: Nutrition

##### *The Regulatory Framework, National Policies and Key Programmes*

The National Infant and Young Child Feeding Policy (1995) is designed to reduce child morbidity and mortality rates and, specifically, to “serve as a reference guide for the promotion, protection and support of breastfeeding and safe and adequate weaning practices”. The policy seeks to ensure that women breastfeed (exclusively) during the first six months of an infant’s life and recommends that breastfeeding be complemented with other foods from the sixth month up to two years. This policy is based on the well researched premise (WHO, UNICEF) that exclusive breastfeeding is critical for a child’s mental development. Therefore, the National Breastfeeding Programme operationalizes the policy.

Complementary nutrition programmes include:

1. The National School feeding Programme, which aims to “encourage regular school attendance [by providing] nutritional support to the most vulnerable students attending public institutions”.
2. The PATH programme, which provides cash transfers conditional on attending school and facilitates a school feeding programme.
3. The Roving Caregivers Programme, which seeks to improve child rearing knowledge, including nutrition practices, among parents of children who are between 0 and 4 years of age. This programme is administered by a NGO.
4. Nutrition clinics, which are meant to monitor nutrition status, identify children at risk and provide counselling and food supplements as needed.

The MOH operates a nutritional surveillance system, which is designed to monitor the nutritional status of very young children (0–3). Questions have been raised about the quality of information generated by this system (PIOJ, *Child Nutrition in Jamaica*, 2005). However, there are other mechanisms for obtaining data on nutrition, including the anthropometric information that is available through the JSLC. The data shows persistent levels of undernourishment (PIOJ 1990; 1995; 2000; 2005a), largely among children in the poorest households. There are also concerns about over-nutrition or obesity, particularly among children in the wealthiest households. Exclusive breastfeeding rates are in excess of 90% (PIOJ, *Child Nutrition in Jamaica*, 2005), although the rate at six weeks (approximately 47%) is considerably less than that required by international standards (75%). Studies have suggested that there are cultural and practical reasons (such as mothers having to return to work) for the status of breastfeeding practices. In addition, there are concerns about the effectiveness of the nutrition clinics and school feeding programmes, and indications that some categories of children are more underserved than others.

#### Indicator 3: Infant and Child Mortality

According to current MOH data (2007–2008), the rates of infant and under-five mortality are 21.3 in 1000 and 25.4 in 1000 live births respectively. Approximately 11% of children have low birth weight and 4% are moderately to severely underweight. The Medium Term Social and Economic Framework (MTSEF) of Jamaica expresses concern that the country is not making the progress required to reach the child mortality targets – reducing child mortality by two thirds – specified under the MDGs. The current rates, however, are already comparatively low.

The Early Childhood Commission and the MOH have recently announced the Child Health and Development Passport, a document that replaces the traditional immunization cards. All children born on and after 1 September 2010 will be required to hold a Child Health and Development Passport, which will comprise comprehensive health records up to age 17. The passport will be used as basic screening tool for the child. It will also serve as an information guide for parents, as it will supply tips for children at various milestones.

**Mental Health Services:** The GOJ, through the MOH, provides mental health services to children 0 to 17 years old through a network of ten Child Guidance Clinics located across Jamaica. Clients are referred to the clinics by health facilities, school guidance counsellors, police, social services and other agencies. Most children referred have been exposed to or have been victims of violence, family disruptions or abuse. Increasingly, children attending these clinics are emotionally traumatized by the high prevalence of violence, either as direct victims or as witnesses, which places more children and adolescents at risk for mental and health problems. Other risk factors are associated with the increase in illicit drug use, children orphaned by AIDS and child-headed households. Many children in residential institutions

require multi-level psychosocial and remedial education. The Child Guidance clinics are generally seen as a last resort, usually after other intervention attempts by the church, community, police and schools have all failed. With steady increases in the number of children referred to these facilities, the capacity of the clinics is under severe stress and there is often a long waiting list for service and long lapses between visits.

The MOH has developed a strategic plan, which builds on the CCPA and the National Youth Policy. The main foci of the strategic plan are as follows:

- Empowerment of pre-adolescents and adolescents through developing life skills;
  - Creating an enabling environment via quality health services;
  - Creating an enabling environment through better parenting;
  - Creating an enabling environment through healthy schools and healthy sexual practices;
- and
- Creating an enabling environment through empowering communities to protect adolescents and pre-adolescents.

According to this plan, MOH will work with and through the Social Development Corporation (SDC) and NCYD. MOH notes that the plan makes every attempt to ensure that the rights of all children and adolescents are being upheld. Therefore, it makes special mention of children who are living with disabilities, those infected and otherwise affected by HIV/AIDS, unattached youth, and children in homes. It insists that all of these children are entitled to the same quality education and health care. The aim is to use mass media to send out the right messages. MOH will also provide training for community leaders and advocates.

The MOH hosts an Adolescent Policy Working Group, comprised of CSOs, NGOs and faith-based groups. There is special interest in working with NGOs, which are able to reach communities when the MOH is unable to do so. These NGOs include Children First, Hope Worldwide, RISE Life Management, the Violence Prevention Alliance, and Hope for Children. The working group also includes the youth, specifically, the Jamaica Youth Advocacy Network (JAYAN). This multifunctional team looks at the varied issues affecting youth and lobbies the government for policy guidelines, including the following:

- A.** Mental health – Children and youth are misunderstood. They are not able to deal with many issues and face tremendous peer pressure.
- B.** Physical activity – This is also a problem. Lifestyle diseases are a result of poor lifestyle.

As a starting point, the MOH is preparing a directory of services that different programmes offer. However, it recognizes the limitations: “There is so much competition on the ground that everyone tends to keep their ideas to themselves” (Key Informant Interview, MOH, 18 June 2010). The Policy Working Group is aiming for synergies, but it acknowledges that there are already some disjunctures. For example, the MOH’s policy of increasing access to contraceptives does not work effectively because this is opposed by the MOE, which is resistant to the distribution of condoms in schools. Conversely, the MOH advocates a different approach, which recognizes distribution of condoms may be needed to halt the prevalence of sexual diseases and unwanted pregnancies. The MOH suggests that children be referred to counsellors, who can advise and distribute if needed.

The strategic plan has not yet been rolled out. MOH is somewhat apprehensive, as problems are expected with full compliance: “Sometimes people commit and then do not deliver. We will need a strong monitoring and evaluation unit to see that things are being done. Sometimes the problem is lack of funding and so we hope to secure this” (GOJ 2009, Vision 2030 Sector Plan, National Security and Correctional Services, 2). The monitoring and evaluation will include a

representative from JAYAN. MOH also recognizes the importance of building capacities: “Training will be a big thing”.

### 3.4 NATIONAL SECURITY AND CORRECTIONAL SERVICES

The sector plan for National Security and Correctional Services envision the following for 2030:

#### **National Security:**

“A system of National Security that promotes shared values of respect for law and order and guarantees safety, security, human rights and dignity for all” (GOJ 2009, Vision 2030 Sector Plan, National Security and Correctional Services, 2)

#### **Correctional Services:**

“A highly satisfied and trained, professional workforce administering a Correctional Services system that upholds human dignity and facilitates the holistic development and rehabilitation of clients as productive, peaceful and law abiding citizens” (ibid.).

Jamaican children face serious threats to their security and the National Security and Correctional Services sectors have particularly important roles in ensuring their protection. Accordingly, the National Security Policy (2007) documents that sector’s commitment to building the following capabilities:

- Control entry and exit through ports of entry and coastline/land of Jamaica
- Monitor, regulate and control use of Jamaica’s airspace, coastal waters and exclusive economic zone
- Ensure an effective justice system
- Prevent crime (including armed groups and insurgents)
- Counter corruption to ensure public ownership of and confidence in the justice system
- Regulate and control arms
- Dismantle organized criminal networks
- Gather, assess and use effective intelligence (major cross-cutting priority)
- Plan to limit vulnerability and respond effectively to disasters and unsustainable degradation of resources
- Maintain a stable and healthy economy
- Address social and economic causal factors of alienation and crime
- Implement public education programmes (important overall cross-cutting issue)
- Ensure adequate healthcare and education
- Influence regional and international policies and activities (important cross-cutting priority)
- Deter, counter or defeat “traditional” and “non-traditional” military threats

Section 2 of this document describes the multi-sectoral sector plans that were formulated by both sectors. Neither of these plans (the NPA for an Integrated Response to Children and Violence and the NPA for Child Justice) is operational. However, the Ministry of National Security is involved in multi-agency initiatives that are, nevertheless, consistent with the objectives of the NPA. For example, the Safe Schools Programme, which was launched in 2004, is a collaborative initiative involving the MOE, the Ministry of National Security, the MOH and the Jamaica Constabulary Force (JCF). Under this programme, police are placed in schools to function as School Resource Officers. Their aim is to reduce violence and anti-social behaviour, which involves dismantling school gangs and tackling bullying.

There are other significant types of violence against children and government ministries, agencies and NSAs have collaborated to devise coordinated and effective responses. For example, in 2008, the Family and Parenting Centre, the OCA, CDA and the Community Safety and Security Branch of the JCF undertook a Child Protection Audit. The audit aimed at reducing instances of revictimization of victims and witnesses of child abuse in the child protection system. Commentators note that this is a very significant achievement in child protection as it seeks to achieve an integrated approach to the disclosure and investigation of alleged abuse and ensure that the outcomes in the justice system are improved. Among the major recommendations of the audit were: the need for urgent action in the process of investigation, support and protection of child victims and witnesses; the need to amend the Evidence Act in order to accommodate video evidence from child victims in court; and the upgrading of the Centre for Investigation of Sexual Offences and Child Abuse (CISOCA) such that the quality of evidence in child abuse cases is improved. Work is continuing to ensure that the recommendations from the audit are implemented.

Also, in 2008, the prime minister formed a **Task Force on Child Abuse Prevention (TFCAP)**, which was coordinated by the CDA. The aim of the Task Force was to highlight the issue of child abuse and convey the importance of protection policies to communities in Jamaica. Approximately 1500 persons, including an estimated 1000 children have since been involved.

The Task Force has also established the **Ananda Alert System**, as a way of focusing attention on and addressing the growing problem of missing children. The alert system was designed to locate missing children and to prevent their sexual abuse or the loss of life that sometimes result. A Missing Persons Investigation Policy was instituted to remove the traditional wait period of 24 hours for reporting missing persons.

### **The Citizen, Security and Justice Programme**

The Ministry of National Security also runs its own programme, which supports the core ideals of the NPA for an Integrated Response to Children and Violence. Its Citizen Security and Justice Programme (CSJP) was established in 2001 with support from the Inter-American Development Bank (IDB). The CSJP has the following strategic objectives: (i) to prevent and reduce violence; (ii) to strengthen crime management capabilities; and (iii) to improve the delivery of judicial services. It is a comparatively large programme, which currently works in the following communities in the KMA: Tower Hill, Trench Town and Waterhouse, Allman Town/Woodford Park, August Town, Denham Town, Drewsland, Ambrook Lane/Cassia Park, Fletchers Land, Kencot, Mountain View, Grants Pen, Hannah Town, Rockfort and Southside/Tel Aviv and in St James: Flanker, Glendevon, Granville, Canterbury, Farm Heights, Mount Salem, Rose Heights, Russia, North Gully, Norwood, and Salt Spring.

The CSJP's five components are:

1. The development of a national strategy, which will provide support for consulting services to help elaborate an integrated national crime and violence prevention strategy.
2. Capacity building of the MNS, which will strengthen the MNS by (a) improving its long-term ability to execute or coordinate projects related to violence prevention and crime management, and (b) improving the ability of the Ministry to monitor trends in crime and violence, facilitate information exchange, plan strategically and formulate appropriate policy or program responses. The latter will specifically support establishing an integrated inter-agency information system on crime and violence trends (a local area network and wide area network).
3. Strengthening the criminal justice system through initiatives that are designed to

improve the impact of programs and quality of services provided by the criminal justice system and to increase the accountability of the Jamaica Constabulary Force to civil society.

4. Community action to deliver a set of violence prevention initiatives that will be carried out by NGOs within selected pilot communities in the Kingston Metropolitan Area (KMA).

5. Social marketing and public education campaign, which will be undertaken at both the national and targeted inner-city community levels.<sup>15</sup>

The CSJP was designed, from the outset, with NGOs and CBOs at the hub of its operations. Through these NGOs and CBOs, it has influenced children's lives through its "community action", social marketing and public education' components. Originally, the CSJP had contracted 6 NGOs: The Dispute Resolution Foundation (DRF), Peace and Love in Society (PALS), Kingston Restoration Company (KRC), Youth Opportunities Unlimited (YOU), RISE Life Management and Sistren Theatre Collective. The CSJP now works with four of these six NGOs: KRC, YOU, RISE Life Management and Sistren Theatre Collective.

Under CSJP, YOU operates in August Town, Trench Town, Kencott, Fletchers Land and Mountain View. It runs a mentoring programme, in which an adult mentor is matched with an adolescent who is at risk of dropping out of school. The mentor's responsibility is to provide support "in the areas of developing self-esteem, responsible decision-making, leadership training and career guidance". The relationship is monitored through partnership with teachers, guidance counsellors and parents. For continuity, graduates become part of the **YOU** alumni, and their development is tracked through this mechanism. There are other dimensions to the programme, including workshops for adolescents, which provide training in life skills; a parenting programme, which seeks to foster stronger parent support within the communities; and a focus on teachers in order to build their capacity to improve classroom behaviour.

In 2003, **RISE Life Management** initiated its violence prevention programme (Stimulating Young Minds to Become Achievers – SYMBA), focusing on at-risk youth and their families in Drewsland, Waterhouse and Tower Hill. It was expanded to Parade Gardens, Allman Town and Fletchers Land in 2005. The focus in the first years of the programme was on Youth Life Skills, particularly for young people between 13 and 18 years of age. In the second and third years, RISE added home visits from social workers, adolescent remedial education, counselling and parenting skills training. Subsequently, it included remedial literacy programmes in two primary schools (corrective reading for children 10–14 years of age, in particular, many of whom are reading at two grade levels below what is considered to be age appropriate), corner counselling (within three communities) for youth who are at high risk of becoming involved in criminal activities and youth intervention within all communities.

The **KRC** operates in Mountain View, Grants Pen, Rockfort, August Town, Cassia Park/Ambrook Lane, Denham Town, Hannah Town, and Trench Town and Waterhouse. Its social intervention programmes focus on parenting, continuing education and tutorial assistance. Under the parenting component, KRC states that it aims to "engage parents and adults . . . and help them in terms of capacity building so that they will be able to deliver quality parenting within the community". It sees its tasks as consistent with the CSJP's empowerment objectives; thus, it works to "equip parents so that they can help themselves".

The tutorial assistance programmes occur in primary/all age schools. Students should be assisted at whatever academic level they require support; that is, from grades 1–9. KRC

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<sup>15</sup> Citizen Security and Justice Program, *General Procurement Notice*.

describes it as a high impact programme, with effective remedial classes. Notably, given the financial constraints, the programme is currently limited to Grade 6. Presently, 325 students are provided with one hour of tutorial assistance four days each week. Students are given refreshments after a break from regular classes; they then proceed to the tutorial assistance sessions. In principle, project officers keep track of the provisions, which must be delivered by qualified teachers. Parents for students who are enrolled in the tutorial classes are linked with the coordinator of the parenting classes to ensure that they support their children effectively in order to increase the chances for success.

**Sistren** is distinctive in many respects. Established in 1977, it is a women’s organization that uses artistic expression to promote social change. Sistren’s work with CSJP started in 2004. At that time, the focus was on three communities. This was subsequently raised to seven communities before the number was reduced again. Sistren now works in Grants Pen, Fletchers Land, Parade Gardens, Rockfort and Hannah Town. Much of the organization’s work in violence prevention is done with children and youth.

The description above identifies some of the key actors involved in implementing policies and programmes that are designed to protect children from violence and other forms of abuse. It demonstrates the GOJ’s reliance on and collaboration with NSAs for service delivery. The chart below provides a more comprehensive listing. The chart is not exhaustive but presents a selection of the more prominent agencies.

<b>Table 18: Programmes/Projects for Children at Risk of Violence</b>	
<b>Programmes/Projects for Children at Risk of Violence<sup>16</sup></b>	
<b>GOVERNMENT AGENCIES</b>	<b>NON-GOVERNMENTAL ORGANIZATIONS</b>
Department of Local Government	Peace and Love in Society
Ministry of Youth, Culture and Sports	Violence Prevention Alliance
Ministry of Health	People’s Action for Community Transformation
Ministry of Education	Sistren Collective
Ministry of National Security (CSJP)	Kingston Restoration Company
Jamaica Business Development Corporation	Peace Management Initiative
Social Development Commission	Parenting Partners
Child Development Agency	Children First
Broadcasting Commission’s Children’s Code for Programming	Hope for Children
<b>COMMUNITY BASED ORGANIZATIONS</b>	Stella Maris Foundation
Various Parenting Associations	St Patrick’s Foundation
Various Benevolent Societies	S-Corner Clinic
Various Children and Youth Groups	Youth Opportunities Unlimited
<b>FAITH-BASED INSTITUTIONS</b>	RISE Life Management
Inner-city Development Scots Kirk	Kingston and St Andrew Action Forum
Bethel Baptist Church	Western Society for the Upliftment of Street Children
North Street United Church	Young Men’s Christian Association

<sup>16</sup> See CCDC’s database of programmes targeting children and violence. Also see the *Child Protection Manual* developed by CDA and UNICEF, which provides a general guide on the level of intervention carried out by the various service providers.

Cornerstone Ministries	Young Women's Christian Association
PRIVATE ORGANIZATIONS	National Initiative for Street Children
Multicare Foundation	Agency for Inner-city Renewal
Grace and Staff	Fathers Incorporated
<b>Programmes/Projects for Children at Risk of Child Abuse</b>	
Centre for Investigation of Sexual Offences and Child Abuse	Family Court
Child Guidance Clinic, University Hospital of the West Indies	

A recent review of the CSJP, conducted in 2010 by the author of this document, noted that the organizations work well together but that more effective synergies could be built among them.

That report concluded:

. . . there is scope for greater synergies, such that, for example, each package within each community comprises multipronged levels of interventions, formulated and delivered with real participation from the communities. It is clear from the analysis that sustainable interventions require deep involvement and the projects can be combined in ways that ensure that this is achieved. How could the interventions that Sistren provides help the KRC's aim to reach more young men? How could the YOU's projects be combined with those Sistren provides to reduce the chances of violent flare-ups in Kencot? Greater effectiveness and sustainability...will require collaboration and saturation. (49)

The following table provides a list of the major challenges identified.

NGOs	Interests	Areas of Expertise	Weaknesses/Challenges
RISE Life Management	-Working with at risk youth and their families to prevent their involvement in violence	-Youth life skills -Adolescent remedial education -Counselling -Parenting skills training -Drug Addictive Disorder Services	-Funding -Need for improvement in monitoring and evaluation -Problems with building community among NGOs -Competition for funding across NGOs -Targeting: Need to saturate communities
Youth Opportunities Unlimited	-Building self-confidence and self esteem among adolescents -Ensuring that adolescents complete their post-primary education and are equipped to become productive citizens	-Mentoring for adolescents	-Funding -Problems with forcing community -Lack of collaboration across NGOs -Competition for funding across NGOs -Need for public campaign on NGOs' programmes



Youth Opportunities Unlimited	<ul style="list-style-type: none"> <li>-Building self-confidence and self esteem among adolescents</li> <li>-Ensuring that adolescents complete their post-primary education and are equipped to become productive citizens</li> </ul>	-Mentoring for adolescents	<ul style="list-style-type: none"> <li>-Funding</li> <li>-Problems with forcing community</li> <li>-Lack of collaboration across NGOs</li> <li>-Competition for funding across NGOs</li> <li>-Need for public campaign on NGOs' programmes</li> <li>-Targeting: CSJP is based in too few communities</li> </ul>
Sistren T.C.	-Using artistic expression to promote social change	<ul style="list-style-type: none"> <li>-Building life skills, using the performing arts</li> <li>-Psychosocial development</li> <li>-Youth leadership training for 17–26 year olds</li> <li>-Youth skills development, involving photography, digital design and</li> </ul>	<ul style="list-style-type: none"> <li>-Funding</li> <li>-Need for improvement in monitoring and evaluation</li> <li>-Political interference</li> </ul>

### 3.5 GAP ANALYSIS

There is no shortage of policies. However, not all policies for children have been crafted using the CRC or CCPA as the lens. This does not mean that the policies that fail to do this are necessarily incompatible with the CRC or CCPA, but a child rights perspective could, usefully, point to omissions, highlight lapses in policy implementation, and identify more and less obvious contradictions. In commenting on the complement of education policies, for example, one key informant observed that while the policies on parenting and on play draw, definitively, from the CRC, this does not obtain in many cases. The respondent noted that, had the CRC provided the guide for policymaking, specific omissions could be cited; specifically, there is no policy that deals with the local creation of children's literature. A CRC-CCPA lens would be instructive and is therefore necessary, which again raises the important role that the NFAC should play.

However, as the same interviewee pointed out, while a child's rights framework is critical, it is also important to ensure that there are mechanisms in place to translate policies into effective action. Here there is a significant gap. As with other ministries, a number of policies are in a state of limbo for varying reasons:

1. Although there is a demonstrated commitment to multi-sectoral policymaking (there are steering and working groups from different ministries in an attempt to avoid the duplication of work and build on partnerships), the challenge that the MOE faces is common across the ministries; that is, ensuring that partners who have committed to particular tasks actually fulfill their mandates. One representative from the MOE

acknowledged that, in practice, certain sectors “do more work than others” and that if MOUs are not adhered to, there is no real alternative. Though there is an effort to try to document what is expected, there is a breakdown in monitoring and evaluation.

2. There is no or limited funding to implement policies.
3. There are human resource constraints.
4. The bureaucracy (procurement guidelines, excessive reporting) of the system can slow down implementation.
5. There are substantial gaps in management.
6. Policies, such as a proposed policy on children’s play, may require much public persuasion to break down cultural barriers.
7. There may be limited understanding and ownership of the policies among implementers.
8. Problems occur when implementation depends on input from other stakeholders, who may have resource and other constraints.

It is important to underscore that key respondents from all the other ministries noted similar gaps. They emphasized that the product is that while ministries and agencies have coined impressive policies, too many exist only on paper or are implemented partially.

Select academics and policymakers were asked to highlight the lessons they had learnt about policy formulation and implementation processes (specifically related to child rights) in Jamaica. There seems to be some agreement that the breakdown that occurs at the level of implementation may have some foundation in how policy was formulated. Except for the absence of carefully crafted policies on disabilities, the existing policies are well conceptualized. However, respondents maintain that behind the appearance of “wide stakeholder involvement”, there is, at times, insufficient “meaningful” stakeholder consultation, particularly with persons responsible for implementation. The processes therefore do not always create the degree of ownership that stakeholders expect.

Participants in one focus group explained that many policies are not financially feasible. Policies require action plans, which should be “costed”. However, the policies that are created are often too expensive to implement. Policymakers may not have recognized this during the design process. On other occasions, policies may not be expensive but they may be insufficiently resourced. Apart from the lack of financial resources, there may also be constraints in human resources. Resource availability is often not well considered during the policy planning stage. The findings show that there is need for attention to issues such as capacity of management information systems for effective implementation, capacities of persons working in the system and need of additional staff. There is clear need for technical support in policy and programme planning. The case example below demonstrates how these “gaps” can affect initiatives.

### **Ananda Alert System**

The Ananda Alert system, initially summarized above, is patterned off the Amber Alert system in the United States. It can be described as an emergency response to the growing number of child abductions in Jamaica. The Constabulary Communication Network (CCN) notes that, between 1 January and 30 September 2008, 737 children were reported missing. Among these were 177 males and 560 females. Thus far, 519 children have been returned; there were two confirmed murders and one that remains suspected.

Recognizing the need for a comprehensive strategy, the planning process involved a wide range of stakeholders, including local authorities; the Jamaica Constabulary Force; the Jamaica

Defence Force; the CDA; OCA; Hear the Children Cry; Office of Disaster Preparedness; Ministry of Information, Culture, Youth and Sports; MOE; Ministry of Transport and Works; mobile networks; churches; schools/after-school care centres; libraries; post offices; media houses and local cable companies; Jamaica Fire Brigade; EMS; National Association of Taxi Operators and other transportation agencies” (OPM 2008).

In its inception phase, all stakeholders were involved in extensive consultations. This proved to be critical for obtaining support and commitment for what needed to be a multipronged initiative to protect children from abduction and recover abducted children within the shortest time possible. A plan of action was defined. The DLG, through its Local Authorities, was to have a key role in the process. The parish councils, located as they are in the centre of most towns and the first point of call for emergency and disaster responses, were named “critical partners in the coordinated search and recovery strategy of a missing child case” (OPM 2008). The OPM/DLG/ALGA proposal for the Ananda Alert system identifies the council’s key role as follows:

Each parish council (Local Authority) will have a secretariat or hub with dedicated personnel who liaise with the Jamaica Constabulary Force in disseminating the information. They are also a key linkage with most of the government agencies such as the Social Development Commission and the Jamaica Fire Brigade. They also have integral partnerships with other organizations such as the Chambers of Commerce, including Youth and Service Clubs, in their daily activities.

The DLG, through its parish councils, was also responsible for mobilizing communities to protect their children, yet has encountered a number of challenges:

- A.** The coordination among the partners is not as effective as envisioned. For example, there is need for greater action at local level. Staffing needs to be increased such that each council will have an alert desk.
- B.** Traditionally, parish councils are involved in managing parish infrastructure: roads, markets, cemeteries, abattoirs, and planning applications. Some councils are resistant to adding new responsibilities, asking: “Why should we be taking up child issues and not CDA?”
- C.** A lot of work is required to build the capacity of the police to produce disaggregated data, such as on the numbers of children who run away, have been abducted, or are victims of human trafficking. The DLG’s view is that the police needs to improve data collection so that necessary interventions can be made.
- D.** The MOJ, particularly its Victim Support Unit (VSU), requires adequate resources to deal with the trauma that children and families suffer.
- E.** Resources are required for public education. The DLG hopes to convey messages via huge billboards across the island, which will portray photographs of missing children. As well, the DLG is also partnering with the JUTC and the JCF to display photos of missing children in buses.
- F.** The shift system presents a challenge. While the MOE finds it necessary to use shifts in order to secure more manageable numbers of children within the classrooms, children who are returning home in the late evenings are especially vulnerable to abduction.

Interviews within the VSU revealed further gaps in the system. The VSU’s critical role is to provide psychosocial support for all victims, which may include the missing child, the family of the missing child, and the extended community, which is affected by the child going missing. In order to meet needs, the VSU is expected to offer counselling and immediate emotional support, which requires assessing the type of trauma through a screening exercise. The VSU should also provide community assessment, including among children, to gauge fears of being

abducted. In response to the observed needs, the organization is meant to build the capacity of support groups in the immediate community. This includes training workshops to increase the cadre of people who can provide counselling, particularly grief counselling and counselling for the sexually traumatized.

The VSU acknowledges, however, that while the police should inform them once a child goes missing, this rarely occurs. Therefore the system is breaking down at the referral stage. In their analysis of the reasons for this crucial oversight, the VSU contends that while the top hierarchy understands the rationale for immediate referral, those who actually “man the stations do not”. This is an important observation that is also relevant for other ministries and agencies.

In addition, the VSU is severely resource constrained. Currently, there are thirty-five staff members who are skilled in psychology; these are required to serve the entire country. Parish offices are short staffed. The VSU’s observation is common across the agencies: “We have a policy that is sound but lack the resources to execute”.

Many of the problems raised in this case example were already discussed in Section 2: the difficulties with coordination, management and leadership; financial and human resource constraints; low capacity levels in some agencies; partial ownership, despite the commitment to multi-stakeholder involvement; inadequate clarity/delineation in responsibilities; the perceived importance/unimportance of the issue; and the inability to effectively persuade/communicate effectively with key stakeholders. However, the case example raised another, less tangible but significant issue: the problems with attitude. Participants in the focus groups talked at length about how policy objectives can be distorted because of people’s attitudes, particularly:

1. *A reluctance to embrace new tasks and new ways of doing things.* As noted, some parish councillors do not accept that work on children’s issues should fall within their mandate, as this was not their original purpose. Some key respondents emphasized that the synergies that could be created across policies, programmes and projects are often not cultivated because persons are reluctant to embrace directions that were not originally intended. For example, Section 2 related the perception that the synergies that could be created between PATH and Child Labour programmes are not built because policymakers insist on adhering to what PATH was originally intended to do. The focus groups agreed that this attitude can effectively stifle creative policymaking.

2. *A tendency to protect turf.* This was a common complaint. The comment from one key respondent in the health sector (noted above) underscored one of the causes: “There is so much competition on the ground that everyone tends to keep their ideas to themselves”. Beyond this, the individual interviewees and focus group participants emphasized that there was some distrust across the agencies, specifically, a preference to operate “in silos”, despite the commitment to multi-stakeholder relationships, and a tendency to protect perceived power balances and to maintain a form of “kingship” over particular areas. Such attitudes have created divisions among state agencies, across state and non-state agencies and among non-state agencies. Moreover, they have resulted in costly duplication of activities and failure to form productive associations that could result in more effective programming.

Policymakers acknowledged that these are tough, but necessary, issues to grapple with. However, they raised other significant concerns. Focus group participants questioned the sufficiency of the CRC and CCPA, emphasizing that, in a context of pervasive social inequalities, the provisions of these acts should be used, decidedly, to promote goals of social equality and justice. They proposed that this is the sort of meaningful link that should be made

with the NDP. Indeed, the findings revealed that there are persistent concerns about the quality of provision and, particularly, the partiality of provisions, which adds to the multiple disadvantages that particular categories of children encounter. For example, the Association of Private Children's Homes is concerned that the HEART programmes do not meet the needs of children within homes, although their needs and rights should not be regarded as less than those of other children. Though they do not dispute this, respondents from the CDA point out that there has been some progress in that regard since there are now children within homes who are sitting national examinations. This, they note, is the outcome of the CDA's decision to pay the teachers and healthcare providers who provide services to the children in care. There are questions about whether this ought to be the CDA's responsibility or whether there should not be a solid commitment to provide health and education (and other) services to children wherever they are placed. As one respondent noted: "Children's rights should not be taken away because they are in correctional facilities". In one focus group, participants explained that children within rural areas are perpetually overlooked; many within rural parishes have no knowledge of how to access the OCR. Such issues cannot be relegated to concerns for child protection, particularly when this is conceived in a narrow sense. Rather, they speak to the interrelatedness of policies and programmes on the whole, as well as the urgency for policies that will address the very roots of the inequalities in rights and possibilities that *different* children encounter, with a view to correcting them. In another focus group, policymakers argued that it was important to reflect, candidly, on the extent to which work across the agencies actively contributes to a reduction in intergenerational poverty.

What sort of institutional arrangement is required to address these deep policy and programming gaps? Here, the policymakers and practitioners within both focus groups suggested that there should be a ministry or agency that is dedicated solely to children's issues. Some proposed that the CDA should be at the hub of this operation and that it should be given the resources to coordinate the child protection sector. The CDA's mandate, they proposed, would need to go beyond government agencies and embrace civil society groups. This more centralized operation would seek:

1. A rights based approach to policymaking and programming
2. Better synergies across policy makers
3. Improved accountability for MOUs
4. Coordinated monitoring and evaluation
5. Improved relations with CBOs and NGOs

In addition, the focus group insisted that the PIOJ needs to concentrate, even more closely, on sharpening synergies across sector plans. Here, there was some confusion about whether this was a more appropriate role for the Cabinet Office. The discussion exposed the importance of clearer delineation of responsibilities.

<b>Goals</b>	<b>Findings</b>	<b>Areas for Intervention</b>
Processes are in place and operational to translate policies into concrete programmes.	It is important focus on each policy rather than to seek general responses. However, in many cases, the processes for translating policies into concrete actions are not as effective as desired. Lapses in policy planning and severe	-Critical analysis of where policies are and are not required/feasible -Provide technical assistance to improve the translation of policies into concrete actions

	resource constraints are among the reasons for failures at implementation.	
Policy formulation processes have involved all key stakeholders, including children.	In principle, policy formulation processes involve wide stakeholder consultation. However, questions have been raised about the extent to which these consultations involve the critical policy implementers, especially in ways that promote ownership.	-Provide technical assistance to improve the quality of stakeholder involvement
Policies and programmes incorporate and actively uphold the CRC's indivisible principles: best interests of the child; non-discrimination; right to life, survival and development; and the right to participate.	The CRC is not necessarily used to guide policy, although there are select policies that pay special attention to incorporating the principles. One of the more apparent omissions is the inadequate attention to disabilities.  Develop mechanisms for translating policies into effective actions.	-Urgently refine the NFAC such that it provides the appropriate "CRC-CCPA" policy guidelines
Policies and programmes have effective synergies, which ensure coherence.	There are many policies without programmes as well as programmes that do not have explicit policies. It is important to carefully audit these in order to determine where there are synergies and contradictions.	-Close audit to define synergies and contradictions across national policies and programmes. -Ensure understanding of the planning agency's role in coordinating policies and building synergies -Assess costs and benefits of exploring synergies
All implementing agencies and other key stakeholders know the provisions of each policy and programme, as well as their roles in implementation.	There are differing views on the extent to which implementing agencies and key stakeholders know their roles in implementation. Commentators also acknowledge that parties may know but not accept/own their roles.	-Conduct capacity gap analysis to see where improvement needs to be made in communication and coordination -Develop strategic actions to improve collaboration -Refine process for defining MOUs -Define responsibilities and develop strategies that would improve compliance with MOUs
There is effective	Progress has been made in	-Assess the relationships

<p>communication and coordination across implementing agencies (state and non-state).</p>	<p>involving NSAs in policy formulation and implementation process. However, the level of collaboration that is desirable is still impaired by territorialism, competition for funds and latent suspicions across agencies.</p>	<p>across state and non-state agencies, paying special attention to the histories, power dynamics and formal and informal institutions that shape them          -Conduct capacity gap analysis to see where improvement needs to be made in communication and coordination          -Develop strategic actions to improve collaboration</p>
<p>Sufficient resources are available for effective implementation of each policy and programme.</p>	<p>In almost all cases, there are insufficient resources available for effective policy implementation.</p>	<p>-Analyze how better use can be made of existing resources          -Coordinate efforts to secure additional financial and human resources</p>
<p>Capacity levels are adequate for effective implementation of each policy and programme.</p>	<p>Capacity levels vary across and within implementing agencies.</p>	<p>-Audit to define capacity levels within each agency, as well as across state and non-state agencies.          -Explore avenues for maximizing on under-utilized capacities</p>
<p>There are systems and mechanisms in place and operational to effectively monitor and evaluate implementation of each policy and programme.</p>	<p>Monitoring and evaluation processes and procedures exist; the NDP: Vision 2030 has developed a fairly comprehensive framework. However, there are perceptions that the system is not adequately institutionalized and that there needs to be more effective mechanisms for enforcing compliance.</p>	<p>-Assess the deficiencies in monitoring and evaluation          -Develop specialized skill set for M&amp;E          -Cultivate culture of monitoring and evaluation as well as strategies and mechanisms for ensuring compliance</p>

## SECTION 4: CHILDREN'S PARTICIPATION IN ISSUES THAT CONCERN THEM

Presently, there are no explicit policies regarding the right of the child to participate, as far as is age appropriate, in issues affecting his/her life. This weakness prompted the UNCRC to note in

### **Recommendation # 29:**

In light of article 12 of the CRC, the Committee recommends that:

- *Children's views to be given due consideration in courts, schools, family, relevant administrative processes and within families*
- *The adoption of appropriate legislation, the training of professionals working with and for children, information campaigns*
- *Child participation must be a feature when preparing the next government report for the UN Committee*

The CCPA pays some attention to children's *participatory* rights. It confirms that the child "has the right to be consulted and, according to the child's abilities, to express his views about significant decisions affecting him/her".<sup>17</sup> However, there are cultural barriers to institutionalizing the child's rights to participate and it is, therefore important to examine the processes employed, challenges encountered, and the interventions and resources required to bridge identified gaps. Furthermore, it is necessary to assess the extent to which genuine opportunities are provided for meaningful child participation, recognition and respect for children's evolving capacities, and opportunities to have their voices heard.

The concept, evolving capacities, is important: "It recognizes that as children acquire enhanced competencies, there is diminishing need for protection and a greater capacity to take responsibility for decisions affecting their lives." The CRC acknowledges that "children in different environments and cultures, and faced with diverse life experiences, will acquire competencies at different ages. Action is needed in law, policy and practice so that the contributions children make and the capacities they hold are acknowledged" (Lansdown 2005, 3). However, perceptions of child competencies are subjective and various commentators have highlighted the imbalance that exists, given the differing views.

For the majority of agencies interviewed, children's participation is restricted to their involvement on committees, consultations on policies and representation in child rights events, this despite clarification from the Cabinet Office on the differences between consultation and participation.

Very often the terms consultation and participation are used interchangeably in relation to the involvement of stakeholders in the decision-making process. However, there is a distinct difference between consultation and participation, as participation in the development context refers to a long term activity, within which individuals and communities are fully involved in decision making, take ownership and are actively involved in the identification of problems, formulation of plans and the implementation of decisions.

Consultation on the other hand refers to a process for seeking the views of individuals, groups and communities on specific issues. More specifically, for the purposes of this code, consultation is defined as an exchange of information and ideas between affected and interested people and decision-makers before a decision has been reached.

(Cabinet Office, Consultation Code for the Public Sector, 2)

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<sup>17</sup> Child Development Agency, *Child Care and Protection Act 2004: Implementation Handbook for Professionals*, 36.



With few exceptions, child participation is not encouraged in ways that would challenge the established order and dynamics of power but is incorporated so as to fulfill particular mandates. It is worth noting, for example, that very few respondents had considered the possibility that children could become involved in independent monitoring of their rights or that they could play a leading role in promoting their rights in the media. One respondent observed:

Child participation is often on a token basis and, more often than not, pushed by international agencies. There is a real challenge to find appropriate modalities for children's participation in policy deliberation and/or project/programme implementation on a meaningful basis. Identifying the gaps between commitments at the policy level and implementation should be straightforward. Filling the gaps will not be, until the institutional and cultural adjustments are made in the policy processes. (written response, 2 July 2010)

The following is a synopsis of some of the recognized "child participation" activities. The list is not exhaustive. A much more extensive survey is required to gather a complete picture of the types of activities that exist, particularly within communities. Many of these NGO and CBO led activities have good potential and should be encouraged. Encouragement need not mean developing alliances, since alliances can be used to stifle children's views when they appear to test particular positions. Rather, encouragement may involve facilitating space, such that emerging children's organizations can channel views in ways that are peaceful and constructive.

#### **4.1 Integrating Children's Views in Administrative Processes**

Some agencies, including those entrusted with the promotion and protection of child rights have, in an effort to integrate children's views in "relevant administrative processes", made attempts to canvass the involvement of children in key programmatic and strategic decisions. These initiatives include:

- Efforts by the CDA to include children in their strategic planning activities. This included the establishment of a Children's Panel, which acted as an advisory group to the Chief Executive Officer of the CDA. For its *Corporate Strategic Planning 2009–2012*, the CDA held three child focus group sessions, involving 39 children. Approximately 29 of these children were from the residential childcare sector while the remainder were "out of care" children from high schools in the KMA.
- The CDA Monitoring team consults with children in residential childcare facilities. Their views and recommendations are heard and used to inform action that is taken by the CDA and institution managers. There is a complaints policy, which outlines the mechanisms that children can use to voice concerns and make recommendations.
- Some age-appropriate residential childcare facilities have children's councils, which are very active and allow some level of independence in self-governance. Children may act as managers for the day. Some make decisions and rules governing their operations, roles and responsibilities in the facilities. In some government run children's homes, children sit on management committees and are part of staff meetings.
- The CDA has prepared a Life in Care Interview instrument, designed to solicit children's views of care services received.
- CDA incorporated views from over 400 children into Jamaica's country report to the UNCRC.
- Student Satisfaction Survey: The canvassing of student opinions on their schools is now a part of the new school inspection model being implemented under the Education Transformation Programme. The data from these surveys are used to help form the basis on which school effectiveness is assessed.

#### **4.2 Developing Children’s Knowledge of their Rights, including to Participate**

Numerous agencies have been engaged in increasing the children’s awareness of their rights. Here are some examples of certain initiatives:

- The CDA has developed and produced child-targeted and child-friendly communication materials explaining the provisions of the CCPA and the protection provided to children by the Act. This includes both audio-visual and written material. Much of this work was done in collaboration with UNICEF and targeted children in the age groups from 7 to 12 and 13 to 17 years of age. Children from both age cohorts were consulted in drafting these child-friendly booklets. In addition prior to distribution island-wide over 3,500 children participated in a survey (pre-test) to test their knowledge of the Act. A similar survey (post test) was conducted with the children to determine the level of improvement and increase in the knowledge of the children. Over 160,000 copies of the booklets for children in the 13 to 17 age group have been distributed; close to 30,000 booklets designed for children in the 7 to 12 age group have been distributed.
- The OCA has conducted public education workshops geared specifically at providing children with information about their rights and the role of the OCA in working to protect those rights. Similar workshops have also been conducted with teachers and guidance counsellors in schools across the island.
- The CCPA also provides for children to be informed in age appropriate language of the nature and substance of court proceedings in which they are involved. Children are to be informed in child-friendly terms on all matters that directly affect them, and provision is also made for suitable interpreters for this purpose where the child has a special need.
- The Caribbean Child Development Centre (CCDC) has involved children in developing a course on child rights. The course is designed to “bridge the gap between child rights theory and practice by increasing the learner’s understanding of child rights within local, regional and global contexts and by developing knowledge and building skills to utilize a rights-based approach, to uphold and effectively advocate child rights in the field, their home and community” (CCDC 2009).
- The NCYD, with UNICEF’s support, operates YICs in the parishes of Kingston and St Andrew, St Catherine, St James, St Mary and Portland. In these centres, children and young people between 10 and 24 years of age are encouraged to discuss the issues that affect their lives. YICs also provide training for youth and adolescents.

#### **4.3. Developing Children’s Research Capacities**

The Caribbean Child Research Conference, is an annual conference hosted jointly, since 2006, by the University of the West Indies, United Nations Children Fund, CCDC, CDA, OCA, and the PIOJ. This conference provides opportunities for young researchers from secondary schools across the island to conduct research on critical issues of interest to children and present their findings at the conference, alongside established academics and researchers. Each year an award is made to the most outstanding young researcher. In the 2009 conference, children were not only included as presenters, but were also integrally involved in the planning and implementation of conference activities.

#### **4.4. Involving Children in Governance Roles**

There are systems and programmes in place that allow for children to learn about government and governance.

- The student council system is an established part of secondary schools across the island. The activities of these student councils are coordinated by the National Secondary Schools Students Council, which is funded and facilitated by the MOE. In some

secondary schools, a representative from the student councils sits on the Board of Governance of the school.

- The National Youth Parliament has 60 youth representatives across the island, each representing a different constituency. The Youth Parliament holds annual debates, which some government representatives attend. The National Youth Parliament is viewed as “too ceremonial” and plans are afoot to build a more active organization that has real impact on the Jamaican Parliament.
- The Jamaica Youth Ambassador programme allows youth to serve on boards and committees within and outside the country. The current cohort was appointed in 2008 and includes “two CARICOM Youth Ambassadors, one Commonwealth Youth Ambassador, one Alternate Commonwealth Youth Ambassador, one Positive Living Youth Ambassador to the Commonwealth, two Youth Ambassadors to the United Nations General Assembly and seven Youth Ambassadors At-Large, with the latter being assigned to areas such as Culture, Peace, Rural Areas and Environment, Disabilities, Healthy Lifestyles, Livelihood and the Organization of the Americas” (CDA 2009a, 13).
- The CDA has also introduced provisions for children to participate in the management of some state run children’s homes.
- Children First (CF) is a nongovernmental, community-based organization, which was established in June 1997. It currently operates in Spanish Town, with an additional branch in Old Harbour Bay. CF focuses on children from lower socio-economic backgrounds, who have dropped out of the formal school system and are not attached to any formal institutions. In Old Harbour Bay, it works with child labourers. CF offers a variety of activities: summer camps; life skills training; community mobilization; literacy and remedial education; recreational and sporting activities; environmental awareness; child rights and participation; school placement and referrals; career guidance and placement; adolescent reproductive health; occupational and technical skills training; entrepreneurial skills; youth advocacy training and programmes; empowerment of parents (projects and training); and counselling on physical, emotional and sexual abuse. Importantly, Children First actively puts child participation into practice by involving young people in program design, planning, research, management, advocacy, implementation, board oversight and M&E. Project documents explain that this “has served to empower them and to instill a strong sense of ownership of the organization”.

#### **4.5. Developing Children/Youth Advocacy**

Particularly in the area of advocacy, Jamaica has benefited from the leadership of several NSAs in the thrust to engender meaningful participation of children in key rights issues. Some of the initiatives have been designed and implemented by young people themselves.

- The JCRC worked alongside UNICEF to launch a Youth Advocacy programme aimed at providing space for adolescents to articulate their views on issues that directly and indirectly affected them. The Youth advocates were drawn from the public school system, children’s home and places of safety and youth and faith-based organizations across the island. The main methodologies used by the JCRC were:

**1. Dialogue** – interfacing with children and youth in Children’s Homes, Places of Safety and Juvenile Institutions

**2. Action Research** – undertaking special projects in relation to implementation of the CRC in Jamaica

**3. Networking** – collaborative work with a wide cross-section of agencies

- Hear the Children Cry was established as a mouthpiece for children, but it has now evolved into a programmatic work. Though not the primary objective of the JCRC, this is one of their outputs, as the organization is intent of giving children and young people a

voice and to provide avenues for listening to their concerns. Therefore, their radio show regularly involves children and young people. Hear the Children Cry also works with young adults, particularly males. In one particular programme, called Community Empowerment, young people converse about where they are and where they would like to be. In the rap sessions, the hosts get a sense of how young people feel about their communities and about themselves. Ultimately, the aim is to provide practical alternatives for young people.

- There are very many youth groups within communities, which facilitate children's and youth advocacy in local issues. The Social Development Commission has been instrumental in forming some of these groups. However, agencies such as RISE Life Management as well as private foundations such as Multicare, and Grace and Staff have also encouraged the formation of youth groups in some violent, inner-city communities. The Stella Maris Foundation has worked, for a considerable period, on building youth leaders within the Grants Pen community and is able to show the numbers of gunmen and potential gunmen that its youth empowerment programme has managed to divert from crime. Significantly, some of these initiatives were youth-generated. It is very important to underscore that youth participation is vibrant in many of the most violent communities. There are youth associations in Waterhouse, Two Miles, Tower Avenue, Seaview Gardens, Riverton, Drewland and Southside, as well as parenting groups that are concerned with protecting children's rights. These are some of the groups that have significant potential, but they lack visibility.

#### **4.6 Means of Inter-institutional Coordination**

The lists and descriptions above depict, largely singular, efforts to promote child participation. The NTP (described below) makes deliberate attempts at inter-institutional coordination, in large part because it lacks the funding to embark on its own initiatives. The NTP has suggested that the lack of a budget provides an opportunity rather than constraint; particularly, it prevents duplication. Thus, the NTP is engaged in intense lobbying of government and NGOs to capitalize on existing networks and available resources.

#### **4.7 GAP ANALYSIS**

Inventories are important but they say little about the dynamics of participation. What is presented on paper may have little relation to what obtains in practice. The case study below describes some of the common challenges to building participation, particularly when children lead the initiatives.

##### **4.7.1 The National Student Council (NSC)**

The NSC is, perhaps, one of the most adventurous initiatives to promote participation. Its National Executive comprises a president, general secretary, public relations manager and national treasurer. Elections are held annually. Though the NYCD, supports the NSC, it is an autonomous group.

The NSC's primary mandate is to advocate on behalf of students on matters such as proper educational facilities, school resources, school management and leadership within the school community. In addition, through its Rights, Respect and Responsibility campaign, the NSC delivers messages about child rights in ways that are responsive to, and reflective of, children's everyday experiences. In delivering its messages, the NSC goes into schools that lack effective councils and use media, such as drama, to help children to understand their rights under the CRC and CCPA.

Despite these efforts, one NSC representative explained that children are still not sufficiently knowledgeable of their rights and do not act on them. Among the reasons is the resistance that student governments encounter within the schools. Respondents explained that they receive little support from many guidance counsellors because a top down approach to child participation still dominates. They report that there are many teachers who appear to be threatened by children's participation and try, in more and less obvious ways, to stifle it. For example, some teachers actively undermine children's participation in decision-making; in some schools, principals dissuade children from participating in the school's affairs.

In addition, efforts to promote child participation may be unsuccessful because not all practitioners are able to communicate with children, broadly, and particular categories of children, specifically. As one respondent explained:

There is a need to understand different groups children if you are dealing with them. As a student, I have no problems talking to children about child rights but some adults are unable to go to the level required for various children to understand.

This is an important observation that requires serious thought. There are agencies in Jamaica, which have honed communication strategies and have solid reputations for reaching diverse groups in novel and effective ways. Rather than conduct individual programmes, it would be useful to tap into these resources. Among these are Sistren Collective and Women's Media Watch.

However, one key respondent from the NSC identified wider challenges to participation. He explained that students had discussed and claimed to be disenchanted by the perceived lack of accountability, such as for the tragedy at Armadale. In his opinion:

Under CCPA, someone should be held accountable. How can we go forward without visible accountability? There is now no trust in government. Any day we see the prime minister or ministers take full account, that's the day we will see more young people going to the polls.

This key respondent also spoke of children's frustration with what they see as the government's tendency to publicize achievements in the area of child's rights promotion and protection, largely to persuade the international community, while the general population is not as aware of these achievements or of the roles and functions of the organizations that lead them. He noted, for example, that state agencies are keen to advertise the existence of the NCYD, the Young Ambassadors Programme and the Youth Councils, though the majority of children and young people have no knowledge of their existence. He argued that if young people were aware of their existence, it is likely that many more would express interest in participating.

One NSC representative spoke of the organization's own lobbying efforts to participate in child rights monitoring, having not been invited by the government. Following Armadale, the NSC approached the director for the advocacy group, Hear the Children Cry, as this organization appeared open to the children's ideas on how they could assist with preventing abductions and facilitating speedy return where abductions do occur. With support from Hear the Children Cry, each student is now on a database. If a child goes missing, texts are sent to all children in the network. This NSC representative sees the organization's initial exclusion as proof of the government's limited perception of children's capacities:

The government did not invite us. The government believes that young people can participate to some extent. They do not think we can be a part of implementation. However, the government should encourage students to comment, for example, on budget allocation for the youth or on the Crime Bill. (Personal Interviews, 28 June 2010)

#### **4.7.2 The National Transformation Programme (NTP)**

Notably, the OPM insists that its NTP is advancing a radical approach to child and youth participation. Through partnerships with other government agencies, civil society, private sector and the church, the NTP seeks to bombard the nation with values based messages to stimulate thinking change and behaviour change. It also seeks to coordinate social interventions that match up to these interventions, recognizing that there are already too many overlaps, gaps and duplication; thus, the aim is to partner with organizations that already have a budget. The key messages are that every Jamaican is a first class citizen who ought to reside in first class communities; respect for self and tolerant treatment of others must be encouraged. In order to promote these messages, the NTP has been involved in a sensitization campaign, involving government ministries and non-state agencies. The NTP has also engaged the leadership of the NSC in order to develop a system for pre-violence mitigation. A “Students for Transformation” group has now been formed, with responsibility for disseminating the NTP’s key messages within schools. Students for Transformation has an executive, comprised of a president, vice chair, treasurer, secretary and subcommittees that deal with different subjects. Among these subcommittees is one that is dedicated to radio and television. The RJR Group is facilitating youth discussions, in which students will air problems and direct their energies to finding solutions. Effort will be made to engage state and civil society groups in implementing solutions.

Students are also engaged in the public order/queuing campaign, in which persons who use the transport centre will be encouraged to queue for service. NTP is now seeking to advance conversation with the cable companies in order to highlight first class behaviour.

Other key activities include:

1. A poster competition, which asks students to demonstrate respect and reverence for life in artistic form.
2. Partnership with Jamaica Junior Achievers to introduce a programme on business ethics that is focused on children.
3. Collaboration with the Youth Parliament to raise issues, which subsequently become an agenda item in Parliament. Rather than a ceremonial enterprise, the Youth Parliament is to be energized through being politicized; as one respondent from the NTP indicated, “the issues discussed must get somewhere”.
4. Member of Students for Transformation are being engaged as guest speakers at various ceremonies with the reasoning that “adults need not speak to children all the time when children can better engage with children”.
5. Students for Transformation are now poised to lead aspects of various summer camps.
6. Students for Transformation will represent children who are in care, to ensure that their needs are adequately represented in policies.

Questions were raised about how value based messages will be targeted to address the ingrained inequalities across social classes. The NTP noted that it is committed to ensuring that the Students for Transformation groups are broad based, rather than concentrated in and on particular social classes. Thus, groups have been formed in 16 schools in Kingston, St Catherine, St Ann and St Mary. They include schools across social classes, such as Tivoli Comprehensive, Saint Andrew Technical, Mona, Wolmer’s, Holy Childhood, Merl Grove and Champion. Therefore, the NTP aims for a strategy that involves and tackles the issues that all social classes face. Transformation, they note must proceed “from Waterhouse to Jamaica

House”. At this early stage, no evaluations have been conducted, although, unlike many organizations, NTP has included monitoring and evaluation as part of its programming strategy.

<b>Table 21: Summary of Findings and Areas for Intervention (Child Participation)</b>		
<b>Goals</b>	<b>Findings</b>	<b>Areas of Intervention</b>
Agencies have a consistent and sufficiently rigorous definition of meaningful child participation.	Understandings of child participation vary across state and non-state agencies. While some agencies are content that consultation is sufficient for meaningful participation, other agencies refute this and experiment with deeper forms of involvement, such as in governance processes and decision-making.	Institutionalize understanding of “meaningful” child participation and of the concept and implications of “evolving capacities”
Processes are in place and operational to build recognition and support for meaningful child participation among state and non-state agencies.	There are no defined processes in place for building recognition and support for meaningful child participation. Agencies tend to promote individual and some joint initiatives.	Develop realistic, well staged, processes for building recognition and support for meaningful child participation
Planning processes, policies and programmes incorporate and actively uphold the child’s right to participate and do so in meaningful ways.	<p>Over the last five years, there has been some progress in promoting child participation. It is significant that the CDA has incorporated children’s inputs into its Corporate Strategic Plan 2009–2012. The National Youth Policy also includes children’s views. The NTP plans to include children from different social classes in executing its programmes and in influencing policy. However, efforts such as these are uncommon across agencies; for example, children’s views are not normally included in sector plans and policies.</p> <p>Among few NSAs, children are being included in governance, advocacy and decision-making. Children are also building their own initiatives. However, there is no clear emphasis on building child participation at community levels. Much more work is required to involve children who are normally overlooked. The CDA has included the views of children in care and the NTP plans to continue this strategy through representation of their interests by the Students for Transformation. Children First is one of the few organizations that involve unattached children in all aspects of programming. However, there are significant gaps in reaching and involving the children who are most marginalized, in</p>	<p>Develop realistic, well staged, processes for building recognition and support for meaningful child participation in planning processes</p> <p>Technical assistance with responding to “intersectionalities”, such that groups who suffer overlapping forms of disadvantage can be included in ways that prompt their development</p> <p>Mainstream child participation</p>

	<p>meaningful ways.</p> <p>Overall, efforts to build child participation are sporadic rather than systematized. Child participation is not mainstreamed across the agencies and there is no consistent current effort to secure this. Among the major challenges are cultural perceptions, longstanding power dynamics, inadequate capacities to reach children at their level and in innovative ways, and inadequate or poorly used resources. It is very important that state and non-state agencies concentrate on tackling the issues that currently undermine the synergies that can and should be built. The unhelpful mutual suspicions and competitions across agencies (state and non-state) are proving costly to the children's welfare.</p>	
The child's right to participate is clearly incorporated in national legislations.	Legislative provisions for children's right to participate are inadequate. Analysts recognize that child participation should feature more prominently and concretely in a revised CCPA.	Incorporate relevant legislations into CCPA
Sufficient resources are available for building meaningful child participation in the policies and programmes that concern them.	Agencies claim that there are inadequate financial and human resources for building child participation; however, there is ample evidence that although these assertions are plausible, agencies have neglected to build the synergies that would minimize duplication and costs. Without an in-depth study of the resources that exist, it is difficult to provide a firm assessment of the gaps.	<p>Undergo an audit of the resources and mechanisms available for building child participation</p> <p>Coordinate efforts to secure additional financial and human resources where required</p>
Capacity levels are adequate for building meaningful child participation in the policies and programmes that concern them.	There needs to be concerted focus on developing effective communication strategies for different categories of children. Conversely, it is also important to develop the capacities to translate children's views to policymakers. Negotiation skills are key to counteracting cultural oppositions to child participation and building support at all levels.	<p>Undergo an audit to define capacity levels within each agency, as well as across state and non-state agencies</p> <p>Exploration of avenues for maximizing on under-utilized capacities</p>
There are systems and mechanisms in place and operational to	Generally, monitoring and evaluation are underdeveloped within Jamaica. There is no systematic monitoring on the quality, effectiveness and gaps in child participation	Assess the deficiencies in monitoring and evaluation



monitor and evaluate the quality of child participation.	either at state or non-state level.	Refine monitoring and evaluation strategies
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## **SECTION 5: INDEPENDENT MONITORING SYSTEMS: DESCRIPTION AND ANALYSIS**

Child rights monitoring is critical, and it is necessary to build a sturdy system. Correspondingly, the evaluation aimed to assess whether processes are in place to build recognition and support for child rights monitoring among state and non-state agencies. This would involve ensuring that the policies and programmes that are being considered and implemented take account of the rights of the child, seeking to promote them. It would also involve continually monitoring programme and policy implementation to assess where and how child rights are being infringed, with the aim of plugging the gaps. Interviews revealed that “child rights monitoring” is not systematized or mainstreamed in this way. One respondent explained that this does not necessarily obtain, including within core ministries, such as the Ministry of Education: “I do not think that officers sit with the CRC and look at policies and programmes from that perspective”. Instead, there is an assumption that policies and programmes that are designed, for example, to educate the child and to provide for his health invariably satisfy the range of children’s rights. Predictably, this assumption has had problematic consequences. In the same way, child rights monitoring is not institutionalized across non-state agencies and communities, although there are attempts to promote such a culture.

### **5.1 Autonomous State-Supported Monitoring Agencies**

The UNCRC made the following observations and recommendations concerning the status of independent monitoring systems that operate for children:

#### Concerns and Comments

- *Committee notes that the CCPA will provide for the establishment of the Child Advocate but is, however, concerned about the current lack of an independent body for implementation of the CRC*
- *Concerns re Jamaica’s withdrawal from first Optional Protocol to International Covenant on Civil Political rights in 1998 (affects persons under 18)*

#### Recommendations

- *Establish independent and effective mechanism via Office of Child Advocate in accordance with Paris Principles and GC#2*
- *Seek technical assistance from any other UNICEF and OHCHR*
- *Consider re-acceding to First Optional Protocol and to the International Covenant on Civil and Political Rights*

#### **5.1.1 The OCA**

Jamaica has not re-acceded to the first Optional Protocol to the International Covenant on Civil and Political Rights. However, as noted above, the OCA was established through the CCPA, with legal, social, regulatory, investigative, administrative, and educational and advisory roles.

OCA’s mandate is as follows:

- *Keep under review the adequacy and effectiveness of laws and practices relating to the rights and best interests of children.*
- *Keep under review the adequacy and effectiveness of services provided for children by the relevant authorities.*

- *Give advice and make recommendations to Parliament or any Minister or relevant authority, on matters concerning the rights or best interests of children. This may be upon the request made by Parliament or other relevant authorities or, as the Children's Advocate considers appropriate.*
  - *Take reasonable steps to ensure that children are aware of the functions and location of the Office of the Children's Advocate. Also ensure that children are made aware of the ways in which they may communicate with the Children's Advocate.*
  - *Take reasonable steps to ensure that the views of children and persons having custody, control or care of children are sought concerning the exercise by the Children's Advocate of her functions.*
  - *The Children's Advocate may provide assistance (including financial assistance) to a child in making a complaint to or against a relevant authority.*
  - *The Children's Advocate may conduct an investigation into a complaint made by a child, his/her parent, guardian, or any other individual who has the child's best interests in mind.*
  - *The Children's Advocate may after consultations with relevant bodies issue guidance on best practice in relation to any matter concerning the rights and best interest of children.*
  - *The Children's Advocate may in any court or tribunal bring proceedings, other than criminal proceedings, involving law or practice concerning the rights and best interests of children.*
  - *The Children's Advocate may intervene in any proceedings before a court or tribunal, involving law or practice concerning the rights and best interests of children.*
  - *The Children's Advocate may, in any court or tribunal, act as a 'friend of the court' in any proceedings involving law or practice concerning the rights and best interests of children.*
- (OCA 2009, 6)

The OCA's annual reports document the organization's work in monitoring children's rights. The 2009 report indicates the OCA's achievement in all areas of responsibility and also underscores how the lack of adequate resources had, consistently, compromised outputs and outcomes. The following is an excerpt from that report:

### **Provide Legal Representation for Children as Required**

1. The Two Legal/Policy Officers made 134 court appearances representing 77 children as needed and on the request of the Family Court, Resident Magistrate Court and the Supreme Court (Circuit and Gun Courts).
2. The Legal Department, in addition to making court appearances, established jurisdiction over the 457 complaints received directly by the OCA and the 72 referred by the OCR. For children in conflict with the law, every effort was made to ensure their best interests were served and interventions included seeking for a matter to be given priority treatment in the court or applying for bail for the child and seeking to allow the child to continue with his or her education.
3. The Legal Department responded to daily enquires and provided legal advice on issues related to care and protection, custody, and maintenance.
4. At the Family Court level, there were interventions on behalf of nine children who required legal representation in criminal matters, and assistance was offered in getting them legal aid counsel. Representation was also made for 38 children in the Family Court deemed to be in need of care and protection and with respect to uncontrollable behaviour to ensure that their rights and best interests were protected. Successful applications were made for bail for eight children and advocacy for a child who had been placed on an interim Supervision Order in St Ann to return to Kingston to attend school and to receive counselling.

5. At the Resident Magistrates level, 25 matters have and are being watched on behalf of children, where complaints were made to the OCA about various infringements of rights. These involved children who have been victims under the Offences Against the Person Act. The matters included sexual and physical abuse offences, indecent assault and assault occasioning grievous bodily harm. The majority of the cases were involving sexual abuse and were both from urban and rural areas. The officers were able to successfully advocate for four very dated matters to be placed on the priority preliminary examination list and trial list and one of the matters is now slated for Circuit Court in Spanish Town (OCA 2009, 30).

### **Receive Complaints and conduct Investigations on behalf of the child on a timely basis and take appropriate action**

1. Of the 457 complaints from the public that were received by the office in 2008-2009, the OCA had jurisdiction in 280 of these. Accordingly, they were assigned to the two Investigation Officers (IOs) for assessment (OCA 2009, 31).
2. By 31 March 2009, approximately 50% of the cases were closed and most of the others were at various stages of investigation. The other cases, which were not slated for investigations, were requests for legal assistance, advice or intervention, some of which were also referred to other agencies for action.
3. In carrying out investigations, the IOs made telephone calls; did field visits, interviews and collected statements; interacted with other agencies; and examined and maintained records.
4. Over 80 institutions were visited, including 19 places of safety and child care institutions, 12 correctional centres for children and adults, 33 educational institutions, 4 hospitals, and 13 police stations (OCA 2009, 33-34).

#### **5.1.2 The Office of the Public Defender (OPD)**

The Office of the Parliamentary Ombudsman was created in 1978 to investigate complaints of poor administration by government agencies and departments. In 1999, the Public Defender's Act was enacted and this act repealed the Office of the Parliamentary Ombudsman and replaced it with the OPD. Like the OCA, the OPD has autonomy in exercising its monitoring duties, although it is funded by the state. The OPD has duties beyond investigating and remedying bad administration (which may include taking much longer than required to provide services, non-observance of rules, unfair treatment and use of defective systems<sup>18</sup>); it also has the role of investigating abuses of constitutional guarantees. The Public Defender's Act allows minors (persons under 18 years of age) to make complaints via their parents or guardians. It also recognizes the role of the OPD in protecting children's citizenship rights. The OPD has not yet disaggregated its data and, therefore, cannot at this stage identify the numbers of children who have been or are being served by its office. However, it can say with some precision that while its methodologies are effectual, its officers are discontented with the length of time that is normally taken to effect remedies.

It is clear that the resources available are inadequate for the tasks that the OCA is assigned. In contrast, although the OPD also has limited resources – which, for example, limit its capacity to advertise its role and functions – it considers the main threats to its operations to be people's lack of passion for the discharge of their duties. Thus, OPD is engaged in an internal campaign to encourage staff to recognize and respect people's right to report on the issues that affect their lives.

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<sup>18</sup> Information was located at <http://www.opd.gov.jm/about.phps>, however, as of February 2011, Jamaica's Office of the Public Defender's website is under construction.

How effective is the coordination across the OPD and OCA? As noted, rather than being broadly institutionalized, child rights monitoring is the purview of select agencies. Generally, agencies tend to perform their distinct functions, rather than build the effective synergies that they ought to have among them. For example, the OPD and OCA were both enacted by Commissions of Parliament, in 1999 and 2004 respectively. The OPD's mandate is to protect the human rights of citizens, which includes children. The OCA, which was enacted later in 2004, has a similar mandate, though it is focused on children exclusively. Some analysts claim that this perceived overlap in responsibilities has provoked "a bit of unease and distance, rather than the needed congruence".

### 5.1.3 The CDA

As noted above, the CDA is responsible for monitoring the status of the children who are in children's homes and places of safety. The CDA is also responsible for monitoring and providing services to children living in what is referred to as a Living in Family Environment (foster care, supervision orders, family reintegration). The CDA's reporting system is designed to ensure that checks and balances are in place. As part of its complaints procedure, CDA requires that each facility retain a "log book" that each child must be able to access. In 2009, a fire at Armadale Juvenile Correction Centre, a government-run place of safety for girls in the parish of St. Ann, claimed the lives of six wards. The inquiry that followed implicated the state, in particular the correctional services and police officers who may have fired tear gas into the enclosed room housing the girls. In the aftermath of Armadale, the CDA has been even more insistent on compliance with reporting procedures, although it has underscored that its responsibility was to monitor children's homes, not juvenile correctional facilities. The CDA's insistence on monitoring and compliance is understandable, given the number of complaints that are made against the homes to the OCR and OCA. In many respects, the increase in the number of reports generally – and from the children's homes specifically – is indicative of the growing effectiveness of the public education campaigns. Indirectly, however, complaints against the homes reflect on the administration of the CDA. Are the monitoring systems optimal? The 21 July 2009 report from the Association of Private Children's Homes describes the procedures as unnecessarily cumbersome and focused, unduly, on the mechanics of the process, a view that is shared by some child rights advocates. In its report to the GOJ, the Association notes, for example, the following:

At the present time, the CDA is using an 8 page "Care Plan Form" which is filled out by the Children's Officers alone. This form contains no more information than does the file that comes with the child upon admission and is a total waste of paper. A Treatment and Care Plan ought to be a critical part of the Management Information System that can help a collaborative effort between Children's Officers and staff in the Home to put the best possible plan in place for the child's future . . . (Association of Private Children's Homes 2009, 16)

At the present time there is no consultation with the residential home administrator regarding a child being sent either into foster care or back to his home for family reintegration. In the case of foster care, very little if any notice is given and no preparation (for the most part) to have the child meet with and visit the home and new parents to which he is being sent. There is story after story about children not wanting to leave the Children's Home as it is the only HOME they have known for many years. In the case of family reintegration, Administrators usually receive a phone call days before the child is to be removed from the Home. In many cases, this child is thriving in school for the first time or involved in a trade that will give him job opportunities for the future. Without

conversation with the Home, the officer would not be making an informed decision. (Association of Private Children's Homes 2009, 15)

Questions have been raised about the nature of the relationship between CDA and the operators of the private children's homes. The Report to the Prime Minister from the Association of Private Children's Homes describes the relationship as "adversarial", top-down and resistant to the input of the care providers:

Persons who work with the children in a residential setting 24/7 can be a significant resource in helping to determine the best path for the child's future. Failure to utilize the experience and professional expertise of the staff in the Home is arrogant, disrespectful and presumptive. Those who know the child BEST should be brought into all conversations about his/her future. (Association of Private Children's Homes 2009, 16)

Other respondents see the tensions as inevitable, arguing that the children's homes are resistant to the new culture of accountability that the CDA is mandated to implement. Such tensions are not uncommon across organizations; however, there is need for attention to building the relationships that are critical for effective monitoring, in the children's best interest. Interviews within CDA indicate that following this report to the Prime Minister, discussions were facilitated to resolve the issues. These discussions, coupled with Armadale, resulted in the decision to overhaul child services. There is now an internal committee (CDA Implementation team) that is analyzing service provision. Regional directors are now having quarterly meetings with the responsible officers from the children's homes. In addition, the CDA has made the following specific rejoinders to the Association of Private Children's Homes' report:

1. The CDA sees the Treatment and Care Plan as critical to overall care delivery. It is used in planning for the child's current and future needs as well as to provide overall evaluation of the actual services delivered by caregivers to the child. The CDA has completed a review of the Care Plan instrument and has strengthened its consultative process to include all parties that play an integral role in the care of the child, including the children officers, the facility managers or designates, parents, teachers, children, among others. Additionally, the CDA will be introducing a Care Plan Review Instrument, which is better aimed at measuring the delivery of services, identifying gaps and helping to shape action based on changes in the circumstances affecting the child.

2. CDA is not in agreement that there is "no consultation" with administrators of residential childcare facilities; consultations are done but this is inconsistent. CDA recognizes the critical nature of this matter and has begun to streamline the practice to ensure that it is applied consistently throughout. (Written Correspondence from the CDA in Response to Inclusion of Comments from the Association of Private Children's Homes)

### **Monitoring and Evaluation**

The challenge to CDA is that the organization both regulates and dispenses services. Key respondents explained that the Policy Planning and Evaluation (PPE) Division within CDA is responsible for "regulating what we dispense"; that is, PPE monitors and evaluates the quality of their officers' oversight of homes and places of safety. Correspondingly, CDA has instituted a number of processes:

1. Monitoring Officers are expected to produce a report on each visit, which can be made for specific purposes.
2. Monitoring Officers are expected to produce an annual audit report that assesses the physical plant and the quality of care in compliance with regulations.

3. Critical incidents must be logged in a log book by each Home Administrator and the Monitoring Officer must be notified of such an incident. The Monitoring Officer is also required to monitor this and other logs to determine what has occurred since the last visit. The Research and Development Unit with the PPE conducts an assessment annually and prepares a management report of the level of performance, ascertaining major gaps and challenges facing both the process and the homes being monitored and formulating an action schedule to guide the discussion, decision and implementation process.
4. There are certain incidents that must be reported to the OCA and to the police.
5. CDA has set up a serious case review panel that is made up of external personnel. This panel should provide an independent assessment of critical incidents of a serious nature such as a child death. Such reviews will take into consideration a coroner's report and other documents.
6. There are discussions to institute annual inspections, which would be led by agencies and technical personnel outside of CDA. This independent inspectorate would conduct its own physical audit of the facilities.
7. The CDA has put in place a structured standard of care document, a child care and protection service manual and other protocols and guidelines aimed at guiding this and other key activities.
8. PPE is now developing a child protection manual for use by all within the child protection system.
9. Form reviews are conducted every three years to ensure that reporting forms are current and standardized.

### **5.1.3 The Early Childhood Commission**

Presently, early childhood education is provided by day care centres, community-run basic schools, infant departments within primary and all-age schools, and privately-owned preparatory schools. As most of the services are privately run, parents are required to pay for them. Over 90% of persons have access to early childhood services; however, the ECC points out that these are of variable quality. Consequently, the Commission has developed programmes to standardize provisions, through a set curriculum, for children up to 4 years of age.

The *Early Childhood Commission Act of 2003*, which established the Early Childhood Commission has, as its main functions, the following:

- [Advising] the Cabinet, through the Minister of Education and Youth, on policy matters relating to Early Childhood Development (ECD), including initiatives and actions to achieve national ECD goals;
- [Assisting] in preparation of plans and programmes concerning ECD;
- [Monitoring and evaluating] implementation of plans and programmes for ECD and make recommendations to the Government;
- [Acting] as a coordinating agency to streamline ECD activities;
- [Convening] consultations with relevant stakeholders as appropriate;
- [Analyzing] the resource needs of the sector and [making] recommendations for budgetary allocations;
- [Identifying] alternative financing through negotiation with donor agencies and [liaising] with them to ensure efficient use of the funds provided;
- [Regulating] early childhood institutions;
- [Conducting] research on ECD;
- Hosting the annual child rights in ECD conference;
- Leading the General Comment 7 project; and

- Implementing the parenting project.<sup>19</sup>

The Early Childhood policy is not yet formulated; however, there is a National Strategic Plan, which draws on established policies. Wisely, the plan is presented as a process or journey that is designed to cultivate children who, according to the National Strategic Plan, are “clear thinking, sociable, healthy and ready for life” and parents who are “well informed, involved in their children’s lives, knowledgeable about their children’s needs, play an active role in their children’s development and are supported in meeting children’s developmental needs”. The process involves:

1. Effective parenting education and support;
2. Effective preventive health support;
3. Early and effective screening, diagnosis and intervention for “at risk” children and households;
4. Safe, learner-centered well maintained early childhood institutions (ECI) facilities; and
5. Effective curriculum delivery by trained ECD practitioners. (ECC 2009, 5–6)

The National Strategic Process (NSP) is cross-sectoral. Accordingly, there are activities in different ministries and agencies: the Ministry of Labour and Social Security, MOH, MOE, PIOJ, and SIOJ as well as select NGOs, such as HEART/NTA. The ECC has appointed a cross sectoral coordinator whose sole responsibility is to manage cross sector activities.

Together and individually, agencies work towards two sets of targets: disbursement linked targets (DLTs) and monitoring indicators. These targets monitor the achievement of defined milestones. Disbursement linked targets attract funding (\$180,000 per target), which is lost where targets are not met. No funding accrues to monitoring indicators but monitoring certain milestones helps to achieve the DLTs. The following is one classic example of the relationship between both: the government receives funding for implementing a parenting sub-strategy – DLTs – which involves goals, such as educating parents on child development. An associated monitoring indicator would be a public relations campaign that endorses the parenting sub-strategy. Achieving targets requires close collaboration and dedication from the respective agencies.

There are a number of strengths to this cross-sectoral collaboration. First, there is a general willingness on the part of sector partners to achieve the objectives of the NSP. There is also a high level of technical experience and competence within the agencies; specialized knowledge that is unique to the different entities. There are structural advantages, in that there are dedicated resources to finance activities, though this varies depending on the activity. The MOF is responsible for including line items within the budgets that will reflect responsibilities under the NSP. A dedicated line item evokes a sense of accountability for the associated activities.

However, there are also a number of weaknesses. First, additional funding is needed for sustaining the programmes. One potential advantage is that with additional funding, monitoring can be improved. Some of the identified strengths also create weaknesses. Where there is a target, one entity has to depend on another for achievement, and problems may occur in situations when the desired inputs are not delivered. For example, a basic requirement, such as registration of the ECIs, depends on a number of institutions (including the fire department, health departments and the police) for its achievement. Much depends on how quickly and

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<sup>19</sup> This information found on the website of the Early Childhood Commission at [http://www.ecc.gov.jm/ecc\\_functions.htm](http://www.ecc.gov.jm/ecc_functions.htm). Retrieved 1 February 2011.



efficiently each agency responds. Institutions may not respond for a number of reasons, including inadequate funding. Here the issue goes beyond the agency. Whatever affects the central government will affect the implementing agency. Therefore, where governments cut budgets, departments are unable to fulfill activities. Reports indicate that it is difficult to coordinate ministries that have the same problems that the ECC does, including lack of funding and gaps in staffing.

Another important gap is in “buy in” for the programme. Respondents note that initially, there was buy in at the political and policy levels; however, this has lagged at the level of implementation: “there is a conflict between design and implementation in terms of buy in”. Consequently, some seemingly plausible and well-structured activities flounder at implementation. One view of the underlying causes for this lack of buy in is that those responsible for implementation were not properly included in the design process. Another view is that the ministries and agencies involved do not all prioritize early childhood issues in the way that the ECC initially envisioned; cross sectoral programming does not necessarily build ownership for programmes, even though this is the intent. ECC recognizes that unless the ministry or agency takes ownership for the activities, it will not prioritize them when there is a crisis. Therefore, the ECC attempts to build ownership through constant dialogue and discussion.

A review of the National Strategic Plan has been completed, though it is not yet available to the public. Respondents were, therefore, asked to summarize the main findings. They explained that the midterm review noted the following gaps in and threats to programming:

1. Necessity for funding to the sector. Here, the focus is on how private institutions will be funded since all the inspected institutions require support, particularly in upgrading the infrastructure and training practitioners. Currently, government does provide some funding in the form of grants for teachers, nutritional support for all children, as well as a material grant for each institution.
2. The variable quality of education in the sector.
3. The quality of the facilities (structure).
4. The quality of nutrition. One of the targets that is to be developed out of the National Strategic Plan is to improve the quality of nutrition that is provided for children.

The priority areas for support are to help the early childhood institutions to prepare to meet the registration criteria, to put proper facilities in place for children, to train teachers and to boost their nutrition programmes.

### **Monitoring and Evaluation**

The ECC works with key stakeholders, including early childhood institutions, fire departments, police, public health facilities, parents and children; thus, there is broad public involvement. A board governs the community organizations and this board then reports to the parish board. Parish boards report to the ECC. In addition, the ECC holds meetings at parish level with the parish boards. These are largely consultation and follow up meetings, which ensure that responsibilities and roles are well known.

The ECC has established standards for the “management and administration of early childhood institutions”. There are 11 overarching sets of standards: staffing; developmental and educational programmes; interactions and relationships with children; physical environment; indoor and outdoor equipment, furnishings, and supplies; health; nutrition; safety; child rights,

child protection and equality; interactions with parents and community members; and administration. Monitoring indicators are consistent with these standards.

Monitoring reveals that there are major gaps in staffing, in the quality of teaching and learning materials and in health and safety. ECC has the data, though this is not yet available electronically, to identify the particular weaknesses and needs in communities and parishes. Without the electronic data, it is difficult to comment clearly on trends. However, officers do have sufficient material to comment on trends in reaching standards across schools. They note, for example, that in preparatory and private schools, teaching and learning materials, and the quality of facilities, are normally at acceptable levels. However, schools may accept more students per teacher than is stipulated by the standards and regulations. In government schools, the teacher-student ratio is normally even more imbalanced, at between 30 and 45 students per teacher as opposed to the 10 students per teacher that is recommended by the standards and regulations. Inspection reports show the overcrowding. Schools that are located in poverty stricken areas, often lack internal and outdoor play equipment; there is unsatisfactory access to quality potable water, substandard teaching and learner materials, and inadequately qualified teachers.

Despite the monitoring, children with special needs are often missed in the system and, if these needs are not diagnosed early, children may have a challenge later. There is therefore a clear and urgent need to train persons to be able to identify problems early. In the same way, the needs of children in certain poverty and special care conditions are frequently overlooked, thereby reproducing poverty experiences across generations.

ECC has been working with JAMSTATS since 2007. Efforts are underway to include quality indicators within the JAMSTATS database. However, there are constraints to regular data collection, including the need for IT support.

## **5.2 Independent Civil Society Monitoring Groups**

NGOs, including those discussed below, have been involved in monitoring the government's implementation and adherence to the CRC. They have contributed significantly to the child rights environment, both in terms of advocacy and in holding duty bearers accountable. They have also been able to influence the direction and pace of the national agenda to provide critical support to government initiatives.

### **5.2.1 The JCRC**

This is a UNICEF sponsored coalition of 15 NGOs, which operates nationally to protect child rights. The organization was established in 1989. Its main functions were to do the following:

- Lobby the GOJ to include the CRC in all government plans, policies and programmes and to introduce legislation in keeping with the provisions of the Convention.
- Educate the public about the rights of children and the UN Convention.
- Assist social service organizations to understand and prepare for the implementation of the Convention.
- Facilitate and monitor the implementation of the Convention.<sup>20</sup>

Since 1989, the JCRC has highlighted threats to child survival, development and protection, and it advocated for policies and programmes aiming to prevent these threats. The enactment

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<sup>20</sup> This information drawn from a brochure entitled "Children Have Rights Too", the contents of which can be consulted at the following website: [http://ccwrn.org/Brochures/Chhave\\_right2/index.htm](http://ccwrn.org/Brochures/Chhave_right2/index.htm). Retrieved 1 February 2011.

of the CCPA was one significant product of its lobbying efforts. The JCRC is also dedicated to informing diverse groups about child rights through education, training and publications. The JCRC is now dormant, though it still maintains an office and could, with funding, resume active operations.

### **5.2.2 Jamaicans for Justice (JFJ)**

JFJ is a non-profit, voluntary, citizen's rights organization, which was founded after the 1999 gas riots, a popular uprising following an increase in prices of gasoline and other fuels, to act as a medium for voicing demands for justice. The organization describes its mission in this way: "Through the works of our action group we will bring about fundamental change in Jamaica's judicial, economic, social and political systems, in order to improve the present and future lives of all Jamaicans."<sup>21</sup>

JFJ's programmes include the following components, which have direct relevance to children:

1. Human Rights Education in Schools – Developed to teach students and teachers about human rights to encourage their observance and help students to know the rights to which they can and should hold their government representatives to account.
2. Child Care and Protection – Since 2003, JFJ has focused on monitoring the quality of care that is provided in state and privately run children's homes and places of safety. Strident and persistent critique of the quality of these services have led to important changes

### **5.2.3 Independent Jamaica Council for Human Rights (IJCHR)**

The IJCHR was formerly known as the Jamaica Council for Human Rights, formed in 1968. It was the oldest NGO in the English speaking Caribbean and was reincorporated in 1998 under its new name. The IJCHR has had a visible role in advocating for the abolition of the death penalty and on behalf of persons whose rights have been infringed by the state. Its work with, and on behalf of, women, children, PWDs, and victims of crime is perhaps less visible. However, the organization has conducted training seminars and workshops in order to educate the public and has held various educational activities within primary schools to help children to understand their rights under the CRC. Through consultations with the government, IJCHR has influenced policy, including on the promotion and protection of children's rights.

### **5.2.4 Families Against State Terrorism (FAST)**

FAST is a civic action group that was formed to lobby for greater police oversight, accountability and judicial reform, particularly in the light of the high level of citizen killings by the JCF.

### **5.2.5 Diverse CBOs and FBOs**

There are diverse CBOs and FBOs across Jamaica, which have had significant roles within their communities in defending children's interests and promoting their care and protection. These organizations are often left out of the formal framework, yet they have most direct contact with parents and are well placed to monitor the abuses that occur on the ground, including those committed by state agencies. For example, within some of the communities that are classified as violent and vulnerable, there are organizations such as Parade Gardens Community Development Committee; Parents of Inner-city Kids, Southside; Burgher Parenting Association; Amy Jacques Parenting Association; Fletchers Land Parenting Association; United Mountain

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<sup>21</sup> This information drawn from the "About Us" page of the Jamaicans for Justice website: <http://www.jamaicansforjustice.org/nmcms.php?content=about.us>. Retrieved 1 February 2011.

View Parenting Group; Flankers Community Development Council and Parenting Club; as well as various faith-based groups.

### 5.3 GAP ANALYSIS

The overviews above demonstrate the substantive impact that advocacy NGOs have had on policy. All the respondents interviewed indicated that closer collaboration could lead to more effective policies and programmes. Almost all respondents from these NGOs, however, described less than collaborative relationships with government agencies:

We have been invited to subcommittees but they were nothing of substance. Information is not shared. The effect of this is that public awareness has been raised but nothing has changed for children in places of safety and in places of care. Six years after the CCPA, there are still very weak regulations that are not fit for purpose (Personal Interview, 23 June 2010).

Some agency representatives contend that they had to “bully the government to listen and to do things”. They note that the CCPA was the product of such a struggle, which required intensive and systematic lobbying both within and outside the country. In the same way, achieving integrated monitoring systems is proving a struggle. The majority of respondents interviewed underscored that there are no real processes for monitoring child rights. Child rights advocates were especially vocal:

Child rights monitoring is not institutionalized to any extent that is really effective. We do not think that people are operating on the basis of rights. Many people operate on the basis of them having a job to do. There are all sorts of territories and fiefdoms among the core organizations.

Self-interest and territorialism prevent coordination. Each agency wants to govern and create its own little world. There is consultation at some levels, but then it seems like a line is drawn at some point, which hinders the process.

Among the more common perspectives was the view that the children’s interests need to be genuinely prioritized:

A change of outlook is needed. The good of the children and the common good need to take foremost importance. Get rid of the egos. (Written Communication, 10 June 2010)

Some respondents suggested that there is more congruence among NGOs:

NGOs have a different mandate. We link as much as we can, but networking takes a lot of effort. Our work around the Armadale issue was joint. We also do advocacy jointly. There is an understanding that each of us has roles. (Personal Interview, 23 June 2010)

However, not everyone agreed that there were effective synergies among NGOs. Some respondents suggested that the distance that exists across state agencies is replicated among NGOs. There were also some interesting perspectives from the NGO community, which suggest that relationships among agencies are contributing to the gaps in child rights monitoring. Respondents spoke of the ways in which power relationships, particularly the top-down stance that characterizes some agencies, blocks the valuable input that NGOs and CBOs that are closer to the ground could make to monitoring children’s rights. Certainly, they impair the relations that could be built with the communities. Thus:

This notion of joined up government is more of a figment than real.

The synergies are not good across state agencies. The synergies are also not good within government and if they cannot get it right, it is hard for others to get it right. At a

minimum, the relevant agencies ought to be working collaboratively to address issues. What exists are token actions. Every year when we celebrate child month, there is a token effort to bring players together. Apart from that, there is not the level of cooperation and collaboration anticipated.

With respect to the NGO community, there is no structure or system set up for regular consultation either among NGOs or between NGO and government. There is little effort to bring NGOs on advisory boards. Normally, there is just one or two invited from the NGO community; there is need for a more structured initiative.

We need children's NGOs to meet regularly. There used to be a committee but after CCPA, this was disbanded. Now people are called together in an adhoc way. There is no systematic effort to engage NGOs and government to look at and monitor children's issues. (Personal Interview, 17 June 2010)

Issues of inter-agency relationships and the power relations that attend these are rarely addressed. There is a tendency to focus on less contentious issues, such as gaps in skills and resources. While the NGOs underline that these gaps are significant (all emphasized that there are minimal funds available for monitoring and that the existing capacity levels are less than desired), they also raise other concerns, such as how monitoring processes are affected by ingrained inequalities and perceptions of inequality among agencies and towards certain categories of children.

Their views are worth candid discussions. Among them is the challenge that agencies should work together to develop monitoring systems such that, for example, where the least fortunate child is placed is of the standard that all actors would accept for their own children.

What do NGOs regard as the types of gaps in current monitoring systems that more coordinated approaches could address?

**A.** Coordinated systems need to be in place to monitor specific issues, such as teacher abuse (verbal and corporal) across educational institutions. This is still prevalent particularly in poorer communities. Similarly, the health ministry, with support from CBOs and NGOs, needs to aggressively monitor the quality of health provision, particularly for children who are customarily overlooked.

**B.** Teachers, health care and security personnel would profit from training on how to recognize and deal with the realities of children's lives, using the human rights based approach. It was pointed out that too many teachers, for example, overlook and misunderstand poverty dynamics or the dynamics of sexual abuse and add to children's disadvantage by dismissing them as unfit and incapable.

**C.** A coordinated human rights approach to monitoring could have prevented some of the oversights that occurred at Armadale. There is a view that the careless monitoring that occurred at Armadale was rooted in a perception that the children who were sent there should simply have been grateful for accommodations. Thus, while doors and locks were checked, there was no attention to the number of exits and to the safety of the children.

In focus groups among policymakers and practitioners, participants expanded on ideas for centralizing child protection services under one ministry, with the CDA at its hub, and explained how this could improve the quality of monitoring systems. As these participants see it, this move could facilitate annual sectoral strategic planning sessions with all the major players, including NGOs. These sessions could be used to flush out duplication and build synergies.

Each agency could be provided with a budget for its core function on children. A monitoring framework could be developed and each sector partner would be made aware of the outputs and outcomes that are to be monitored. Mutual and external “independent” monitoring could be a key part of this process.

<b>Table 22: Summary of Findings: Independent Monitoring Systems and Areas for Intervention</b>		
<b>Indicators</b>	<b>Findings</b>	<b>Areas for Intervention</b>
Processes are in place and operational to build recognition and support for child rights monitoring among state and non-state agencies.	There are select agencies that have responsibility for child rights monitoring. Generally, they have well designed internal monitoring processes. Collaboration across some agencies, such as the CDA, OCR and OCA is proceeding acceptably. The ECC depends upon strong inter-agency collaboration for effective monitoring. Building the expected relationships require continual discussions and advocacy.	Provide technical assistance with strengthening inter-agency collaboration for effective monitoring  Explore the possibility of whether this could be improved under a centralized ministry that is dedicated to children’s issues
Planning processes, policies and programmes are improved through child rights monitoring.	Child rights monitoring has contributed to policy formulation, policy evaluation and policy implementation. Advocacy groups have had important roles in lobbying for and influencing key policies and legislations, including the CCPA. However, more effective monitoring is essential, particularly for policy implementation.	Provide technical assistance with strengthening monitoring systems as well as mechanisms that feed monitoring into policy
There is effective communication and coordination among agencies and communities and the families within them.	In order to build a comprehensive child rights monitoring system, close working relationships are required across agencies. Such relationships are growing in some cases (the CDA, OCA and OCR); some are emerging and require dedicated effort (ECC and partners). However, there is substantial room for improvement in coordinating monitoring systems across state and non-state agencies. Similarly, processes for institutionalizing child rights monitoring within communities are inadequate.  The CDA and OCA pay attention to special categories of children (such as children in care). Despite this, respondents suggest that the	Conduct capacity gap analysis to see where improvement needs to be made in communication and coordination  Develop strategic actions to improve collaboration.

<p>There is effective communication and coordination among agencies and communities and the families within them.</p>	<p>In order to build a comprehensive child rights monitoring system, close working relationships are required across agencies. Such relationships are growing in some cases (the CDA, OCA and OCR); some are emerging and require dedicated effort (ECC and partners). However, there is substantial room for improvement in coordinating monitoring systems across state and non-state agencies. Similarly, processes for institutionalizing child rights monitoring within communities are inadequate.</p> <p>The CDA and OCA pay attention to special categories of children (such as children in care). Despite this, respondents suggest that the monitoring mechanisms for children in care must be strengthened. There are other groups that do not receive the targeted attention they require. The ECC notes, for example, that children with special needs and children with disabilities are not provided for appropriately. Some groups, such as unattached children, are largely 'missing' from current intervention processes.</p>	<p>Conduct capacity gap analysis to see where improvement needs to be made in communication and coordination</p> <p>Develop strategic actions to improve collaboration.</p>
<p>Sufficient resources are available for monitoring the full range of child rights</p>	<p>Most agencies require additional manpower. The OCA, in particular, has made it clear that it has insufficient personnel to serve the entire country. Financial resources are also required for improved monitoring.</p>	<p>Analyze how better use can be made of existing resources</p> <p>Coordinate efforts to secure additional financial and human resources</p>
<p>Capacity levels are adequate for monitoring the full</p>	<p>The OCA notes that it requires improved legal, administrative and monitoring capacities (See section on</p>	<p>Undergo an audit to define capacity levels within each agency, as well as across</p>

## SECTION 6: STATUS OF QUALITATIVE AND QUANTITATIVE INDICATORS

The UNCRC made the following comments and recommendations concerning the data collection system for monitoring the status of child rights:

### **Concerns/Comments**

- *Welcomes the development of JAMSTATS, a database for collecting disaggregated data and using several child rights indicators to be launched July 2003 in collaboration with UNICEF*

### **Recommendations**

- *Continue to strengthen data collection system which includes important health indicators such as: infant under five, and maternal mortality rates; timelines; reliable qualitative/quantitative data; and formulation of policies and programmes for effective implementation of the CRC*

### **6.1 JAMSTATS**

JAMSTATS is a relatively new and ambitious initiative. Its secretariat was established in 2007, although the database existed approximately two years prior to that. JAMSTATS is designed to consolidate and manage social and economic data. Thus, it brings together the data that existed in diverse publications and institutions and provides a comprehensive source, which simplifies data retrieval and facilitates reliable tracking of key indicators and targets.

The JAMSTATS database – which was developed by the PIOJ and the SIOJ, and is supported by UNICEF Jamaica – has adapted DevInfo (UNICEF developed this software to present indicators on children's well being) and currently has information on 163 indicators, with 1,064 corresponding data points across the following sub-sectors: demography, economy, education, environment, gender equity, health, information and communication, and national security.

The process is underway to institutionalize the database across government ministries and agencies. Presently, work is being done within the MOE and the JCF. Representatives from the CDA have been trained to use and administer the package and a database on child protection is being developed. The JAMSTATS secretariat is conducting ongoing familiarization sessions with other agencies and ministries, NGOs, teachers and students through its School Implementation Program (SIP)

Though JAMSTATS is now the only electronic system that provides relevant indicators, it is still possible to use alternate data sources, such as the JSLC, to obtain material on children's status.

### **6.2 Gap Analysis**

The effectiveness of JAMSTATS depends, critically, on whether or not there is a comprehensive list of indicators that are being used to illustrate how the rights of children are being upheld. In this regard, respondents from the secretariat were asked the following questions:

1. What quantitative and qualitative indicators currently exist to illustrate how the rights of children are upheld?
2. How complete are these indicators? What children are included and excluded?
3. Describe the indicators, their source, frequency, value, as well as the last year in which information was gathered.



4. Describe any gaps? Where are further indicators required, particularly to ensure that hitherto overlooked categories of children are included?

One of JAMSTATS major concerns is the inadequacy of the available quantitative indicators. Significantly, there are as yet no mechanisms in place to include qualitative indicators. While JAMSTATS has included all MTEF baseline indicators and targets, officers emphasize that the indicators in the new National Framework of Action for Children are not yet properly defined. The table below reproduces the indicators that are currently matched to the NFAC's goals.

<b>Table 23: Framework Goals and National Indicators</b>	
<b>Framework Goals</b>	<b>National Indicators</b>
Healthy Lifestyles	Infant mortality rates under 1 and under 5 Immunization rates Malnutrition Life expectancy at birth Teen pregnancy rates Teen HIV rates
Providing Quality Education	Enrollment rates at schools Number of passes at CXC School drop out rates Transition rates to tertiary institutions
Protection against abuse, exploitation and violence	Child labour rates Number of street children Child morbidity and deaths due to violence Teen pregnancy rates
Care for children in special circumstances	Number of children in residential care Number of children in foster care Number of children incarcerated Child outcome indicators Children orphaned/affected by HIV/AIDS
Secure living environment	Percentage birth registration Percentage fathers on birth certificates Access to sanitation Access to potable water Housing stock Crime and violence reduction
Meaningful child participation	Children on relevant boards and committees Play spaces and safe areas Cultural events Sports activities

Source: CDA 2009b, 12.

As JAMSTATS indicates, the indicators listed will require substantial revision if they are to measure achievement of the named NFAC goals. First, it is problematic that the indicators are largely quantitative, even where qualitative indicators are essential. Here are some examples:

1. Numeric indicators (infant mortality rates; immunization rates; malnutrition rates; life expectancy at birth; teen pregnancy rates and teen HIV rates) are inadequate markers of healthy lifestyles, given the comprehensive way in which this goal is normally conceptualized. There are, for example, no indicators on play and exercise, diet, and psychological well-being.

**2.** Against a goal of “quality education”, the indicators are relegated solely to numeric measures such as enrollment rates, number of CXC passes, school drop out rates and rates of transition to tertiary education. None of these indicators, either on their own or combined, can provide an adequate measure of quality.

**3.** The indicators listed for “protection against abuse, exploitation and violence” are not comprehensive. The dynamics of abuse, exploitation and violence, and the complex and wide ranging systems and mechanisms required to protect against these, are simply not captured by indicators such as child labour rates, number of street children, child morbidity and deaths due to violence, and teen pregnancy rates. A considerable amount of work is required in this area, building on the growing body of academic research and the close knowledge that the CDA, OCA, OCR and various NGOs and CBOs possess about what is required for child protection from abuse, exploitation and violence.

**4.** Likewise, indicators of “care for children in special circumstances” must go well beyond the numbers of children in residential care; the numbers of children who are in foster care; and the numbers of children who are incarcerated and children orphaned/affected by HIV/AIDS. Such indicators provide some, though unreliable, indication of the numbers of children who are in need of care. Assuming that the intention is to assess the quality of care, then the numbers of children in care facilities provide only the most minimal indication or, more properly, prediction of care since, legally, each facility should cater to set numbers. One could, therefore, argue, that exceeding these numbers will likely compromise the quality of care. There are other indicators that are not sufficiently specific. For example, what exactly is meant by “child outcome indicators”, and how do these indicate “care for children in special circumstances”?

There are other indicators listed that are especially vague. For example, how do the number of cultural events, play spaces and areas, and sports activities indicate meaningful child participation? In addition, the number of children on relevant boards and committees may say something about access but cannot be taken to indicate meaningful participation, since it is well known that such representations are frequently tokenistic; children may simply be silent participants.

It is problematic that the indicators for a secure living environment are limited to access measures, such as to sanitation and to potable water. Access does not necessarily correspond with use. Furthermore, there is need for clarity of what is meant by “housing stock” and how this reflects whether or not the living environment is secure. Similarly, the percentage birth registration and percentage of fathers on birth certificates do not necessarily correspond with the security of the living environment.

In summary, the NFAC indicators are not sufficiently developed. Significantly, they do not include all rights indicators based on the CRC. Reports indicate that a technical working group is reexamining the NFAC indicators. Meanwhile, JAMSTATS continues to select indicators from the Survey of Living Conditions, such as those related to the MDGs.

Given these gaps, JAMSTATS notes that it is “far away from defining indicators for specific categories of children”, though some indicators are available for measuring the rights of OVCs, children in residential care and children who are perpetrators and victims of crimes. A technical working group has been established to produce a national children's database. This is being attempted in collaboration with a number of state agencies, including the CDA and MOE.

*To what extent does JAMSTATS strengthen current data collection and management processes? Where are there limitations?*

Importantly, JAMSTATS promises to strengthen data collection systems since it highlights the need to define and document how data is collected. In addition, it provides a central access point to multi-sectoral data, facilitating data sharing and dissemination. The expectation is that JAMSTATS will be streamlined across all the ministries. JAMSTATS, however, assumed that once the database was available, it would be used. But they have encountered a number of challenges:

1. Training is being conducted among government officials; however, this is not being fully utilized.
2. In some organizations, training has been completed, but JAMSTATS has not been able to build ownership.
3. Not all agencies prioritize data collection.
4. There is limited use among groups that are reluctant to embrace this new system.
5. There are some complaints about the design of the system and about its lack of simplicity.
6. Additional steps will have to be taken to effect the shifts in thinking and practice that are necessary to enhance ownership and utilization.

*How effective is the process for institutionalizing JAMSTATS across state and non-state institutions? Where are there limitations?*

JAMSTATS acknowledges that it may need to modify its goal of creating a sectoral database, for despite attempts at institutionalizing the database, there are cultural (and institutional) barriers. Officers welcome the efforts of those agencies that are working to contribute indicators – though this process does not yet obtain on the level desired – but they are concerned that many organizations have not offered the expected enthusiasm after over two years of persuasion.

*What type and level of resources are required for operating and institutionalizing the database? Where are there limitations? What capacities are required for operating and institutionalizing the database? Where are there capacity constraints?*

Ultimately, institutionalization requires adequate resources for a number of reasons:

1. Agencies will have to assign additional human resources to meet their obligations.
2. The process would be facilitated by the use of technology; for example a centralized server to manage and store the database.
3. Additional support in information technology may be required to establish a fully web-based system.

JAMSTATS has observed that some agencies have limited capacities to put the system in place and to maintain it. However, they are also forced to contend with more fundamental variations in capacity, including the ability to identify rights indicators and to determine what needs to be measured and how. There is a clear preference for quantitative indicators, which may reflect a lack of capacity to define appropriate qualitative indicators. The absence of qualitative indicators is of significant concern, since quantitative indicators alone are simply inadequate for reflecting the multidimensionality of children's rights and of the actions required to secure them.

<b>Table 24: Summary: Status of Indicators and Areas for Intervention</b>		
<b>Indicators</b>	<b>Findings</b>	<b>Areas for Intervention</b>
There is a comprehensive list of indicators that are being used to illustrate how the rights of children are being upheld.	JAMSTATS notes that it is “far away from defining indicators for specific categories of children” (Personal Interview, 11 June 2010) though some indicators are available for measuring the rights of OVCs, children in residential care and children who are perpetrators and victims of crimes.	<p>Provide training on defining rights indicators and determining what needs to be measured and how.</p> <p>Provide technical assistance on translating rules on child rights and legislations into monitoring indicators.</p> <p>Provide training on developing qualitative indicators.</p> <p>Produce a list and definitions of indicators on child rights for Jamaica, i.e. NFAC indicators.</p>
Database collection and management processes have been strengthened.	JAMSTATS has not yet been able to strengthen database and management processes.	<p>Conduct gap analysis to assess the quality and quantity of underutilized data.</p> <p>Strengthen database collection and management processes.</p>
Processes are in place to ensure that policymakers and practitioners understand and utilize the improved database.	There are cultural barriers to institutionalization; correspondingly, JAMSTATS may need to revise its goal of creating a sectoral database.	<p>Utilize JAMSTATS database in the development of “ready-made graphical presentations and reports related to information on child rights in electronic and print media” (Personal Interview, 11 June 2010).</p> <p>Expand education campaign to institutionalize the database.</p>
Sufficient resources are available for operating and institutionalizing the database.	There is need for additional financial and human resources.	Coordinate efforts to secure required resources, including IT.
Capacity levels are adequate for operating and institutionalizing the database.	Some agencies have limited capacities to put the system in place and to maintain it. Some require training on defining rights indicators and determining what needs to be measured and how. There is need for special attention to developing qualitative indicators.	<p>Increase capacities of agencies to put system in place and to maintain it.</p> <p>Provide training on defining rights indicators and determining what needs to be measured and how.</p> <p>Provide training on developing qualitative indicators.</p>

## SECTION 7: PROMOTING CHILD RIGHTS IN THE MEDIA: COMMUNICATION STRATEGIES

The UNCRC expressed the following concerns about increasing public knowledge of child rights:

### **Concerns/Comments**

*Concern re professional groups, children, parents and public at large not sufficiently aware of the CRC*

### **Recommendations**

*Government to undertake systematic education and training in the CRC for all groups working for and with children. In particular, parliamentarians, judges, lawyers, law enforcement officers, civil servants, correctional services, teachers and health professionals.*

Government agencies have been engaged in a variety of education campaigns to the extent that budgets allow. However, there are limits to the extent to which these can be pursued by television or radio transmissions. Respondents from the RJR group explained:

The media is not committed to promoting the rights of any special category but is open, to varying degrees, to programmes and news items that “bring to the fore issues of national importance that are critical to development and to the functioning of society. Child rights fit within that.

Yet, the media (radio and television) is compelled to protect children because it is required to operate within the regulatory framework that has been set by the Broadcasting Commission. The Commission has established a children’s code for programming. The code requires that all media houses conduct the following activities:

**Rating** – an assessment of the nature of problematic material in all programming.

Problematic material may involve depictions of violence, material with sexual content and offensive language.

**Scheduling/ filtering** – ensuring that programming is only transmitted to the appropriate audience for the type of problematic material it contains;

**Advisories** – information about the nature and amount of problematic material in a programme or on a channel that allows adults to make informed choices about what type of programming they and the children in their care are exposed to. (Broadcasting Commission of Jamaica 2002).

Therefore, the Broadcasting Commission provides a framework that endorses Article 17 of the CRC and supports relevant national legislations. Over the last five years, various state and non-state agencies have advanced their public education campaigns via the media (electronic and print). Here are some examples of these campaigns:

1. The CDA has used various public education campaigns to improve knowledge of the CRC and CCPA, as well as of programmes that are being administered by the CDA. CDA’s main targets are: (a) advocacy and public education on child rights; (b) safety and well being of children in care; and (c) communication with staff. Campaigns have included child-friendly audio-visual and written communications on the provisions of the CCPA. To produce this material, the CDA collaborated with UNICEF and select groups of children between 7 and 12, and 13 and 17 years of age. The CDA’s community advocacy initiatives involve collaboration with SDC and ongoing participation in activities, such as health expos. The quarterly reports show the level of interaction with the communities.
2. The OCA and OCR have partnered with media entities and other NSAs to promote messages on child rights.

3. The OCA also embarked on child rights promotion in the media through the development and airing of radio and television public service announcements (PSAs). This is an ongoing project. Public service announcements air for free during special months. Normally, they are focused on the CCPA, child labour, child abuse and safety in the home.
4. The Ministry of Transport is promoting the rights and safety of children at bus parks and on buses and has put a monitoring system in place to assess effectiveness.
5. Through its member agencies and with assistance from CDA, the JCRC has published a variety of user-friendly material on the CRC and CCPA.

According to recent estimates, JCRC has published 44,000 copies of *Rights and Responsibilities*, which provides a guide to parents on implementing the CRC; 10,000 copies of *Protecting Myself*, which is designed to teach children to protect themselves; and 12,000 copies of *Teachers Making a Difference*, which provides guidelines to teachers for protecting child rights. With support from the USAID/MSI (Jamaica) project, JCRC published 20,000 copies of *You Have a Right to Care and Protection*, which presents the CCPA to children in a child friendly version of the CCP; and 10,000 copies of *What Everybody Needs to Know About the Child Care and Protection Act*. Two additional books are yet to be printed: *Creative Discipline*, which provides alternatives to corporal punishment and *Child Rights in Action*, which documents the lessons learnt from promoting child rights across primary schools.

There are a number of agencies that develop programmes in tandem with children and that enable children to educate their peers on rights issues. These include Hear the Children Cry and the NTP. See descriptions of these programmes in Section 3. Apart from these, Panos Institute Caribbean, building on its work in Haiti, has been refining its strategies for communicating child rights via the media. Panos has been working on child rights issues for over ten years. From that time, it started training groups of children to become youth journalists. Youth journalists focus on particular themes, including child rights, HIV/AIDS, the environment and gender. In Haiti, Panos hosted 17 groups of children, with 20 children in each group. Children were introduced to a three-year programme, after which they started to produce radio programmes, street theatre and videos. Interviewees emphasized that they had good results in Haiti. Many of the issues that the children debated in Haiti had not been raised before in their lives. It was revolutionary for children to speak on issues such as domestic violence, the effects of voodoo and the importance of being registered at birth.

Panos has transferred the same methodologies to Jamaica and has started to work with children in Mocho. Fifty children have been selected for youth journalism training. Here the focus is on encouraging children to speak out about issues that affect them. Panos has formed a similar group among children who are living with HIV/AIDS and has added to its programme. It hosts a radio show, *Panos for Kids*; involves the children in making posters, which deliver messages consistent with the core themes; and has a letter writing campaign, featuring letters to the editor. Panos has found that this strategy works well in Jamaica.

There are a number of constraints. Among them is the familiar concern about the lack of financial and human resources. In addition, Panos recognizes the need for improved training, not only for youth journalists but, critically, for adult journalists, many of whom, they note, seem to lack the skill to converse with different categories of children. Panos therefore identifies areas for priority support: training for youth journalists and specialized training for adult journalists, particularly those who work among the most marginalized children.

There is wide scope for intensifying the public education campaign and for ensuring that knowledge is transmitted to communities and families where there is most need. Despite their lack of formal commitment to promoting the rights of any group, various media houses, especially radio, have been especially open to child rights programming:

- **Roots FM** – This is a community radio station, which was established by Mustard Seed Communities, a two-decade old NGO, “to work with the people of depressed inner city communities to alleviate poverty and support their spiritual, social and economic development”. Roots FM is described as a “communication medium for the inner city”. Representatives from inner-city communities are involved in “rotating music, producing, and reporting on important stories, all from a real life perspective”. As the focus is on change, the messages are geared to upliftment. Hope for Children Development Corporation, Panos and Women’s Media Watch frequently host programmes that address human rights, including children’s rights. Reports indicate that Roots FM has had substantial impact on the inner-city communities.
- **The RJR Group** – This is a well-established media group, arguably the most prominent in Jamaica. Currently, RJR 94 FM has no programmes focused on children and youth, though they emphasize that they always welcome new initiatives. In the past, the real challenge has been in defining a programme that is financially sustainable and interesting. The niche is also an issue; that is, the target audience will affect the decision to air or not air the programme.

Print media such as the *Jamaica Gleaner’s* “Youthlink” (currently an entertainment paper for adolescents) and the “Children’s Own” (which is published weekly during school terms) may also provide useful avenues for promoting children’s rights (See Annex 5 for a listing of publications dealing with the subject of children and the media).

<b>Table 25: Summary: Promoting Child Rights in the Media: Communication Strategies</b>		
<b>Indicators</b>	<b>Findings</b>	<b>Areas for Intervention</b>
Over the past five years, child rights are, increasingly, being promoted through the media.	<p>State and non-state agencies have engaged in various public education campaigns, using print and electronic media as far as their budgets allow.</p> <p>Child rights agencies have focused, in large part, on increasing knowledge among children. Accordingly, agencies such as the CDA, OCR, OCA as well as various NGOs have disseminated child-friendly materials as widely as is feasible. Public service announcements and various discussion programmes reach a wider audience, principally within communities. The JCRC has, in addition to its child campaigns, also focused on educating teachers. Section 4 (Independent Monitoring Systems)</p>	<p>Develop credible strategies for promoting child rights in media</p> <p>Develop feasible strategies for public education campaigns.</p>

	confirms that there is need for further education of parliamentarians, judges, lawyers, law enforcement officers, civil servants, correctional services, teachers and health professionals.	
Children are participating in promoting their rights.	Children have been involved in promoting their rights in the media, though to a limited extent. Panos has launched an innovative programme that should be advanced.	Increase children's involvement in promoting their rights in media
Sufficient resources are available for promoting children's rights in the media.	There are significant financial constraints across state and NSAs.	Coordinate efforts to secure required resources
Capacity levels are adequate for promoting children's rights in the media.	Respondents have identified the need for specialized training, such as of adult and youth journalists.	Provide training for adult and youth journalists.  Improve capacity levels, particularly among children, in other technical areas such as production.



## **SECTION 8: REPORTS FROM THE FOCUS GROUP DISCUSSIONS WITH CHILDREN**

### **OVERVIEW**

Focus group discussions were conducted among differing categories of children. These discussions depict the ways in which context helps to condition children's views. Depending on where they are situated, the meanings of rights, protection and care differ markedly. For example, while children who live in secure foster homes, residential care or privileged homes do not have much cause to fear police abuse, children who live on the streets and in inner-city communities are adamant that their rights to protection are most severely compromised by the security forces. They tell of the informal security forces in their communities, and why and how they feel more protected by them. Combating these cultures (and context-specific systems of meanings) is likely to prove a formidable task. Similarly, while it is assumed that "privileged" children are more likely to have their rights observed, these children report unfair treatment by teachers who resent their status. The findings confirm that policies and programmes cannot be implemented in uniform ways. Instead, they must be sensitive to the ingrained biases, prejudices and inequalities that can skew implementation.

### **CHILDREN LIVING IN CONTEXTS OF VIOLENCE**

On July 20, 2010, RISE Life Management facilitated two randomly selected focus groups, choosing from among children who participated in its summer camp programmes. The children came from West Kingston, particularly Denham Town and Tivoli Gardens. We requested that there should be fairly balanced numbers of boys and girls, aged 10 to 18 years of age, and that there should be no more than 10 children within each group.

Children had fairly good knowledge of their rights. They were even more assured that most of their peers do not experience rights. For example, take May 2010, in which the security forces attempted to arrest Mr. Christopher "Dudus" Coke, who was wanted in the United States and for whom an extradition order had been issued. Mr. Coke was the "don" for a particular community. A "don" is a community strongman with alleged criminal ties, who is known to support the community and its members in various ways such as providing school fees and treats for children, along with other sorts of assistance. In return, community residents provide deep loyalty and protection to their don. The community in which Mr. Coke was an alleged "protector" and "don" barricaded itself and carried out attacks on the police, including burning two police stations. At the end of the incursion, over 70 persons had been killed. Mr. Coke was not arrested until many months later.

During and after these events, referred to as the Dudus Affair, children contended that child abuse had escalated and that the state security forces were responsible for much of it. This qualification is important since the majority of children argued that Mr. Coke (a.k.a Dudus or the President) had ensured that their rights were protected and his men (who comprised the informal security forces) insisted on the order that was necessary for them to live in safety.

The children provided animated examples of the contrasts. Some were visibly angry and otherwise affected by the events that were still unfolding in their communities. One by one, children recounted their own experiences with the state security forces, instances they had witnessed or heard about. A selection of their views are presented below:

The soldiers curse and beat the men in my community.

Police took me out of the house. He brought me to a place and had me stay there for 4 days. All I had to eat was bread and water. I am only 14 years old.

Police and soldiers curse bad words before children. One told my mother that he will throw fire inside the house.

Children became even more distressed when they described the bodies they saw on the streets, some of which were decomposed. Some had seen actual killings. One boy (14 years old) had been ordered to help with removing the bodies. The children explained the contrast between before and after the Dudus Affair:

Before all this happened, we felt safe; the government is not protecting us.

Our don, Dudus, was nice. He gave us things, such as money. He would buy KFC for us and when it was time to go back to school, he would give us treats.

People in Jamaica say Tivoli should be flattened but ghetto life is nice. We go to church and we like communal living, such as when they make goat soup for old people and children.

Children described the type of protection they were afforded under Dudus' administration:

Children used to say anything we feel like saying.

If you want to have sex early and have a man, Dudus's sister would take you away so that you don't have a boyfriend. Parents would agree.

Dudus's sister provided a place of safety in order to protect children from early sex. The rule is that there should be no sex until you are 18.

From their accounts, Dudus also functioned as a juvenile correction authority:

If parents cannot manage the children, they give control over to Dudus.

Parents are only allowed to beat children with a belt.

If a man has sex with someone much younger than he is, he gets beaten. If he is there, Dudus will mediate but if he is not, his men will beat.

Dudus used to make sure we had education and healthcare. If a child is abandoned, Dudus would provide money to a guardian, who would stay with us. Now that he is gone, no one makes sure we go to school. Less children are going to school now. All of us are traumatized and nobody is doing anything about it.

My mother used to make sure that I go to the doctor but if she doesn't have money, I would go to Dudus.

Without money from Dudus, more children have to work. There is now more stealing.

Formerly, robbers used to be beaten but that doesn't happen now. Children are now more afraid. We are most afraid of the police and soldiers.

Compared with children from "uptown" whom, they thought, "always get their rights defended", these focus group participants lamented what they saw as the perpetual bias against poor children. This bias is being experienced within some schools, where "children are being told very bad words". In some schools, they admitted, children did not hesitate to fight with teachers, "even over a man". The solution, they suggested, is to "bring back Dudus": "We can't think of anything else. Bring back Dudus and scatter the police and the soldiers."

Children were asked for recommendations on improving the monitoring of their rights. None knew of the existence and roles of the OCR and OCA. Some children suggested that it would be worthwhile to set up a local office for reporting abuse, though the majority opinion was that the children would use this facility to report the abuse from the police and soldiers.

Participants in the second focus group were from the Denham Town area. They too recounted instances of abuse from the security forces. One example is as follows: "They call us dogs but they call themselves the bigger dogs. They say dogs eat dogs." Some of the children were

especially eloquent. Some had learnt about rights in their schools; others had not. Of the former group, only few children were clear on the meanings and consequences of emotional and verbal abuse. When asked to provide examples, they reported that the security forces spoke to children in ways that they were not supposed to, and they suffered the worst forms of verbal abuse within their schools, where some teachers “call the female students, gals and tell others about *dem madda* (“their mothers”). Some children spoke of teacher neglect: “If the children don’t understand, the teachers just walk out.

Some teachers will even beat the children if they don’t understand.” The children were asked to explain the reasons for their experiences of rights. As with the previous focus group, most agreed that they were treated poorly because of where they are from: “We are stigmatized because of where we are from. Upper class children are treated better.”

This group, however, had definite messages for policymakers:

1. Education is for all children. We need the same equal rights to proper education. Our education should not be undermined.
2. Security forces should not abuse children. The government must do something so that they can stop abusing and destroying children.
3. Children are afraid of the security forces. They crack their guns for fun when they see us. How can you have children growing up where security forces crack their guns for nothing?
4. Governments have used the grassroots to reach where they want to go. We are the “stepping stones” and then they push us aside. We are excluded from decision-making and when we talk it goes nowhere. The public defender came to get our views but we are still waiting on the results.

#### **CHILDREN FROM MIXED BACKGROUNDS; CHILDREN WHO REGULARLY ATTEND SCHOOL**

The focus groups that were facilitated by the YMCA comprised children from across a range of communities. Correspondingly, the views were very diverse. It was clear in the sessions that knowledge and experiences of rights were not necessarily related to social background. Neither were they related to whether children attended primary or preparatory schools. For example, while some children told of being beaten when they attended a well-known preparatory school, others said they had never been beaten in their lesser-known primary school. Still others said that there were specific primary schools in which teachers still beat the children. One said, “At prep school, they used to get a piece of board, put tape on it and call it “Dr Cure All”, and another told a similar story, “In primary school, the sixth grade teacher would bend us over the desk and beat us.” As in the earlier focus groups, however, there were some children who were prepared to retaliate if hit by any teacher: “If a teacher hits me, I will hit him back then go home and tell my mother”.

Yet there was a general sentiment that “downtown” children were being picked on, though the disparities in behaviour across children who attended school downtown as opposed to those attending uptown were not as stark as imagined: “People in general have this mentality that when you come from downtown, you have no behaviour. This is not necessarily the case. The reality of the situation is that uptown schools are better at hiding it.”

Within their homes, children had varied experiences, which appeared to depend more on their parents’ beliefs and attitudes than on the communities they resided in. Children were sure that

the abuse that some of them suffered in their homes downtown was not unfamiliar to children uptown but “uptown, you have to keep up appearances; there is a lot of abuse among them.”

Some children pointed out that what matters is not where the children are coming from but where the teachers are coming from. Exhibiting a similar bias to the attitude they had denounced earlier, the children explained that the teachers who come from downtown are more abusive than those from uptown. They agreed, however, that while it is no longer possible to make such clear distinctions between the quality of education that is provided downtown versus uptown, it is still the case that traditional schools offer a better quality of education, principally because of the donations they receive and the technologies they can, therefore, afford. While some traditional schools are failing, this is not the norm. However, as with respondents in the earlier focus groups, children insisted on the importance of equalizing the education system, particularly through reversing the stigma that is associated with particular areas.

Similarly, children were concerned about the inequalities in access to health, particularly for those in poverty: “People who are poor have less access to good healthcare as opposed to those who have money for insurance.” Therefore, children recommended that the government focus on equipping the clinics and hospitals that are located in the less advantaged areas. Moreover, attention should be paid to addressing staff attitudes, particularly what the children perceived as the tendency to provide better quality service to persons of lighter complexion.

Though less children within this focus group had experienced or witnessed abuse from the security forces, they were, nevertheless, also convinced that children are not equally protected and that the security forces were responsible for various forms of abuse against children. Some children recommended that there should be closer monitoring of police action, with children involved in the process, as well as reform of the entire security system. Others were doubtful that recommendations would have positive effect: “We have no trust in government, the police or soldiers and no faith in participating in the system. Children have no power to do anything.”

### **CHILDREN WHO LIVE ON THE STREET, UNATTACHED CHILDREN; CHILDREN LIVING IN CONTEXTS OF VIOLENCE**

Children First facilitated focus groups among children (4 boys and 4 girls) of ages 10 to 15 years of age. Compared with the earlier groups, these children were not very interactive or talkative. Few (approximately 25%) understood the meaning of children’s rights and these suggested that it meant they had a right to go to school and to go places, such as church, and to go out with their friends. These same children knew that the CDA was one agency that defended those rights (though not the right to go to church and go out with their friends).

All the children felt they had the right to go to school, the right to health care. The children felt generally protected. Some mentioned that the “don” in the community protected them at times, and one mentioned that the Lord protects him always. Though the don might be protective, they felt the community could do without him, as he was neither “putting food on their table” nor clothing them: “The dons protect us but the community can do without them because they are not feeling or clothing us; our parents and family do that.”

Some children regarded their family members as sources of protection, especially those they classified as “hotheads” who might be prone to violent behaviour and outbursts. According to these children, child protection is best afforded by persons who are capable of combating

violence with violence; thus, the meaning of “protection”, as outlined in the CCPA, has comparatively less significance.

### **CHILDREN IN RESIDENTIAL CARE AND FOSTER HOMES**

CDA hosted a focus group, which comprised 11 children from places of safety, residential and foster homes. The children who resided in foster homes and residential care understood the CCPA very well; they emphasized that they had the right to be protected from abuse and neglect, the right to be heard, and the right to a good education and good healthcare. They were aware of the OCA and the OCR. However, they felt that by living in a home, their freedom of speech was restricted, and, even if they did speak, the repercussions may go so far as to being abused.

Children in places of safety recorded qualitatively different experiences from children in residential and foster homes. The former articulated that they did not feel their right to good quality healthcare was sufficiently respected, and because of the number of children in the home, the doctor may be the last resort, as home remedies were sought first. Children mentioned being afraid to talk when they were ill (particularly if they had a sexually transmitted infection) because staff may use it against them; in other words, *tek it and cuss dem* (“take it and cuss them”).

The children from the foster homes and the residential facilities did not express the same experiences; instead, they felt that they were well attended to with regards to all their rights, except their right to be heard. They, like all the other children, felt that their opinions and suggestions were not often listened to and/or taken into consideration; therefore they do not participate sufficiently in the issues that affect them.

Similarly, children in places of safety expressed concern about their environment and the lack of proper security at their main gate. Children in residential facilities and foster homes were less preoccupied with these issues but were worried about what would happen to them once they turned 18 years of age (4 girls in attendance were 17 years of age). They felt that the government should provide increased protection for those girls transitioning at 18 years of age. Some children recommended that the government donate a halfway house where, after six months to one year, the residents would have to start paying or contributing towards electricity, water and rent. They mentioned that there is a current transitioning plan, which assists with finding a job and provides career counselling. However, one child considered this to be insufficient.

None of the children felt that they were at a disadvantage to other children across Jamaica, save for street children, whom they regarded as definitely less advantaged. They recommended that peer-counselling activities could be implemented to educate less fortunate children and to help with monitoring. Children also suggested that intermediary officers could be used to help children who needed immediate refuge, as the process to be admitted into a facility is, currently, “too long and drawn out” for those requiring immediate assistance. Interestingly, respondents offered to work alongside CDA officers who “pick up” children, as they considered themselves more approachable than those officers, and they were willing to do so on a voluntary basis.

### **CHILDREN IN PLACES OF SAFETY**

On 4 August 2010, the CDA facilitated a focus group discussion with children from Glenhope Place of Safety. There were 8 children between the ages of 14 to 16. These children were,

largely, unaware of the CCPA, although they had some knowledge of children's rights to an education and to having future goals. Children had heard about the CDA and the CCPA through the media (particularly throughout the period when discussions on the Armadale tragedy were popular); however, they did not know of any programmes that discussed such matters.

Participants felt that their rights were protected, except in the realm of education (one person's opinion), as not everyone is able to attend school. Children identified one significant difference in education provision: classes at the home are skills based, whereas going to a regular school provides a broader education. Correspondingly, they felt their education in regular, state school, as opposed to classes within the place of safety, was of good quality. Respondents noted that most of the time their healthcare needs are properly addressed; however, sometimes, like children in the focus group described above, especially with STIs, the girls are reluctant to voice their problems (which makes the STI worse) for fear of it being used against them. However, for other illnesses, they are well attended to and feel comfortable talking to staff about them.

Children felt that their freedom is highly restricted, and they claimed that they were excluded from involvement in the issues that affect them. All except one felt secure, and this child suggested that increased security on the property would assist with this. Most children felt that their right not to be abused or neglected is being upheld. However, food is always in short supply, and, even when it is available, it lacks the proper nutrients. Respondents complained that the homes were not being kept in a hygienic fashion, and there was a general sentiment that the government has simply forgotten that they are there. Yet, some categories of children fared much worse than they did. These included abused children, children used for drug trafficking and children who were employed as prostitutes for their parents.

#### **“PRIVILEGED CHILDREN”**

Eight children from “privileged” homes attended the final focus group. These children were able to articulate, very clearly, what their rights were, and mentioned safety, education, shelter, food and healthcare without prompting. They knew about the CCPA.

These children felt all their rights were protected, although the system to which they were exposed (especially at school) was biased against them because of their privilege. Here are a couple examples from the focus group:

Do you know how it feels to be driving on the road and people are beating on the window of your mother's car and cussing her out because she's a politician?

They expect that because you are a politician's child that you are rich and they are often surprised that I don't live in one of the “uptown” areas.

Some suggested that in the case of a dispute between a less-privileged child and one of them, the teachers/administrators would automatically take the side of the former. One example a respondent gave was of a teacher, who stated to the child: *All of yuh tek money and wipe unnu ass* (“Take money and wipe your ass”).

Children spoke eloquently of the stratification regarding race and class in Jamaica and how that biased the education system across the country. They identified that the rural areas had poorer quality education than Kingston areas, though some schools in Kingston were lacking, and only a handful could be considered to be offering a quality education. They felt that more qualified teachers were needed in the system, and the evaluation of these teachers, by both students

and by the pass rates they obtained, should be an essential point guiding policy, since teachers currently have too much power.

Healthcare is better and cheaper than other countries, they suggested, although the costs appear more prohibitive in the rural areas. However, generally, they felt that their health was well attended to. Children defined secure as “being able to walk home”, “safety at home”, “not [being] hurt and abused” and “able to rely on parents for protection”. Most claimed that they felt secure, except for the threats of crime and violence which inhibit their movements.

With respect to their participation in the issues that affect them, there was little distinction in views among these children and those considered to be less privileged. In their view, although they constantly complained (at school or to their parents) this has made no impact: “You are heard but you get in trouble”. One participant was involved in a campaign regarding children’s rights, but he felt that it made no difference either. As far as the group was concerned, underprivileged children are heard more:

Underprivileged children are heard more in our school setting. If there is a fight between a “privileged” and “underprivileged” child, and a teacher intervenes, he or she will take the side of the underprivileged child . . . so we feel that we are not heard as much in our school system, we are at the disadvantage there.

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## ANNEX 1: TERMS OF REFERENCE

### TERMS OF REFERENCE

#### CONSULTANCY TO UNDERTAKE A BASELINE STUDY

**PROJECT: Protection and Promotion of the Rights of Children and Adolescents in the Inter-American System**

#### I. BACKGROUND CONSTITUTING THE BASIS FOR “THE PROTECTION AND PROMOTION OF CHILDREN’S RIGHTS IN THE INTER-AMERICAN SYSTEM” PROJECT

The OAS and CIDA, through the Secretary General of the OAS, signed an Agreement of Cooperation on 8 April 2009, for the execution of the following project: “The Protection and Promotion of Children’s Rights in the Inter-American System” to be implemented in four Member States; namely, Colombia, Guatemala, Honduras<sup>22</sup> and Jamaica, by means of the signature of a MOU.

The aim of the project is to strengthen the capacity of national institutions to become familiar with and generate mechanisms for the defence and promotion of children’s rights, as well as to strengthen public policy, legislation and independent follow-up and monitoring systems, with regard to these rights. Furthermore, it aims to strengthen the capacity of national governments and their institutions to protect children and promote their rights.

One of the first activities contemplated by the project concerns carrying out Baseline Studies in order to compile information regarding the current situation and public policies for children. This information will be essential in order to establish a NWP for the duration of the project, in each of the participating States, and thus fulfil the project’s objectives. In addition, having reliable and updated information available on the current situation of children’s rights before the start of the project will make it possible to establish guidelines and indicators for the project’s evaluation and follow-up.

The University of the West Indies Open Campus, through the CCDC, has been contracted to undertake a Baseline Study in Jamaica in order to inform the NWP for the implementation of the larger project in Jamaica.

#### II. OBJECTIVES

In Latin America and the Caribbean, **three key processes** have clearly marked the public agenda of the States, after the Convention on the Rights of the Child (CRC or Convention) came into effect in 1990:

- a. A process of **legislative development** which gave rise to Children’s Codes and specialized legislation which have attempted to adapt their propositions to the principles and regulations of the CRC.

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<sup>22</sup> On 5 July 2009, the OAS invoked Article 21 of the Inter-American Democratic Charter and suspended Honduras from active participation in the hemispheric body, by means of Resolution AG/RES. 2 (XXXVII-E/09).

- b. A process of ***rights-based public policy development***, in an effort to overcome tutelary approaches, with the development of NPAs for Children and focused planning tools to address critical issues.
- c. A process for ***monitoring the rights of children*** through which both governments and the organized sectors of civil society report progress achieved to the Committee on the Rights of the Child of the United Nations.

Thus, legal frameworks (codes and laws), public policies (national plans; comprehensive and/or focused on specific issues) and rights monitoring systems (generally, only national reports over four-year periods) are the three basic indicators with regard to how the States have handled the effective application of the rights established by the CRC.

General Objective:

To compile information and carry out a strategic analysis of public policies, regulatory frameworks and institutionality addressing matters related to children, which will make it possible to identify those settings which are in need of technical support in order to develop further, according to the existing situation regarding children's rights.

Specific Objectives:

- a. To describe and analyse public institutionality available in the country, with which to address the promotion and protection of children's rights (universal, special and restorative policies); with regard to their characteristics, operation, powers and interrelations.
- b. To describe and analyse the regulatory framework which regulates and guides the action of public policies for children.
- c. To identify the State's fields of action with regard to children's issues, requiring support and technical assistance in the areas of the right to identity and civil registry, child participation, national plans, rights monitoring systems and the promotion of children's rights through the media.
- d. To identify the various actors who operate in the implementation and development of public policies for children and describe their interrelations.
- e. To identify and describe the indicators (quantitative and qualitative) available in the country in order to gather information and typify the situation of children's rights.

### III. METHODOLOGY

***With reference to specific objectives a, b, c, d and e***, it is expected that the consultant will use secondary sources of information in order to study all of the documents connected to the regulatory framework involving matters related to children's rights, such as children's issues, public policies, institutionality, national plans and information systems.

The consultant should consider using interviews and/or focus groups and/or workshops with qualified informants from government institutions (from the State's different branches), NGOs, academic institutions and organized groups of children, in order to study in depth and complement the secondary information.

The consultant is expected to draw up a more detailed and specific methodological proposal, in line with the objectives and the outputs of this baseline study.

### III. OUTPUTS

This Baseline Study is essential for the production of a NWP for the Project, as the project's actions and activities must be in agreement with the shortcomings detected by this study in four components areas namely:

- a. Strengthening the capacity to promote the right to identity and nationality for children (Article 7 of the CRC), with a rights-based approach).
- b. Institutional strengthening in order to achieve the implementation of comprehensive rights protection systems for children.
- c. The participation of children and its impact on public policy.
- d. The strengthening of competencies for the design and implementation of communicational public policies with a rights-based approach.

The consultant must deliver the following outputs to the CCDC for presentation to the OAS.

a. ***Analysis of the Legal Context of Children's Rights.*** A detailed description of current national legislation in the matter of children's rights and with regard to the international regulatory framework to which the State has subscribed, to date, related to the various rights included in the Convention. The analysis is expected to identify agreements or contradictions between the content of the 1989 CRC, the regulations of the Inter-American system, and current legislation. Recommendations concerning legislation are also expected, drafted by means of focus groups of key actors.

b. ***Public Policy for Children.*** Bearing in mind that the Convention establishes the joint responsibility of Family, State and Society, the consultancy or research team is requested to:

1. Describe and analyse the State's policies and intervention programmes in the fields of the right to identity, child participation, national plans, rights monitoring systems and the promotion of children's rights in the media.
2. Describe and analyse public policy instruments for children (such as national plans and their territorial range, the budget allocated for their implementation,

communications strategies and actions undertaken, formal means of inter-institutional coordination) and their relation with the strategy for national development.

3. Describe and analyse public institutionality operating in the field of children's issues (universal, special and restorative policies) or highly complex policies and their means of inter-sectoral coordination, at different institutional levels.
4. Describe the means of coordination with civil society organizations at different stages of public policy (design, implementation and evaluation).

It is expected that this output will conclude by giving recommendations regarding support and technical assistance for institutional strengthening.

c. ***Child Participation in Issues which Concern Them.*** Description and analysis of programmes, projects and actions in favour of child participation at the different stages of public policy (design, implementation, evaluation and organized groups).

d. ***Independent Monitoring Systems.*** A description of the independent monitoring systems applied by both ombudsmen and civil rights organizations for children – or other organizations – as well as their territorial range.

e. ***Indicators.*** A matrix of quantitative and qualitative indicators currently existing in the country and used in order to illustrate how the rights of children are exercised, which should include the following: a description of the indicator, its source, its frequency and its value; as well as the last year in which the information was gathered.

#### IV. REPORTING

**Inception report:** A detailed methodological proposal to be submitted within 7 calendar days of the signing of the contract for the consultancy.

##### **Progress report 1: Description of the different instruments.**

- a. Description of the characteristics, operation and responsibilities of the various instruments available in the country for policy and management related to the promotion and protection of children's rights.
- b. Description of the regulatory framework which regulates and guides the action of public policies for children.
- c. Identification of actors and means of inter-institutional coordination.

This progress report should be submitted 40 calendar days after the start of the consultancy.

**Progress report 2: Analysis of information and the initial identification of the project's field of intervention.**

1. Analysis of information reviewed and of the interviews, focus groups and/or workshops carried out.
2. Description of the areas of intervention identified for the NWP.
3. A matrix containing existing indicators, with a description of each, including source and frequency.

This progress report should be submitted 70 calendar days after the start of the consultancy.

**Final report: Identification of the areas of intervention of the project with regard to support and technical assistance in order to strengthen actions in the matter of children's issues.**

- a. Full description of the methodology undertaken, including constraints and departures. (To include the comments made in progress reports 1 and 2)
- b. Identification of the State's areas of action related to children's issues which require support and technical assistance with regard to: the right to identity, child participation, national plans, rights monitoring systems and the promotion of children's rights in the media (communications officers in children's governing bodies, other State organizations and social communications media).

This progress report should be submitted 100 calendar days after the start of the consultancy.

## ANNEX 2: GUIDING QUESTIONS

### Theme 1: An Analysis of the Status of Legislative Development for Children

Goals	Relevant Questions
<p>The CCPA incorporates and actively upholds the CRC's indivisible principles: best interests of the child; non-discrimination; right to life, survival and development; and the right to participate</p>	<p>1.To what extent does the CCPA take account of and enforce the full range of children's rights? For example, is there appropriate balance among protection provisions and other rights? Where do gaps exist? How could addressing these gaps improve implementation of the CCPA?</p> <p>2.While the Act provides for all children, thereby endorsing the CRC's guiding principle of non-discrimination, to what extent are naming and making special provisions for certain categories of children (for example, children who are living with and/or are affected by HIV/AIDS and children with disabilities) necessary for (a) actively addressing discrimination and (b) protecting the rights of these particular categories of children to life, survival and development?</p> <p>3.How effectively is the CCPA complemented by the other rights and provisions that are incorporated into national legislation? For example, to what extent do other national legislations enforce children's right to participate?</p>
<p>All implementing agencies and key actors know the principles and provisions of the CCPA.</p>	<p>How informed are implementing agencies and actors of the CCPA? Describe the process(es) for disseminating knowledge? Which agencies are most knowledgeable? Why? Which agencies are least familiar with CCPA? Why? How has the status of knowledge across different agencies and among different actors affected implementation of the CCPA? Give detailed examples. What processes and strategies are required to increase knowledge of the CCPA? What processes and strategies are required to ensure better implementation of the CCPA?</p>
<p>All implementing agencies and key actors have, with their knowledge of the CCPA, formulated and/ or improved policies for protecting children's rights.</p>	<p>How has knowledge of the CCPA influenced policymaking and implementation? What specific policies have been formulated? How have policies been improved?</p>
<p>All implementing agencies and key actors have, with their knowledge of the CCPA, improved the quality of their programmes for protecting children's</p>	<p>How has knowledge of the CCPA influenced programme design and implementation? What specific programmes have been formulated? How have programmes been improved?</p>

rights.	
There are systems and mechanisms that are in place and operational to educate communities, families and schools about the principles and provisions of the CCPA	How informed are communities and families about the CCPA? Describe the process(es) for disseminating knowledge? Which communities are most knowledgeable? Why? Which communities are least familiar with CCPA? Why? How has the status of knowledge across and within different communities affected implementation of the CCPA? Give examples. What processes and strategies are required to increase knowledge of the CCPA? What processes and strategies are required to ensure better implementation of the CCPA?
There is effective communication and coordination across implementing agencies.	How effective is coordination across agencies and actors? What strengths and weaknesses have been observed since the Act was implemented? What measures and resources are required for bridging identified gaps?
There is effective communication and coordination among agencies and communities and the families within them.	How effective is coordination among agencies and communities and the families within them? What strengths and weaknesses have been observed since the Act was implemented? What (a) measures and (b) resources are required for bridging identified gaps?
Sufficient resources are available for effective implementation of the CCPA.	What amount of resources (human and financial) is available for implementing the CCPA? Is this amount adequate? Where do gaps exist and how can these be filled? What quality of resources (human and financial) is available for implementing the CCPA? Is this adequate? Where do gaps exist and how can these be filled?
There are systems and mechanisms in place and operational to effectively monitor and evaluate implementation of the CCPA	What systems and mechanisms are in place to monitor implementation of the CCPA? Describe the processes involved in monitoring and evaluation? How often is monitoring and evaluation carried out? Since its enactment in 2004, what have monitoring and evaluation revealed about the successes and limitations of the CCPA? Where do gaps exist in monitoring and evaluation? For example, are there gaps in monitoring performance (a) within agencies (internal monitoring), (b) across agencies, (examining the level of coordination and the outcomes), within communities (for example, examining the outcomes for families)? What (a) measures and (b) resources are required for bridging identified gaps?
Since enactment the CCPA, children	In what ways has the enactment of the CCPA



experience less discrimination	influenced how children's rights and needs are prioritised at high policy levels? To what extent has the enactment of the CCPA prevented discrimination against certain categories of children (such as children with disabilities, children who are affected by HIV/AIDS, children living in violent communities)? Give evidence. Where is there need for stronger enforcement? How can this be achieved?
Since enactment of the CCPA more actors and agencies uphold the best interests of the child	In what ways has the enactment of the CCPA influenced actors and agencies to implement policies and programmes that uphold the best interests of the child Give evidence. Where is there need for stronger enforcement? How can this be achieved?
Since enactment of the CCPA, more children are able to exercise their right to participate	To what extent has the enactment of the CCPA influenced greater participation from children in the issues that affect their lives? Give evidence. Where is there need for stronger enforcement? How can this be achieved?
Since enactment of the CCPA, more children experience their right to life, survival and development	To what extent has the enactment of the CCPA helped more children to experience their right to life, survival and development? Give evidence. Where is there need for stronger enforcement? How can this be achieved?

### Other National Legislations

Goals	Questions
National legislations endorse the CRC.	In what ways do specific current national legislations: a)endorse the principles of the 1989 CRC? b)contradict the principles of the 1989 CRC?
National legislations endorse the regulations of the American Convention on Human Rights (1978).	To what extent are national legislations consistent with/supportive of the regulations of the American Convention on Human Rights (1978)? Where do gaps exist? Why do these gaps exist? How could these gaps be addressed?
Together, national legislations uphold and actively promote the full range of children's rights.	-How effectively do the legislations incorporate the full range of children's rights? How adequate, for example, are the provisions for children's participatory rights? -What are the political---and other---justifications for the ways in which children's rights are prioritized in legislation? What factors are likely to affect (positively and negatively) the incorporation of rights that are currently not included or that are incorporated 'marginally'? What actions and provisions are

	required for addressing the obstacles? Are there built in quality controls?
Together, national legislations uphold and actively promote the rights of all categories of children.	Are there categories of children who remain 'unreached' and underserved despite the legislations? If yes, why is this so? What amendments/changes are required? What would these amendments/changes require? How feasible are they?

## Theme 2: An Analysis of the Status of Public Policy for Children

### National Plans

Goals	Questions
There are processes in place and operational to translate national plans into concrete policies and programmes.	<p>What is the status of each plan? How advanced are they in implementation?</p> <p>What are the processes for translating each plan into (a) concrete policies and (b) programmes? How effective are these processes? Where are there gaps in the processes? How can these be addressed?</p>
Plan formulation processes have involved all stakeholders, including children, so as to build broad 'ownership'.	<p>How are state and NSAs involved in the implementation, monitoring and evaluation of the plans, and with what consequences? Please specify what agencies and actors are involved and how.</p> <p>How are children involved in the implementation, monitoring and evaluation of the plans, and with what consequences? Please specify what categories of children are involved and how</p>
The national plans incorporate and actively uphold the CRC's indivisible principles: best interests of the child; non-discrimination; right to life, survival and development; and the right to participate.	<p>How comprehensively does each national plan address children's rights, as specified in CRC? Where are the gaps?</p> <p>How comprehensively do the plans, combined, address children's rights, as specified in the CRC? Where are there gaps?</p> <p>Specifically, does each plan allow for meaningful child participation? How is 'meaningful participation' conceived? Where are there gaps between 'meaningful participation' and what obtains in practice? How can these gaps be addressed?</p>
The national plans have effective synergies, which ensure coherence.	Where are there synergies across the plans? Where are there contradictions?
All implementing agencies and other key stakeholders know the	How knowledgeable are implementing agencies and other stakeholders of the provisions of each plan? Describe the

<p>objectives and provisions of each national plan, as well as their roles in implementation.</p>	<p>process(es) for disseminating knowledge? Which agencies/stakeholders are most knowledgeable? Why? Which agencies/stakeholders are least familiar with the plans? Why? How has the status of knowledge across agencies/stakeholders affected implementation of each national plan? Give examples. What processes and strategies are required to increase knowledge of each plan? What processes and strategies are required to ensure better implementation of each plan?</p>
<p>There are systems and mechanisms in place and operational to educate communities and families about the objectives and provisions of each national plan.</p>	<p>How informed are communities and families about each national plan? Describe the process(es) for disseminating knowledge? Which communities are most knowledgeable? Why? Which communities are least familiar with the national plans? Why? How has the status of knowledge across and within different communities affected implementation of the plans? Give examples. What processes and strategies are required to increase knowledge of each plan? What processes and strategies are required to ensure better implementation of each plan?</p>
<p>There is effective coordination among implementing agencies (state and non-state).</p>	<p>How effective is coordination across agencies and actors? What strengths and weaknesses have been observed since the national plan was formulated/implemented? What measures and resources are required for bridging identified gaps?</p> <p>What types of relationships (within agencies, across agencies) are required for effective implementation? What is the status of these relationships? What factors undermine/are likely to undermine these relationships? How can these be addressed?</p>
<p>There is effective coordination among agencies and communities and the families within them.</p>	<p>How effective is coordination among agencies and communities and the families within them? What strengths and weaknesses have been observed since the national plan was formulated/implemented? What (a) measures and (b) resources are required for bridging identified gaps?</p> <p>What types of relationships (with communities, families and children) are required for effective implementation? What is the status of these relationships? What factors undermine/are likely to undermine these relationships? How can these be addressed?</p>
<p>Sufficient resources are available for effective implementation of the national plans.</p>	<p>What resources (financial, human) are required for implementation (including coordination and institutionalization) of each national plan? What and where are there resource constraints? How can the constraints be addressed?</p>

<p>There are systems and mechanisms in place and operational to monitor and evaluate the implementation of each national plan.</p>	<p>What resources (financial, human) are required for proper monitoring and evaluation of each national plan? Where are there resource constraints? How can the constraints be addressed?</p> <p>What is the process for monitoring and evaluating the implementation of each plan? How effective is this process? Where are there gaps in the process? What factors prevent/are likely to prevent effective monitoring and evaluation? How can these be addressed?</p>
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### Policy Assessment

<b>Goals</b>	<b>Questions</b>
<p>There are processes in place and operational to translate policies into concrete programmes.</p>	<p>What are the processes for translating each policy into concrete programmes? How effective are these processes? Where are there gaps in the processes? How can these be addressed?</p> <p>What accounts for any observed gaps between stated policies and subsequent actions? How can these 'causes' be addressed?</p>
<p>Policy formulation processes have involved all key stakeholders, including children.</p>	<p>How are state agencies and actors involved in policy and programme formulation, and with what consequences?</p> <p>Through what processes are civil society organizations involved in policy design? How are CSOs involved? What are the consequences?</p> <p>What processes exist to involve children in policy formulation? How adequate are these processes? How feasible is it to address any identified gaps? What strategies and mechanisms are required?</p>
<p>Policies and programmes incorporate and actively uphold the CRC's indivisible principles: best interests of the child; non-discrimination; right to life, survival and development; and the right to participate.</p>	<p>To what extent does each policy and programme take account of and enforce the full range of children's rights? Where are there gaps in policy, particularly with respect to the guiding principles of the CRC? How could addressing these gaps improve implementation of the policies and programmes?</p> <p>What children's rights are more and less served by the policies and programmes?</p> <p>What aspects of deprivation are more and less served by the policies and programmes?</p>
<p>Policies and programmes have effective synergies, which ensure coherence.</p>	<p>Where are there synergies among policies and programmes? Where are there contradictions? How can these be addressed?</p>
<p>All implementing agencies and other key stakeholders know the</p>	<p>How knowledgeable are implementing agencies and other stakeholders of the provisions of each policy and</p>

<p>provisions of each policy and programme, as well as their roles in implementation.</p>	<p>programme? Describe the process(es) for disseminating knowledge? Which agencies/stakeholders are most knowledgeable? Why? Which agencies/stakeholders are least knowledgeable? Why?</p> <p>How has the status of knowledge across agencies/stakeholders affected policy/programme implementation? Give examples. What processes and strategies are required to increase knowledge of each policy/programme?</p> <p>Through what processes are civil society organizations involved in implementation? How are CSOs involved? What are the consequences?</p> <p>What processes exist to involve children in policy/programme implementation? How adequate are these processes? How feasible is it to address any identified gaps? What strategies and mechanisms are required?</p>
<p>There are systems and mechanisms that are in place and operational to educate communities and families about the provisions of each policy and programme</p>	<p>How informed are communities and families about each policy and programme? Describe the process(es) for disseminating knowledge? Which communities are most knowledgeable? Why? Which communities are least knowledgeable? Why? How has the status of knowledge across and within different communities affected policy/programme implementation? Give examples. What processes and strategies are required to increase knowledge of each policy and programme?</p>
<p>There is effective communication and coordination across implementing agencies (state and non-state).</p>	<p>What process exists for coordinating policies across agencies? Provide concrete examples. How well are the policies coordinated across agencies? Provide concrete examples. How effective are the communication strategies across agencies? Provide concrete examples?</p> <p>What is process for coordinating policies within agencies? Provide concrete examples. How well are the policies coordinated within agencies? Provide concrete examples. How effective are the communication strategies within agencies? Provide concrete examples?</p> <p>What strengths and weaknesses have been observed since the policy/programme was formulated/implemented? What measures and resources are required for bridging identified gaps?</p> <p>What types of relationships (within agencies, across agencies) are required for effective policy and programme implementation? What is the status of these</p>

	relationships? What factors undermine/are likely to undermine these relationships? How can these be addressed?
There is effective communication and coordination among agencies and communities and the families within them.	<p>How effective is coordination among agencies and communities and the families within them? In what areas are coordination most effective? In what areas are coordination least effective? Why is this so? What can be done to address this?</p> <p>What strengths and weaknesses have been observed since the policy/programme was formulated/implemented? What (a) measures and (b) resources are required for bridging identified gaps?</p> <p>What types of relationships (with communities, families and children) are required for effective implementation? What is the status of these relationships? What factors undermine/are likely to undermine these relationships? How can these be addressed?</p>
Sufficient resources are available for effective implementation of each policy and programme.	What resources (financial, human) are required for effective implementation (including coordination and institutionalization) of each policy and programme? What and where are there resource constraints? How can the constraints be addressed?
Capacity levels are adequate for effective implementation of each policy and programme	What capacities are required for effective implementation of each policy and programme? Where are there capacity constraints? How can the constraints be addressed?
There are systems and mechanisms in place and operational to effectively monitor and evaluate implementation of each policy and programme	<p>What resources (financial, human) are required for monitoring and evaluation each policy and programme? Where are there resource constraints? How can these constraints be addressed?</p> <p>What is the process for monitoring and evaluating the implementation of each plan? How effective is this process? Where are there gaps in the process? What factors prevent/are likely to prevent effective monitoring and evaluation? How can these be addressed?</p> <p>How are state and NSAs involved in the policy and programme implementation, monitoring and evaluation, and with what consequences? Please specify what agencies and actors are involved and how.</p> <p>What (a) opportunities and (b) processes exist to involve children in policy evaluation? How adequate are these processes? How are children involved in the implementation, monitoring and evaluation of the policies, and with what consequences? Please specify what</p>

	categories of children are involved and how. How feasible is it to address any identified gaps? What strategies and mechanisms are required?
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### Theme 3: Analyzing the Status of Children’s Participation in Issues that Concern Them

Goals	Questions
Agencies have a consistent and sufficiently rigorous definition of meaningful child participation	How is child participation defined in your organization? What types of actions would your organization characterize as meaningful as opposed to ‘tokenistic’ participation?
Processes are in place and operational to build recognition and support for meaningful child participation among state and NSAs.	What is the process for building recognition and support for meaningful child participation across state and non-state institutions? How effective is this process? How would you characterize the quality of participation that is being institutionalized?
Planning processes, policies and programmes incorporate and actively uphold the child’s right to participate and do so in meaningful ways.	<p>Over the last five years, what quality of progress has there been in promoting child participation? What tangible evidence can you point to in order to support your claim?</p> <p>Specifically:</p> <p>To what extent is the child’s right to (meaningful) participation reflected in national planning processes? Where are there limitations? How can these be addressed?</p> <p>To what extent is the child’s right to (meaningful) participation reflected in sector policies and programmes? Where are there limitations? How can these be addressed?</p> <p>What is the process for building recognition and support for meaningful (meaningful) child participation within communities and families? Where are there limitations? How can these be addressed?</p> <p>What types of relationships (within agencies, across agencies, with NSAs, with children) are required for effectively institutionalizing (meaningful) child participation? What is the status of these relationships? What factors undermine/are likely to undermine these relationships? How can these be addressed?</p> <p>What mechanisms are required to ensure that previously ‘overlooked’ categories of children achieve greater visibility and experience their right to participate? Please give examples from your experience, ensuring that you identify – as fully as you can---the children you consider underrepresented</p>

The child's right to participate in clearly incorporated in national legislations.	<p>How adequate are legislative provisions for children's right to participation? Where are there gaps? How can these be addressed?</p> <p>What sorts of technical assistance are required for relevant legislative development? What other resources are required?</p>
Sufficient resources are available for building meaningful child participation in the policies and programmes that concern them.	What resources (financial, human) are required for building meaningful child participation in the policies and programmes that concern them? What and where are there resource constraints? How can the constraints be addressed?
Capacity levels are adequate for building meaningful child participation in the policies and programmes that concern them.	What capacities are required for building meaningful child participation in the policies and programmes that concern them? Where are there capacity constraints? How can the constraints be addressed?
There are systems and mechanisms in place and operational to monitor and evaluate the quality of child participation.	<p>What is the process for monitoring and evaluating child participation? How effective is this process? Where are there gaps in the process? What factors prevent/are likely to prevent effective monitoring and evaluation? How can these be addressed?</p> <p>How are state and NSAs involved in monitoring and evaluation, and with what consequences? Please specify what agencies and actors are involved and how.</p> <p>What (a) opportunities and (b) processes exist to involve children in monitoring and evaluating the quality of their participation? Please specify what categories of children are involved and how. How feasible is it to address any identified gaps? What strategies and mechanisms are required?</p>

#### Theme 4: Description and Analysis of Independent Monitoring Systems

Goals	Questions
Processes are in place and operational to build recognition and support for child rights monitoring among state and non-state agencies.	<p>What is the process for monitoring child rights within each ministry/agency? How effective is this process? Where are there limitations? How can these be addressed?</p> <p>What is the process for institutionalizing child rights monitoring across ministries/ agencies? How effective is this process? Where are there limitations? How can these be addressed?</p> <p>What is the process for institutionalizing child rights monitoring within communities? How effective is this</p>



	<p>process? Where are there limitations? How can these be addressed?</p>
<p>Planning processes, policies and programmes are improved through child rights monitoring.</p>	<p>Through what processes are rights conventionally monitored? What rights are overlooked? What are the consequences for policy and programming?</p> <p>To what extent has child rights monitoring contributed to (a) policy formulation, (b) policy evaluation and (c) policy implementation?</p> <p>To what extent has the quality of child rights monitoring facilitated (a) policy formulation, (b) policy evaluation and (c) policy implementation?</p> <p>How can more effective monitoring contribute to (a) policy formulation and (b) policy implementation? Please give examples.</p> <p>What sort of technical assistance is required for improving the monitoring of each dimension of child rights monitoring? What other resources are required?</p>
<p>There is effective communication and coordination among agencies and communities and the families within them.</p>	<p>What sorts of inter-agency relationships are required for building a comprehensive child rights monitoring system? Where are there limitations? How can these be developed?</p> <p>What sorts of relationships with communities are required for building a comprehensive child rights monitoring system? Where are there limitations? How can these be addressed?</p> <p>What mechanisms are required to ensure that the rights of 'overlooked' categories of children are adequately monitored? Please give examples from your experience, ensuring that you identify—as fully as you can---the children you consider underrepresented</p>
<p>Sufficient resources are available for monitoring the full range of child rights</p>	<p>What resources (financial, human) are required for monitoring the full range of child rights monitoring? What and where are there resource constraints? How can the constraints be addressed?</p>
<p>Capacity levels are adequate for monitoring the full range of child rights.</p>	<p>What capacities are required for monitoring the full range of child rights? Where are there capacity constraints? How can the constraints be addressed?</p>

<p>Accountability systems and mechanisms are in place to ensure that child rights are properly monitored.</p>	<p>What checks and balances are in place for employee/individual/organizational accountability?</p> <p>What are the motivating factors to elicit compliance? For example, where a children's officer does not do his/her job effectively, what happens in practice? (b) What ought to happen, in principle?</p>
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### Theme 5: An Analysis of the Status of Qualitative and Quantitative Indicators

Goals	Questions
<p>There is a comprehensive list of indicators that are being used to illustrate how the rights of children are being upheld.</p>	<p>What quantitative and qualitative indicators currently exist to illustrate how the rights of children are upheld?</p> <p>How complete are these indicators? What children are included and excluded?</p> <p>Describe the indicators, their source, frequency, value, as well as the last year in which information was gathered.</p> <p>Describe any gaps? Where are further indicators required, particularly to ensure that hitherto overlooked categories of children are included?</p>
<p>Database collection and management processes have been strengthened.</p>	<p>To what extent does JAMSTATS strengthen current data collection and management processes? Where are there limitations? How can these be addressed?</p>
<p>Processes are in place to ensure that policymakers and practitioners understand and utilize the improved database.</p>	<p>How effective is the process exist for institutionalizing JAMSTATS across state and non-state institutions? Where are there limitations? How can these be addressed</p>
<p>Sufficient resources are available for operating and institutionalizing the database</p>	<p>What type and level of resources are required for operating and institutionalizing the database? Where are there limitations? How can these be addressed?</p>
<p>Capacity levels are adequate for operating and institutionalizing the database.</p>	<p>What capacities are required for operating and institutionalizing the database? Where are there capacity constraints? How can the constraints be addressed?</p>

### Theme 6: Promoting child rights in the media: Description and Analysis

Goals	Questions
<p>Over the past five years, child rights are, increasingly, being promoted through the media.</p>	<p>Over the past five years, what quality of progress has there been in the promotion of children's rights through the media? What is the evidence?</p> <p>What audiences have dissemination efforts (if any)</p>

	<p>influenced? Where are there gaps in coverage? What tangible evidence (documentation etc) can you point to in order to support your claim?</p> <p>To what extent do television viewing limits protect children's rights?</p> <p>How can technical assistance help to fill gaps in coverage?</p>
<p>Children participate in promoting their rights</p>	<p>How have children been involved in information dissemination? Describe how they were engaged in the process? How could they have been engaged more effectively?</p> <p>What forms of technical assistance are required to increase their involvement?</p>
<p>Sufficient resources are available for promoting children's rights in the media</p>	<p>What type and level of resources are required for promoting children's rights in the media? Where are there limitations? How can these be addressed?</p>
<p>Capacity levels are adequate for promoting children's rights in the media.</p>	<p>What capacities are required for promoting children's rights in the media? Where are there capacity constraints? How can the constraints be addressed?</p>

## **ANNEX 3: PROVISIONS OF THE CONVENTION ON THE RIGHTS OF THE CHILD (CRC) AND THE INTER-AMERICAN HUMAN RIGHTS SYSTEM**

### **CRC GUIDING PRINCIPLES**

#### **Definition of the Child**

##### Article 1

1. For the purposes of the present Convention, a child means every human being below the age of 18 years unless under the law applicable to the child, majority is attained earlier

#### **Non-discrimination**

##### Article 2

1. States Parties shall respect and ensure the rights...to each child within their jurisdiction without discrimination of any kind
2. States Parties shall take all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members

#### **Best Interests**

##### Article 3

1. In all actions concerning children...the best interests of the child shall be a primary consideration.
2. States Parties undertake to ensure the child such protection and care as is necessary for his and her well-being
3. States Parties shall ensure that the institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities

#### **Right to Life, Survival and Development**

##### Article 6

1. States Parties recognize that every child has the inherent right to life.
2. States Parties shall ensure to the maximum extent possible the survival and development of the child

#### **Respect for the Views of the Child**

##### Article 12

1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.
2. For this purpose, the child shall in particular be provided the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or an appropriate body, in a manner consistent with the procedural rules of national law

### **Survival and Development**

Various articles of the CRC identify the child's basic right to life, survival and to develop his or her potential.

Article 4: Governments should ensure that there are legislative, administrative and other measures for protecting the rights of the child.

Article 5: Governments should respect the parents' rights and responsibilities to guide the child, including teaching him/her his rights as s/he grows.

Article 6: All children have the right to life.

Article 7: All children have the right to be legally registered at birth, with a name and nationality. They also have the right to know their parents and to be cared for by them.

Article 8: Children have the right to an identity.

Article 9: Children have the right to live with their parents, unless this is likely to be harmful to them.

Article 10: Children have the right to be reunified with their parents.

Article 14: Children have the right to think and believe what they will and to practice their religion, as long as this does not infringe on the rights of others.

Article 18: Both parents are responsible for raising their children, and should do so in a manner that is in their children's best interests.

Article 20: Children who cannot be cared for by their parents have the right to proper care, which does not deny them their language, culture and group identity.

Article 22: Children who are refugees have the right to special protection, in addition to the rights guaranteed in the CRC.

Article 23: Children with disabilities have the right to special protection, in addition to the rights guaranteed in the CRC.

Article 24: Children have the right to the best health care possible, including safe drinking water, nutritious food, a safe and clean environment and appropriate health information.

Article 25: Children who are placed in care have the right to have their living arrangements carefully inspected to ensure they meet appropriate standards.

Article 26: Children who are in need have the right to social security provisions from the state.

Article 27: Children have the right to a standard of living that is sufficient to meet their physical, mental, moral and social needs. The state has a duty to help families to provide this.

Article 28: All children have the right to free primary education. Secondary education should be available and accessible to all; financial assistance should be provided where there are cases of need. Higher education should be made accessible to all

Article 29: Children's education should develop each child's personality and talents to the fullest; teach respect for human rights and freedoms; develop respect for parents, cultural identity, values and language; prepare the child to live responsibly in a free society.

Article 30: Minority children have the right to practice their own religions, culture and language.

Article 31: Children have the right to leisure and play.

Article 42: Children and adults should have knowledge of rights; governments are responsible for ensuring this.

### **Protection Rights**

The CRC contains several articles that are designed to protect the child from harm.

Article 4: Governments should ensure that there are legislative, administrative and other measures for protecting the rights of the child

Article 11: Governments should take appropriate measures to prevent illegal abductions

Article 19: Children have the right to be protected from physical or mental hurt, injury, neglect, abuse, exploitation . . . while they are being cared for by parents or legal guardians

Article 20: Children who cannot be cared for by their parents have the right to proper care, which does not deny them their language, culture and group identity

Article 22: Children who are refugees have the right to special protection, in addition to the rights guaranteed in the CRC

Article 32: Children should be protected from economic exploitation. Governments should ensure a minimum age for admission to employment and should regulate the conditions of employment.

Article 33: Children should be protected from the use of drugs and from producing and trafficking drugs.

Article 34: Governments should protect children from sexual exploitation.

Article 35: Governments should take all appropriate measures to prevent child abduction, sale and trafficking

Article 36: Children should be protected from all other forms of exploitation, which damages their welfare.

Article 38: Governments must ensure that international humanitarian law applies where children are involved in armed conflicts. They should take all feasible measures to ensure that persons who have not reached 15 years are not involved in hostilities.

Article 40: Children accused of breaking the law have a right to legal assistance and fair treatment. Governments should set a minimum age for criminal responsibility.

### **Participation Rights**

The CRC's stipulations concerning participation rights are expressed in the following articles:

Article 4: Governments should ensure that there are legislative, administrative and other measures for protecting the rights of the child

Article 13: Children have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds . . .

Article 14: Children have the right to think and believe what they will and to practice their religion, as long as this does not infringe on the rights of others

Article 15: Children have the right to freedom of association and peaceful assembly, as long as this does not infringe the rights of others

Article 16: Children have the right to privacy.

Article 17: Governments should ensure that the child has access to information and materials from a diversity of national and international sources. They should encourage the media to publicize information that is of social and cultural benefit to the child.

### **PROVISIONS OF THE AMERICAN CONVENTION**

The American Convention provides:

1. General obligations to respect rights (Article 1) and Domestic Legal Effects (Article 2)

2. Civil and political rights:

Article 3: Right to Juridical Personality; Article 4: Right to Life; Article 5: Right to Humane Treatment; Article 6: Freedom from Slavery; Article 7: Right to Personal Liberty; Article 8. Right to a Fair Trial; Article 9: Freedom from Ex Post Facto Laws; Article 10: Right to Compensation; Article 11: Right to Privacy; Article 12: Freedom of Conscience and Religion; Article 13: Freedom of Thought and Expression; Article 14: Right of Reply; Article 15: Right of Assembly; Article 16: Freedom of Association; Article 17: Rights of the Family; Article 18: Right to a Name; Article 19: Rights of the Child; Article 20: Right to Nationality; Article 21: Right to Property; Article 22. Freedom of Movement and Residence; Article 23: Right to Participate in Government; Article 25. Right to Judicial Protection

3. Economic, social, cultural rights, including to progressive development (Article 26).

In addition, the Commission underscores the relationship between rights and duties:

Article 32: Relationship between Duties and Rights

1. Every person has responsibilities to his family, his community, and mankind.
2. The rights of each person are limited by the rights of others, by the security of all, and by the just demands of the general welfare, in a democratic society.

**ANNEX 4: SUMMARY OF NATIONAL LEGISLATIONS**

<b>Name of Act</b>	<b>Date of enactment</b>	<b>Protection Provisions</b>	<b>Relevant CRC Article</b>
Adoption of Children Act	1958	-Prohibits the advertisement of children for adoption -Restricts the removal of children for adoption	4; 19; 35
Broadcasting and Radio Re-diffusion Act	1996	-Prevents the transmission of material that contravenes Jamaican laws	4; 36
Children's (Guardianship and Custody) Act	1957	-Establishes rights to guardianship -Gives the court the right to remove the child where his/her welfare is being compromised by an appointed or testamentary guardian -Establishes the power of the court to protect children from parents who had abandoned, neglected or otherwise abused them -Establishes power of court to order payments of money for maintenance of the child Underscores the principle that the best interests of the child will take precedence in custody cases	4; 19; 20; 36
Child Pornography (Prevention) Act	2009	-Establishes penalties for the commercial sexual exploitation of children, including the production, possession, importation, exportation and dissemination of child pornography -Makes special protection provisions for girls	4; 34; 36
Children's Home Regulations	2007	-Gives power to the responsible government agency to monitor private children's homes and places of safety and bring action when they fail to meet designated standards for child care and protection	4; 19; 20; 25
Corrections Act	1985	-Distinguishes between adult and juvenile correctional centres; makes provisions for the administration of juvenile correctional centres, drawing on the CCPA	4
Customs Act	1956	-Prohibits the importation of obscene drawings, paintings and other representations, written communications and packages on which offensive marks and designs are inscribed	4; 36



Domestic Violence (Amendment) Act	2004	<ul style="list-style-type: none"> <li>-Provides protection for women and children who are victims of domestic violence</li> <li>-Enables a third party to initiate proceedings on behalf of the woman</li> <li>-Stipulates that damage to property is also a form of domestic violence</li> </ul>	4; 19
Early Childhood Act 2004, Early Childhood Regulations 2005, and the Early Childhood Commission Act 2005	2004 and 2005	<ul style="list-style-type: none"> <li>-Regulates the quality of provision in the education sector</li> <li>-Prohibits discrimination against children with disabilities</li> <li>-Bans corporal punishment in early childhood institutions</li> <li>-Gives the Minister of Education the right to close down institutions where it is believed that children's welfare is being compromised.</li> </ul>	4; 23; 28; 29; 31
Education Act	1980	<ul style="list-style-type: none"> <li>-Sets up statutory system of education – primary to tertiary</li> <li>-Establishes the management structure for public education institutions</li> <li>-Provides for freedom of conscience</li> <li>-Outlines the duties of parents to secure education for children</li> <li>-Makes declarations on compulsory education and compulsory school age</li> <li>-Makes stipulations concerning children who require special education</li> <li>-Establishes regulations for teachers</li> <li>-Provides basis for policy decision to ban corporal punishment</li> </ul>	4; 5; 14; 28
Incest (Punishment of) Act	1948	<ul style="list-style-type: none"> <li>-Permits a jury in a rape trial to convict the accused for incest, where this is more appropriate, where the jury is not satisfied that rape has been committed.</li> </ul>	4; 34
Jamaica's Crime (Prevention of) Act	1942	<ul style="list-style-type: none"> <li>-Bans corporal punishment for crimes committed by persons who are under 16 years of age.</li> <li>(Note that common law allows parents – or persons in <i>loco parentis</i> – to chastise children using “reasonable” corporal punishment. However, where corporal punishment results in injury, death or is inappropriate given the age, physical state and capacity of the child to appreciate correction, parents can be held liable for prosecution.)</li> </ul>	4; 19
Maintenance Act	Amended in 2005	<ul style="list-style-type: none"> <li>-Obliges spouses or partners in a common-law union to maintain each</li> </ul>	4; 18; 20

		other -Obliges parents or guardians to maintain children	
Matrimonial Causes Act	1989	-Stipulates regarding child and spousal support provisions, which are effective during a marriage and upon the dissolution or nullity of a marriage	4; 18
National Insurance Act	1973	Makes provisions for national insurance payments for children who are orphans and those designated as special children	4
Obscene Publications (Suppression of) Act	1927	-Makes it an offence to trade in, import or distribute obscene paintings, drawings, writings, posters or any such objects	4; 36
Offences Against the Person Act	1864	-Makes child stealing or kidnapping punishable by imprisonment -Criminalizes certain sexual acts that are committed against girls	4; 34; 35
Post Office Regulations	1941	-Prohibits the use of the post office for convey or delivering any article that contains indecent or obscene prints, paintings, lithographs, engravings and so on	4; 36
The Registration (Births and Deaths) Act	1881	-Specifically addresses the right to a legally registered name (Note that there is no legal requirement for a father's name to be on the child's birth certificate, which could lead to withholding of further rights of the child. The father's name and details can be added after registration of the birth.)	7; 8
Sexual Offences Act	2009	-Establishes a legal gender-neutral definition of rape -Stipulates that a boy under 14 years of age is capable of rape and other forms of sexual abuse -Deals with "sexual grooming, touching or interference" between an adult and child or among children -Defines the responsibilities of household heads to children (under 16 years of age) who are in their charge -Addresses child abduction -Provides for a Sexual Offenders Register (Section 29)	4; 19; 29; 34
Towns and Communities Act	2006	-Stipulates that it is an offence to sell, distribute or to offer for sale or distribution any obscene drawings, paintings or representations	4; 36
Trafficking in	2007	-Stipulates that trafficking in persons is	4; 35; 36

Persons (Prevention, Suppression and Punishment) Act		illegal and makes provisions for preventing and punishing the crime	
Victims Charter	2000	-Notes the imbalance between rights protection for victims and offenders and seeks to improve provisions for victims -Provides state compensation for victims -Improves protection for children and other vulnerable groups	4; 34; 36

**PENDING LEGISLATION**

Charter of Rights and Freedoms Bill	Under consideration	-Obliges the state to promote universal respect for, and observance of, human rights and freedoms for all persons in Jamaica and affords protection to the rights and freedoms of persons as set out in those provisions	4
Cyber Crimes Bill	Under consideration	-Imposes penalties for cyber crimes, it is designed to complement the Child Pornography Act	4; 34; 36
Evidence (Amendment) Bill	Under consideration	-Allows vulnerable victims and witnesses to give evidence without attending court, such as by video	4; 16
National Parent Support Commission	Under consideration	-To co-ordinate efforts towards helping the development of proper parenting in Jamaica.	4; 33
Occupational Health and Safety Bill	Being proposed	-Protect potential employees against HIV/AIDS screening -Establishes child labour policies -Establishes protection policies for working children	4; 32; 16
Disability Bill	Being drafted	-Geared towards protecting the rights of PWDs, including children	4
National Assistance Bill	Being drafted	-Aims to Repeal the Poor Relief Act of 1886	4

## ANNEX 5: CHILDREN, ADOLESCENTS AND THE MEDIA (PUBLICATIONS)

Author	Summary
Abel, Wendel. "Media Violence leads to aggression." <i>Jamaica Gleaner</i> , 6 July 2005.	The author argues that the Jamaican media have taken the reporting of violence to excessive and grisly extremes, and violence is promoted and glamorized. The findings of the study reveal that exposure to television violence leads to aggressive behaviour. This is potentially damaging to younger children who may have difficulty distinguishing between what is real and what is fantasy; the greater the exposure to violent television the greater the level in aggressive and antisocial behaviour displayed by children.
Campbell, Caresse Gaile. "Media violence and aggression in Jamaican preadolescent boys." Master's thesis. Department of Global Health, Rollins School of Public Health, 2006.	The results of the study suggest that the majority of Jamaican children are exposed to media violence. The author feels that educating a parent about the effects of media violence and the importance of monitoring what their child watches is one way to limit this exposure.
de Bruin, Marjan and Claude Robinson, ed. <i>Media and Violence in Jamaica</i> . Kingston: Arawak, 2010.	The author argues that the impact of the media is not based exclusively on the explicit words and images portrayed, but it also involves the implications and conclusions that can be drawn.
Forbes, Marcia. "Media's influence? It all depends!" <i>Jamaica Observer</i> , 9 June 2010. <a href="http://www.jamaicaobserver.com/columns/Media-s-influence--It-all-depends_7678095">http://www.jamaicaobserver.com/columns/Media-s-influence--It-all-depends_7678095</a> .	The author argues that Jamaica is media-saturated and the media are saturated with certain kinds of messages. Consequently, journalists and reporters are interpreting events and producing stories based on their own realities.
Gooch, Cheryl Renée. "The centrality of self-reliant and participatory approaches to media planning in the Caribbean: An analysis of the television programming framework of Barbados." <i>International Communication Gazette</i> 54 (1995): 17-38.	This article examines the television programming framework of the country of Barbados and assesses participation in media planning. It examines how key sectors influence the nature and direction of television programming policy.
Joseph, Cheryl Y. "Favourite TV programs and lifestyle aspirations of Jamaican adolescents: an exploratory study." Master's thesis, School of Journalism and Mass communication, San Jose State University, 1995.	The thesis examined the extent to which the lifestyle aspiration of some Jamaican adolescents mirrored the lifestyle portrayed in their favourite television programs.
Meeks Gardner, Julie, Christine A. Powell, Joan A. Thomas; and Doreen Millard. "Perceptions and experiences of violence among secondary school students in urban Jamaica. <i>Revista panamericana de salud pública</i> 14.2 (2003): 97.	The study was done to obtain information on the perceptions and experiences of violence among secondary school students in Kingston and its environs. Questionnaires were sent to 11 randomly selected secondary schools (a total of 1,710 students). Of this total, 90% percent of the children watched television sometimes or often. 75% thought that violent television shows were bad for children to watch, and 82% thought such shows make children more violent.

<p>Phekoo, Carol Anne I. and Paul D. Driscoll. "US television viewing in Trinidad: Cultural consequences on adolescents." <i>International Communication Gazette</i> 57 (1996): 97-110.</p>	<p>The study examined the relationship between Trinidadian high school students' exposure to US television programming and cultivation indicators. Findings demonstrated that television viewing was related to liberal social values concerning relationships, family, and authority and not to cultural knowledge and estimations of Americans' material wealth. The findings raise questions about the assumed linear relationship between television viewing and cultivation. Long-standing questions pertaining to reliability in cultivation analysis are also addressed.</p>
<p>Robertson, Damalia. "Using Entertainment education, mass communication and the media as tools to address sexual abuse and increase victim reporting in Jamaican girls and women (ages 13-21)." Master's thesis, Department of Communication for Social and Behaviour change, University of the West Indies, 2008.</p>	<p>The study discusses the issue of sexual violence and the media. The aim of the paper is to find ways to increase victim reporting in Jamaica.</p>
<p>Singer, Dorothy G. and Jerome L. Singer. <i>Handbook of children and the media</i>. London: Sage, 2001.</p>	<p>The book provides comprehensive, research-oriented background to the developmental impact of children and adolescents with the modern media.</p>
<p>Women's Media Watch. <i>The portrayal of violence in media to Jamaican youth: a content analysis</i>. Kingston: WMA, 2000.</p>	<p>The content analysis examined how violence is presented in the Jamaican media, particularly the media preferred by young people in the 15 to 24 age group.</p>

**ANNEX 6: CHILDREN-RELATED INDICATORS: JAMSTATS DATABASE 2009**

Time Period	Indicator	Data Value	Unit	Subgroup	Source
2007	Proportion of children achieving full mastery in Grade 1 Readiness Test	49.6	Percent	Female	MOE Education Statistics 2007–2008
2007	Proportion of children achieving full mastery in Grade 1 Readiness Test	37.5	Percent	Male	MOE Education Statistics 2007–2008
2007	Proportion of children achieving full mastery in Grade 1 Readiness Test	43.3	Percent	Total	MOE Education Statistics 2007–2008
2008	Percentage of students achieving grades 1–3 passes in CSEC English	54.4	Percent	Total	MOE CSEC Examinations 2008
2008	Percentage of students achieving grades 1–3 passes in CSEC mathematics	43.0	Percent	Total	MOE CSEC Examinations 2008
2008	Percentage of students achieving Grades 1–3 passes in CSEC English in relation to Grade 11 cohort	30.6	Percent	Total	MOE CSEC Examinations 2008
2008	Percentage of students achieving Grades 1–3 passes in CSEC Mathematics in relation to Grade 11 cohort	19.9	Percent	Total	MOE CSEC Examinations 2008
2007–2008	Proportion of children mastering all components in the Grade 4 literacy test	82.9	Percent	Female	MOE Education Statistics 2008–2009
2007–2008	Proportion of children mastering all components in the Grade 4 literacy test	61.0	Percent	Male	MOE Education Statistics 2008–2009
2007–2008	Proportion of children mastering all components in the Grade 4 literacy test	71.7	Percent	Total	MOE Education Statistics 2008–2009
2006	Proportion of children whose birth is registered	85.1	Percent	KMA	JAM – PIOJ JSLC 2006
2006	Proportion of children whose birth is registered	96.3	Percent	Other Towns	JAM – PIOJ JSLC 2006
2006	Proportion of children whose birth is registered	93.6	Percent	Rural	JAM – PIOJ JSLC 2006
2008	Proportion of children whose birth is registered	97.8	Percent	Total	JAM – PIOJ JSLC 2008
2005–2006	Proportion of pupils starting grade 1 who reach grade 5	100.0	Percent	Female	JAM – MOE DSP 2007
2005–2006	Proportion of pupils starting grade 1 who reach grade 5	93.0	Percent	Male	JAM – MOE DSP 2007
2005–2006	Proportion of pupils starting grade 1 who reach grade 5	96.2	Percent	Total	JAM – MOE DSP 2007
2005	Percentage of children living in poverty	17.7	Percent	KMA	JAM - PIOJ Policy Research Unit 2007
2005	Percentage of children living in poverty	8.2	Percent	Other Towns	JAM - PIOJ Policy Research Unit 2007
2005	Percentage of children living in poverty	24.3	Percent	Rural	JAM - PIOJ Policy Research Unit 2007
2005	Percentage of children living in poverty	17.47	Percent	Total	JAM - PIOJ Policy Research Unit 2007
2006	Percentage of students achieving grades 1–3 passes in CSEC English	57	Percent	Female	JAM – NATIONAL Council on Education Performance of Jamaican Students in the CSEC 2006
2006	Percentage of students achieving grades 1–3 passes in CSEC English	42	Percent	Male	JAM – NATIONAL Council on Education

					Performance of Jamaican Students in the CSEC 2006
2006	Percentage of students achieving grades 1–3 passes in CSEC mathematics	36	Percent	Female	JAM – NATIONAL Council on Education Performance of Jamaican Students in the CSEC 2006
2006	Percentage of students achieving grades 1–3 passes in CSEC mathematics	37	Percent	Male	JAM – NATIONAL Council on Education Performance of Jamaican Students in the CSEC 2006
2006	Percentage of students achieving Grades 1–3 passes in CSEC English in relation to Grade 11 cohort	38	Percent	Female	JAM – NATIONAL Council on Education Performance of Jamaican Students in the CSEC 2006
2006	Percentage of students achieving Grades 1–3 passes in CSEC English in relation to Grade 11 cohort	19	Percent	Male	JAM – NATIONAL Council on Education Performance of Jamaican Students in the CSEC 2006
2006	Percentage of students achieving Grades 1–3 passes in CSEC Mathematics in relation to Grade 11 cohort	19	Percent	Female	JAM – NATIONAL Council on Education Performance of Jamaican Students in the CSEC 2006
2006	Percentage of students achieving Grades 1–3 passes in CSEC Mathematics in relation to Grade 11 cohort	15	Percent	Male	JAM – NATIONAL Council on Education Performance of Jamaican Students in the CSEC 2006
2006	Proportion of children under 5 years immunized against diphtheria, perussis (whooping cough) and tetanus (DPT)	88.8	Percent	KMA	JAM – JSLC 2006
2006	Proportion of children under 5 years immunized against diphtheria, perussis (whooping cough) and tetanus (DPT)	100.0	Percent	Other Towns	JAM – JSLC 2006
2006	Proportion of children under 5 years immunized against diphtheria, perussis (whooping cough) and tetanus (DPT)	88.5	Percent	Rural	JAM – JSLC 2006
2008	Proportion of children under 5 years immunized against diphtheria, perussis (whooping cough) and tetanus (DPT)	91.8	Percent	Total	JAM – JSLC 2008



2006	Proportion of children under 5 years immunized against measles	100.0	Percent	KMA	JAM – JSLC 2006
2006	Proportion of children under 5 years immunized against measles	89.0	Percent	Other Towns	JAM – JSLC 2006
2006	Proportion of children under 5 years immunized against measles	93.3	Percent	Rural	JAM – JSLC 2006
2008	Proportion of children under 5 years immunized against measles	85.6	Percent	Total	JAM – JSLC 2008
2006	Proportion of children under 5 years immunized against polio	90.5	Percent	KMA	JAM – JSLC 2006
2006	Proportion of children under 5 years immunized against polio	90.4	Percent	Other Towns	JAM – JSLC 2006
2006	Proportion of children under 5 years immunized against polio	90.4	Percent	Rural	JAM – JSLC 2006
2008	Proportion of children under 5 years immunized against polio	91.5	Percent	Total	JAM – JSLC 2008
2006	Proportion of children under 5 years immunized against tuberculosis	98.0	Percent	KMA	JAM – JSLC 2006
2006	Proportion of children under 5 years immunized against tuberculosis	98.5	Percent	Other Towns	JAM – JSLC 2006
2006	Proportion of children under 5 years immunized against tuberculosis	99.2	Percent	Rural	JAM – JSLC 2006
2008	Proportion of children under 5 years immunized against tuberculosis	99.0	Percent	Total	JAM – JSLC 2008
2004–2005	Percentage of adults and children with advanced HIV receiving antiretroviral therapy	50	Percent	Total	JAM – UNGASS Report 2005
2006	Number of children under 18 years as perpetrators of murder	1	Number	Female	JAM – JCF Statistics Division 2007
2006	Number of children under 18 years as perpetrators of murder	43	Number	Male	JAM – JCF Statistics Division 2007
2006	Number of children under 18 years as perpetrators of murder	44	Number	Total	JAM – JCF Statistics Division 2007
2005	Number of children under 18 years as victims of carnal abuse	323	Number	Female	JAM – PIOJ ESS 2006
2005	Number of children under 18 years as victims of murder	21	Number	Female	JAM – PIOJ ESS 2006
2005	Number of children under 18 years as victims of murder	68	Number	Male	JAM – PIOJ ESS 2006
2005	Number of children under 18 years as victims of murder	89	Number	Total	JAM – PIOJ ESS 2006
2005	Number of children under 18 years as victims of rape	367	Number	Female	JAM – PIOJ ESS 2006
2006	Number of children under 18 years as perpetrators of breaking	6	Number	Female	JAM – JCF Statistics Division 2007
2006	Number of children under 18 years as perpetrators of breaking	133	Number	Male	JAM – JCF Statistics Division 2007
2006	Number of children under 18 years as perpetrators of breaking	139	Number	Total	JAM – JCF Statistics Division 2007
2006	Number of children under 18 years as perpetrators of carnal abuse	44	Number	Male	JAM - Jamaica Constabulary Force_Statistics Division_2007
2006	Number of children under 18 years as perpetrators of larceny	0	Number	Female	JAM – JCF Statistics

					Division 2007
2006	Number of children under 18 years as perpetrators of larceny	9	Number	Male	JAM – JCF Statistics Division 2007
2006	Number of children under 18 years as perpetrators of larceny	9	Number	Total	JAM – JCF Statistics Division 2007
2006	Number of children under 18 years as perpetrators of rape	82	Number	Male	JAM – JCF Statistics Division 2007
2006	Number of children under 18 years as perpetrators of robbery	1	Number	Female	JAM – JCF Statistics Division 2007
2006	Number of children under 18 years as perpetrators of robbery	70	Number	Male	JAM – JCF Statistics Division 2007
2006	Number of children under 18 years as perpetrators of robbery	71	Number	Total	JAM – JCF Statistics Division 2007
2006	Number of children under 18 years as perpetrators of shooting	0	Number	Female	JAM – JCF Statistics Division 2007
2006	Number of children under 18 years as perpetrators of shooting	82	Number	Male	JAM – JCF Statistics Division 2007
2006	Number of children under 18 years as perpetrators of shooting	82	Number	Total	JAM – JCF Statistics Division 2007
2005	Number of children under 18 years as victims of breaking	11	Number	Female	JAM – PIOJ ESS 2006
2005	Number of children under 18 years as victims of breaking	1	Number	Male	JAM – PIOJ ESS 2006
2005	Number of children under 18 years as victims of breaking	12	Number	Total	JAM – PIOJ ESS 2006
2005	Number of children under 18 years as victims of larceny	3	Number	Female	JAM – PIOJ ESS 2006
2005	Number of children under 18 years as victims of larceny	5	Number	Male	JAM – PIOJ ESS 2006
2005	Number of children under 18 years as victims of larceny	8	Number	Total	JAM – PIOJ ESS 2006
2005	Number of children under 18 years as victims of robbery	29	Number	Female	JAM – PIOJ ESS 2006
2005	Number of children under 18 years as victims of robbery	46	Number	Male	JAM – PIOJ ESS 2006
2005	Number of children under 18 years as victims of robbery	75	Number	Total	JAM – PIOJ ESS 2006
2005	Number of children under 18 yrs as victims of shootings	21	Number	Female	JAM – PIOJ ESS 2006
2005	Number of children under 18 yrs as victims of shootings	56	Number	Male	JAM – PIOJ ESS 2006
2005	Number of children under 18 yrs as victims of shootings	77	Number	Total	JAM – PIOJ ESS 2006
2007	Mean number of children per household	0.85	Number	KMA	JAM – PIOJ JSLC 2007
2007	Mean number of children per household	0.99	Number	Other Towns	JAM – PIOJ JSLC 2007
2007	Mean number of children per household	1.15	Number	Rural	JAM – PIOJ JSLC 2007
2007	Mean number of children per household	1.01	Number	Total	JAM – PIOJ JSLC 2007

2007	Sex ratio of child population	105	Ratio	Total	JAM – SIOJ Department of Censuses 2008
2008	Children suffering from diarrhoea who received oral rehydration therapy	54.1	Percent	Total	JAM – MOH 2009
2008	Exclusive breastfeeding rate for children at 3 months	31.7	Percent	Total	JAM – MOH 2009
2008	Exclusive breastfeeding rate for children at 6 weeks	43.1	Percent	Total	JAM – MOH 2009
2008	Proportion of children 12–23 months immunized against measles	88.89	Percent	Total	JAM – MOH 2009
2008	Proportion of children under 1 year immunized against diphtheria, pertussis (whooping cough) and tetanus (DPT)	88.39	Percent	Total	JAM – MOH 2009
2008	Proportion of children under 1 year immunized against polio	88.39	Percent	Total	JAM – MOH 2009
2008	Proportion of children under 1 year immunized against tuberculosis	93.69	Percent	Total	JAM – MOH 2009

**ANNEX 7:  
INDICATORS – JAMAICA MULTIPLE INDICATOR CLUSTER SURVEY – 2005**

<b>Indicator</b>	<b>Data Value</b>	<b>Unit</b>	<b>Subgroup</b>
Proportion of household population	5774.6	Number	Total 0–17 yr
Proportion of household population	100.0	Percent	Total
Child response rate	98.8	Percent	Total
Children's overall response rate	84.1	Percent	Total
Eligible children under 5	1444.0	Number	Total
Eligible women	3777.0	Number	Total
Household response rate	85.1	Percent	Total
Interviewed households	4767.0	Number	Total
Interviewed women	3647.0	Number	Total
Mother/Caretaker Interviewed	1427.0	Number	Total
Occupied households	5604.0	Number	Total
Sampled households	6250.0	Number	Total
Women response rate	96.6	Percent	Total
Women's overall response rate	82.1	Percent	Total
Proportion of household population	15698.1	Number	Total
Proportion of household population	36.8	Percent	Total 0–17 yr
Households (unweighted)	4767.0	Number	Total
Households (weighted)	4767.0	Number	Total
Proportion of households	100.0	Percent	Total
Proportion of women aged 15–49 years	100.0	Percent	Total
Women aged 15–49 years (unweighted)	3647.0	Number	Total
Children under five years of age (unweighted)	706.0	Number	Male
Children under five years of age (unweighted)	721.0	Number	Female
Children under five years of age (unweighted)	129.0	Number	Total <6 mo
Children under five years of age (unweighted)	1427.0	Number	Total
Children under five years of age (weighted)	713.1	Number	Male
Children under five years of age (weighted)	713.9	Number	Female
Children under five years of age (weighted)	137.6	Number	Total <6 mo
Children under five years of age (weighted)	1427.0	Number	Total
Proportion of children under five years of age	50.0	Percent	Male
Proportion of children under five years of age	50.0	Percent	Female
Proportion of children under five years of age	9.6	Percent	Total <6 mo
Proportion of children under five years of age	100.0	Percent	Total
Proportion of women aged 15–49 years with a birth in the two years preceding the survey who started breastfeeding within one day of birth	84.0	Percent	Total
Proportion of women aged 15–49 years with a birth in the two years preceding the survey who started breastfeeding within one hour of birth	62.3	Percent	Total

Indicator	Data Value	Unit	Subgroup
Proportion of children aged 0–3 months exclusively breastfed	13.1	Percent	Male
Proportion of children aged 0–3 months exclusively breastfed	29.9	Percent	Female
Proportion of children aged 0–3 months exclusively breastfed	21.4	Percent	Total
Proportion of children aged 0–5 months exclusively breastfed	10.3	Percent	Male
Proportion of children aged 0–5 months exclusively breastfed	19.5	Percent	Female
Proportion of children aged 0–5 months exclusively breastfed	15.2	Percent	Total
Proportion of children aged 12–15 months breastfed	49.0	Percent	Male
Proportion of children aged 12–15 months breastfed	49.1	Percent	Female
Proportion of children aged 12–15 months breastfed	49.1	Percent	Total
Proportion of children aged 20–23 months breastfed	22.2	Percent	Male
Proportion of children aged 20–23 months breastfed	25.6	Percent	Female
Proportion of children aged 20–23 months breastfed	24.0	Percent	Total
Proportion of children aged 6–9 months receiving breastmilk and solid/mushy food	26.3	Percent	Male
Proportion of children aged 6–9 months receiving breastmilk and solid/mushy food	44.3	Percent	Female
Proportion of children aged 6–9 months receiving breastmilk and solid/mushy food	35.6	Percent	Total
Proportion of children aged 0–11 months who were appropriately fed	11.9	Percent	Male
Proportion of children aged 0–11 months who were appropriately fed	18.1	Percent	Female
Proportion of children aged 0–11 months who were appropriately fed	15.2	Percent	Total
Proportion of children aged 6–11 months who received breastmilk and complementary food at least the minimum recommended number of times per day	13.6	Percent	Male
Proportion of children aged 6–11 months who received breastmilk and complementary food at least the minimum recommended number of times per day	16.6	Percent	Female
Proportion of children aged 6–11 months who received breastmilk and complementary food at least the minimum recommended number of times per day	15.2	Percent	Total
Proportion of children aged 6–8 months who received breastmilk and complementary food at least 2 times in prior 24 hours	17.1	Percent	Male
Proportion of children aged 6–8 months who received breastmilk and complementary food at least 2 times in prior 24 hours	27.1	Percent	Female
Proportion of children aged 6–8 months who received breastmilk and complementary food at least 2 times in prior 24 hours	22.5	Percent	Total
Proportion of children aged 9–11 months who received breastmilk and complementary food at least 3 times in prior 24 hours	11.2	Percent	Male
Proportion of children aged 9–11 months who received breastmilk and complementary food at least 3 times in prior 24 hours	9.4	Percent	Female
Proportion of children aged 9–11 months who received breastmilk and complementary food at least 3 times in prior 24 hours	10.2	Percent	Total
Proportion of live births in the 2 years preceding the survey weighed below 2500 grams at birth	12.1	Percent	Total
Proportion of live births in the 2 years preceding the survey weighed at birth	96.8	Percent	Total
Proportion of children aged 18–29 months fully immunized	78.9	Percent	Male
Proportion of children aged 18–29 months fully immunized	77.1	Percent	Female
Proportion of children aged 18–29 months fully immunized	78.0	Percent	Total
Proportion of children aged 18–29 months immunized with BCG	97.9	Percent	Male
Proportion of children aged 18–29 months immunized with BCG	94.3	Percent	Female
ORT Use rate	100.0	Percent	Total <6 mo

Indicator	Data Value	Unit	Subgroup
ORT Use rate	72.5	Percent	Total <5 yr
Proportion of children aged 0–59 months who had diarrhoea in last two weeks	1.5	Percent	Total <6 mo
Proportion of children aged 0–59 months who had diarrhoea in last two weeks	2.4	Percent	Total <5 yr
Proportion of children aged 0–59 months with diarrhoea who received no treatment	0.0	Percent	Total <6 mo
Proportion of children aged 0–59 months with diarrhoea who received no treatment	27.5	Percent	Total <5 yr
Proportion of children aged 0–59 months who had acute respiratory infection	6.5	Percent	Total <5 yr
Proportion of children aged 0–59 months with suspected pneumonia who were taken to any appropriate health provider	75.1	Percent	Total <5 yr
Proportion of children aged 0–59 months with suspected pneumonia who received antibiotics in the last two weeks	39.7	Percent	Male
Proportion of children aged 0–59 months with suspected pneumonia who received antibiotics in the last two weeks	64.8	Percent	Female
Proportion of children aged 0–59 months with suspected pneumonia who received antibiotics in the last two weeks	51.6	Percent	Total
Proportion of mothers/caretakers of children aged 0–59 months who think that a child should be taken immediately to a health facility if the child becomes sicker	22.8	Percent	Total
Proportion of mothers/caretakers of children aged 0–59 months who think that a child should be taken immediately to a health facility if the child develops a fever	62.8	Percent	Total
Proportion of mothers/caretakers of children aged 0–59 months who think that a child should be taken immediately to a health facility if the child has blood in stool	32.7	Percent	Total
Proportion of mothers/caretakers of children aged 0–59 months who think that a child should be taken immediately to a health facility if the child has difficult breathing	50.1	Percent	Total
Proportion of mothers/caretakers of children aged 0–59 months who think that a child should be taken immediately to a health facility if the child has fast breathing	30.9	Percent	Total
Proportion of the population using improved drinking water sources	93.5	Percent	Total
Proportion of household population using drinking water from all drinking water sources treated by applying an appropriate water treatment method	53.2	Percent	Total
Proportion of household population using drinking water from an improved drinking water source treated by applying an appropriate water treatment method	53.2	Percent	Total
Proportion of household population using drinking water treated by adding bleach/chlorine	29.7	Percent	Total
Proportion of household population using drinking water treated by boiling	36.3	Percent	Total
Proportion of household population using drinking water treated by letting it stand and settle	1.8	Percent	Total
Proportion of children aged 18–29 months immunized with BCG	96.1	Percent	Total
Proportion of children aged 18–29 months immunized with DPT1	97.2	Percent	Male
Proportion of children aged 18–29 months immunized with DPT1	94.9	Percent	Female
Proportion of children aged 18–29 months immunized with DPT1	96.1	Percent	Total
Proportion of children aged 18–29 months immunized with DPT2	94.9	Percent	Male
Proportion of children aged 18–29 months immunized with DPT2	90.8	Percent	Female
Proportion of children aged 18–29 months immunized with DPT2	92.8	Percent	Total
Proportion of children aged 18–29 months immunized with DPT3	89.4	Percent	Male
Proportion of children aged 18–29 months immunized with DPT3	84.4	Percent	Female
Proportion of children aged 18–29 months immunized with DPT3	86.9	Percent	Total
Proportion of children aged 18–29 months immunized with MMR	92.5	Percent	Male
Proportion of children aged 18–29 months immunized with MMR	89.7	Percent	Female

Indicator	Data Value	Unit	Subgroup
Proportion of children aged 18–29 months immunized with MMR	91.1	Percent	Total
Proportion of children aged 18–29 months immunized with Polio1	97.2	Percent	Male
Proportion of children aged 18–29 months immunized with Polio1	94.6	Percent	Female
Proportion of children aged 18–29 months immunized with Polio1	95.9	Percent	Total
Proportion of children aged 18–29 months immunized with Polio2	97.2	Percent	Male
Proportion of children aged 18–29 months immunized with Polio2	92.6	Percent	Female
Proportion of children aged 18–29 months immunized with Polio2	94.9	Percent	Total
Proportion of children aged 18–29 months immunized with Polio3	85.1	Percent	Male
Proportion of children aged 18–29 months immunized with Polio3	87.4	Percent	Female
Proportion of children aged 18–29 months immunized with Polio3	86.2	Percent	Total
Proportion of children aged 18–29 months not immunized against any disease	2.1	Percent	Male
Proportion of children aged 18–29 months not immunized against any disease	5.0	Percent	Female
Proportion of children aged 18–29 months not immunized against any disease	3.6	Percent	Total
Proportion of children aged 12–23 months with health card	76.0	Percent	Male
Proportion of children aged 12–23 months with health card	72.2	Percent	Female
Proportion of children aged 12–23 months with health card	74.1	Percent	Total
Proportion of mothers with a birth in the last 12 months protected against tetanus	65.3	Percent	Total
Proportion of mothers with a birth in the last 12 months received at least 5 tetanus toxoid injection doses during lifetime	0.0	Percent	Total
Proportion of mothers with a birth in the last 12 months received at least 2 tetanus toxoid injection doses during last pregnancy	40.4	Percent	Total
Proportion of mothers with a birth in the last 12 months received at least 2 tetanus toxoid injection doses, the last within prior 3 years	23.1	Percent	Total
Proportion of mothers with a birth in the last 12 months received at least 3 tetanus toxoid injection doses, last within prior 5 years	0.9	Percent	Total
Proportion of mothers with a birth in the last 12 months received at least 4 tetanus toxoid injection doses, last within prior 10 years	0.8	Percent	Total
Proportion of mothers/caretakers of children aged 0–59 months who think that a child should be taken immediately to a health facility if the child has other symptoms	55.9	Percent	Total
Proportion of mothers/caretakers of children aged 0–59 months who think that a child should be taken immediately to a health facility if the child is drinking poorly	12.2	Percent	Total
Proportion of mothers/caretakers of children aged 0–59 months who think that a child should be taken immediately to a health facility if the child is not able to drink or breastfeed	12.1	Percent	Total
Proportion of mothers/caretakers who recognize the two danger signs of pneumonia	22.5	Percent	Total
Proportion of household population with bottled water (improved source) as main source of drinking water	1.6	Percent	Total
Proportion of household population with bottled water (unimproved source) as main source of drinking water	0.1	Percent	Total
Proportion of household population with drinking water piped into dwelling	44.1	Percent	Total
Proportion of household population with drinking water piped into yard/plot	25.1	Percent	Total
Proportion of household population with other source of drinking water	1.5	Percent	Total
Proportion of household population with protected spring as main source of drinking water	0.6	Percent	Total
Proportion of household population with protected well as main source of drinking water	0.2	Percent	Total
Proportion of household population with public tap/ stand-pipe as main source of drinking water	7.7	Percent	Total

Indicator	Data Value	Unit	Subgroup
Proportion of household population with rain-water as main source of drinking water	14.1	Percent	Total
Proportion of household population with surface water as main source of drinking water	1.0	Percent	Total
Proportion of household population with tanker truck as main source of drinking water	1.4	Percent	Total
Proportion of household population with unprotected spring as main source of drinking water	2.4	Percent	Total
Proportion of household population with unprotected well as main source of drinking water	0.1	Percent	Total
Proportion of household population using drinking water treated by straining water through a cloth	0.7	Percent	Total
Proportion of household population using drinking water treated using the solar disinfection method	0.0	Percent	Total
Proportion of household population using drinking water treated with a water filter	2.0	Percent	Total
Proportion of household population using drinking water treated with an other water treatment method	0.3	Percent	Total
Proportion of household population using drinking water with unknown water treatment method	0.0	Percent	Total
Proportion of household population using untreated drinking water	46.1	Percent	Total
Mean time to source of drinking water	20.4	Minute	Total
Proportion of households having water on premises	84.9	Percent	Total
Proportion of households taking 1 hour or more to source of drinking water	0.8	Percent	Total
Proportion of households taking 15 minutes to less than 30 minutes to source of drinking water	4.7	Percent	Total
Proportion of households taking 30 minutes to less than 1 hour to source of drinking water	2.9	Percent	Total
Proportion of households taking less than 15 minutes to source of drinking water	6.3	Percent	Total
Proportion of households that reported don't know for time taken to source of drinking water	0.3	Percent	Total
Proportion of household population using improved sources of drinking water and using sanitary means of excreta disposal	90.9	Percent	Total
Proportion of women aged 15–49 who gave birth who received no antenatal care	0.9	Percent	Total
Proportion of pregnant women aged 15–49 whose urine specimen was taken	96.9	Percent	Total
Proportion of pregnant women aged 15–49 whose weight was measured	97.3	Percent	Total
Proportion of women aged 15–49 who gave birth who delivered in health facility	94.4	Percent	Total
Proportion of women aged 15–49 who gave birth who were assisted at delivery by any skilled personnel	96.7	Percent	Total
Proportion of women aged 15–49 who gave birth who were assisted at delivery by auxiliary midwife	8.9	Percent	Total
Proportion of women aged 15–49 who gave birth who were assisted at delivery by medical doctor	41.0	Percent	Total
Proportion of women aged 15–49 who gave birth who were assisted at delivery by no one	0.2	Percent	Total
Proportion of women aged 15–49 who gave birth who were assisted at delivery by nurse/midwife	46.8	Percent	Total
Proportion of women aged 15–49 who gave birth who were assisted at delivery by relative/friend	1.5	Percent	Total
Mean number of activities household members engage in with the child aged 0–59 months	5.0	Number	Male
Mean number of activities household members engage in with the child aged 0–59 months	5.0	Number	Female
Mean number of activities household members engage in with the child aged 0–59 months	4.4	Number	Total 0–23 mo
Mean number of activities household members engage in with the child aged 0–59 months	5.0	Number	Total



Indicator	Data Value	Unit	Subgroup
Mean number of activities the father engaged in with the child aged 0–59 months	1.5	Number	Male
Mean number of activities the father engaged in with the child aged 0–59 months	1.5	Number	Female
Mean number of activities the father engaged in with the child aged 0–59 months	1.3	Number	Total 0–23 mo
Mean number of activities the father engaged in with the child aged 0–59 months	1.5	Number	Total
Proportion of children aged 0–59 months for whom household members engaged in four or more activities that promote learning and school readiness	86.3	Percent	Male
Proportion of children aged 0–59 months for whom household members engaged in four or more activities that promote learning and school readiness	85.4	Percent	Female
Proportion of children aged 0–59 months for whom household members engaged in four or more activities that promote learning and school readiness	72.6	Percent	Total 0–23 mo
Proportion of children aged 0–59 months with 3 or more children's books	55.4	Percent	Female
Proportion of children aged 0–59 months with 3 or more children's books	39.0	Percent	Total 0–23 mo
Proportion of children aged 0–59 months with 3 or more children's books	56.5	Percent	Total
Proportion of children aged 0–59 months left alone in the past week	1.3	Percent	Male
Proportion of children aged 0–59 months left alone in the past week	0.8	Percent	Female
Proportion of children aged 0–59 months left alone in the past week	0.8	Percent	Total 0–23 mo
Proportion of children aged 0–59 months left alone in the past week	1.1	Percent	Total
Proportion of children aged 0–59 months left in the care of children under the age of 10 years in past week	3.1	Percent	Male
Proportion of children aged 0–59 months left in the care of children under the age of 10 years in past week	2.3	Percent	Female
Proportion of children aged 0–59 months left in the care of children under the age of 10 years in past week	1.9	Percent	Total 0–23 mo
Proportion of children aged 0–59 months left in the care of children under the age of 10 years in past week	2.7	Percent	Total
Proportion of children aged 0–59 months left with inadequate care in past week	4.0	Percent	Male
Proportion of children aged 0–59 months left with inadequate care in past week	2.9	Percent	Female
Proportion of children aged 0–59 months left with inadequate care in past week	2.5	Percent	Total 0–23 mo
Proportion of children aged 0–59 months left with inadequate care in past week	3.5	Percent	Total
Proportion of children aged 36–59 months attending first grade who attended preschool programme in previous year	100.0	Percent	Male
Proportion of children aged 36–59 months attending first grade who attended preschool programme in previous year	100.0	Percent	Female
Proportion of children aged 36–59 months attending first grade who attended preschool programme in previous year	100.0	Percent	Total
Proportion of children aged 36–59 months currently attending early childhood education programme	83.7	Percent	Male
Proportion of children aged 36–59 months currently attending early childhood education programme	87.7	Percent	Female
Proportion of children aged 36–59 months currently attending early childhood education programme	85.7	Percent	Total
Proportion of children of primary school entry age attending grade 1	88.5	Percent	Male
Proportion of children of primary school entry age attending grade 1	89.3	Percent	Female
Proportion of children of primary school entry age attending grade 1	88.9	Percent	Total
Net attendance ratio in primary education	97.4	Percent	Total
Proportion of women aged 15–49 who gave birth who were assisted at delivery by other person/missing	1.6	Percent	Total

<b>Indicator</b>	<b>Data Value</b>	<b>Unit</b>	<b>Subgroup</b>
Proportion of women aged 15–49 who gave birth who were provided antenatal care by any skilled personnel	90.5	Percent	Total
Proportion of women aged 15–49 who gave birth who were provided antenatal care by community health worker	6.9	Percent	Total
Proportion of women aged 15–49 who gave birth who were provided antenatal care by medical doctor	57.8	Percent	Total
Proportion of women aged 15–49 who gave birth who were provided antenatal care by nurse/ midwife	32.7	Percent	Total
Proportion of pregnant women aged 15–49 who received ANC one or more times during pregnancy	99.1	Percent	Total
Proportion of pregnant women aged 15–49 whose blood pressure was measured	97.7	Percent	Total
Proportion of pregnant women aged 15–49 whose blood sample was tested	96.7	Percent	Total
Proportion of children aged 0–59 months for whom household members engaged in four or more activities that promote learning and school readiness	85.9	Percent	Total
Proportion of children aged 0–59 months for whom the father engaged in one or more activities that promote learning and school readiness	42.8	Percent	Male
Proportion of children aged 0–59 months for whom the father engaged in one or more activities that promote learning and school readiness	38.3	Percent	Female
Proportion of children aged 0–59 months for whom the father engaged in one or more activities that promote learning and school readiness	39.1	Percent	Total 0–23 mo
Proportion of children aged 0–59 months for whom the father engaged in one or more activities that promote learning and school readiness	40.6	Percent	Total
Proportion of children aged 0–59 months living in a household without their natural father	51.8	Percent	Male
Proportion of children aged 0–59 months living in a household without their natural father	50.9	Percent	Female
Proportion of children aged 0–59 months living in a household without their natural father	51.4	Percent	Total 0–23 mo
Proportion of children aged 0–59 months living in a household without their natural father	51.3	Percent	Total
Median number of children's books for children aged 0–59 months	4.0	Number	Male
Median number of children's books for children aged 0–59 months	3.0	Number	Female
Median number of children's books for children aged 0–59 months	1.0	Number	Total 0–23 mo
Median number of children's books for children aged 0–59 months	3.0	Number	Total
Median number of non-children's books in households with children aged 0–59 months	10.0	Number	Male
Median number of non-children's books in households with children aged 0–59 months	10.0	Number	Female
Median number of non-children's books in households with children aged 0–59 months	10.0	Number	Total 0–23 mo
Median number of non-children's books in households with children aged 0–59 months	10.0	Number	Total
Proportion of children aged 0–59 months for whom no playthings mentioned	7.6	Percent	Male
Proportion of children aged 0–59 months for whom no playthings mentioned	8.4	Percent	Female
Proportion of children aged 0–59 months for whom no playthings mentioned	20.2	Percent	Total 0–23 mo
Proportion of children aged 0–59 months for whom no playthings mentioned	8.0	Percent	Total
Proportion of children aged 0–59 months living in households with 3 or more non-children's books	88.1	Percent	Male
Proportion of children aged 0–59 months living in households with 3 or more non-children's books	85.9	Percent	Female
Proportion of children aged 0–59 months living in households with 3 or more non-children's books	81.2	Percent	Total 0–23 mo
Proportion of children aged 0–59 months living in households with 3 or more non-children's books	87.0	Percent	Total

<b>Indicator</b>	<b>Data Value</b>	<b>Unit</b>	<b>Subgroup</b>
Proportion of children aged 0–59 months playing with 3 or more types of playthings	52.4	Percent	Male
Proportion of children aged 0–59 months playing with 3 or more types of playthings	45.5	Percent	Female
Proportion of children aged 0–59 months playing with 3 or more types of playthings	32.0	Percent	Total 0–23 mo
Proportion of children aged 0–59 months playing with 3 or more types of playthings	48.9	Percent	Total
Proportion of children aged 0–59 months playing with homemade toys	37.2	Percent	Male
Proportion of children aged 0–59 months playing with homemade toys	34.6	Percent	Female
Proportion of children aged 0–59 months playing with homemade toys	22.2	Percent	Total 0–23 mo
Proportion of children aged 0–59 months playing with homemade toys	35.9	Percent	Total
Proportion of children aged 0–59 months playing with household objects	54.2	Percent	Male
Proportion of children aged 0–59 months playing with household objects	50.0	Percent	Female
Proportion of children aged 0–59 months playing with household objects	41.0	Percent	Total 0–23 mo
Proportion of children aged 0–59 months playing with household objects	52.1	Percent	Total
Proportion of children aged 0–59 months playing with objects and materials found outside the home	59.5	Percent	Male
Proportion of children aged 0–59 months playing with objects and materials found outside the home	52.5	Percent	Female
Proportion of children aged 0–59 months playing with objects and materials found outside the home	33.3	Percent	Total 0–23 mo
Proportion of children aged 0–59 months playing with objects and materials found outside the home	56.0	Percent	Total
Proportion of children aged 0–59 months playing with toys that came from a store	86.6	Percent	Male
Proportion of children aged 0–59 months playing with toys that came from a store	84.7	Percent	Female
Proportion of children aged 0–59 months playing with toys that came from a store	74.1	Percent	Total 0–23 mo
Proportion of children aged 0–59 months playing with toys that came from a store	85.7	Percent	Total
Proportion of children aged 0–59 months with 3 or more children's books	57.6	Percent	Male
Net attendance ratio in primary education (female)	97.5	Percent	Total
Net attendance ratio in primary education (male)	97.3	Percent	Total
Net attendance ratio in primary education of children of secondary school age (female)	4.5	Percent	Total
Net attendance ratio in secondary education	90.6	Percent	Total
Net attendance ratio in secondary education (male)	88.5	Percent	Total
Net attendance ratio in primary education of children of secondary school age	5.0	Percent	Total
Net attendance ratio in primary education of children of secondary school age (male)	5.4	Percent	Total
Proportion of children attending 2nd grade who were in 1st grade last year	100.0	Percent	Male
Proportion of children attending 2nd grade who were in 1st grade last year	100.0	Percent	Female
Proportion of children attending 2nd grade who were in 1st grade last year	100.0	Percent	Total
Proportion of children attending 3rd grade who were in 2nd grade last year	100.0	Percent	Male
Proportion of children attending 3rd grade who were in 2nd grade last year	99.3	Percent	Female
Proportion of children attending 3rd grade who were in 2nd grade last year	99.7	Percent	Total
Proportion of children attending 4th grade who were in 3rd grade last year	99.4	Percent	Male
Proportion of children attending 4th grade who were in 3rd grade last year	100.0	Percent	Female
Proportion of children attending 4th grade who were in 3rd grade last year	99.7	Percent	Total

Indicator	Data Value	Unit	Subgroup
Proportion of children attending 5th grade who were in 4th grade last year	100.0	Percent	Male
Proportion of children attending 5th grade who were in 4th grade last year	100.0	Percent	Female
Proportion of children attending 5th grade who were in 4th grade last year	100.0	Percent	Total
Proportion of pupils starting grade 1 who reach grade 5	99.4	Percent	Male
Proportion of pupils starting grade 1 who reach grade 5	99.3	Percent	Female
Proportion of pupils starting grade 1 who reach grade 5	99.4	Percent	Total
Net primary school completion rate	81.2	Percent	Male
Net primary school completion rate	82.0	Percent	Female
Net primary school completion rate	81.6	Percent	Total
Transition rate to secondary education	97.9	Percent	Male
Transition rate to secondary education	99.5	Percent	Female
Transition rate to secondary education	98.7	Percent	Total
Gender parity index (GPI) for primary school NAR	1.00	Index	Total
Gender parity index (GPI) for secondary school NAR	1.05	Index	Total
Literacy rate of women aged 15–24 years	98.1	Percent	Total
Proportion of children aged 0–59 months whose birth was registered	88.8	Percent	Male
Proportion of children aged 0–59 months whose birth was registered	88.5	Percent	Female
Proportion of children aged 0–59 months whose birth was registered	88.6	Percent	Total
Proportion of children 5–14 years involved in household chores for 28+ hours/ week	1.3	Percent	Male
Proportion of children 5–14 years involved in household chores for 28+ hours/ week	0.9	Percent	Female
Proportion of children 5–14 years involved in household chores for 28+ hours/ week	1.1	Percent	Total
Proportion of children 5–14 years performing child labour	6.8	Percent	Male
Proportion of children 5–14 years performing child labour	5.4	Percent	Female
Proportion of child labourers 5–14 years of age who are also attending school	98.4	Percent	Total
Proportion of children 5–14 years attending school	98.8	Percent	Male
Proportion of children 5–14 years attending school	98.5	Percent	Female
Proportion of children 5–14 years attending school	98.6	Percent	Total
Proportion of students 5–14 years who are also involved in child labour	6.7	Percent	Male
Proportion of students 5–14 years who are also involved in child labour	5.5	Percent	Female
Proportion of students 5–14 years who are also involved in child labour	6.1	Percent	Total
Proportion of children 2–14 years of age who experience any psychological or physical punishment	88.4	Percent	Male
Proportion of children 2–14 years of age who experience any psychological or physical punishment	85.8	Percent	Female
Proportion of children 2–14 years of age who experience any psychological or physical punishment	87.2	Percent	Total
Proportion of children 2–14 years of age who experience minor physical punishment	74.8	Percent	Male
Proportion of children 2–14 years of age who experience minor physical punishment	70.8	Percent	Female
Proportion of children aged 2–9 years reported as having been delayed in sitting, standing or walking	1.8	Percent	Total
Proportion of children aged 2–9 years reported as having difficulty in hearing	1.2	Percent	Total
Proportion of children aged 2–9 years reported as having difficulty in seeing, either in the daytime or at night	2.3	Percent	Total
Proportion of children aged 2–9 years reported as having difficulty in walking, moving	1.4	Percent	Total

<b>Indicator</b>	<b>Data Value</b>	<b>Unit</b>	<b>Subgroup</b>
arms, weakness or stiffness			
Proportion of children 5–14 years performing child labour	6.1	Percent	Total
Proportion of children 5–14 years working for family business	1.9	Percent	Male
Proportion of children 5–14 years working for family business	1.4	Percent	Female
Proportion of children 5–14 years working for family business	1.7	Percent	Total
Proportion of children 5–14 years working outside household for paid work	1.3	Percent	Male
Proportion of children 5–14 years working outside household for paid work	0.5	Percent	Female
Proportion of children 5–14 years working outside household for paid work	0.9	Percent	Total
Proportion of children 5–14 years working outside household for unpaid work	2.8	Percent	Male
Proportion of children 5–14 years working outside household for unpaid work	3.1	Percent	Female
Proportion of children 5–14 years working outside household for unpaid work	2.9	Percent	Total
Proportion of child labourers 5–14 years of age who are also attending school	98.0	Percent	Male
Proportion of child labourers 5–14 years of age who are also attending school	98.9	Percent	Female
Proportion of children 2–14 years of age who experience minor physical punishment	72.9	Percent	Total
Proportion of children 2–14 years of age who experience no discipline or punishment	3.2	Percent	Male
Proportion of children 2–14 years of age who experience no discipline or punishment	4.0	Percent	Female
Proportion of children 2–14 years of age who experience no discipline or punishment	3.6	Percent	Total
Proportion of children 2–14 years of age who experience only non-violent discipline	7.9	Percent	Male
Proportion of children 2–14 years of age who experience only non-violent discipline	9.1	Percent	Female
Proportion of children 2–14 years of age who experience only non-violent discipline	8.4	Percent	Total
Proportion of children 2–14 years of age who experience psychological punishment	77.2	Percent	Male
Proportion of children 2–14 years of age who experience psychological punishment	73.2	Percent	Female
Proportion of children 2–14 years of age who experience psychological punishment	75.3	Percent	Total
Proportion of children 2–14 years of age who experience severe physical punishment	9.5	Percent	Male
Proportion of children 2–14 years of age who experience severe physical punishment	5.4	Percent	Female
Proportion of children 2–14 years of age who experience severe physical punishment	7.5	Percent	Total
Proportion of children 2–14 years whose mother/caretaker believes that the child needs to be physically punished	34.3	Percent	Male
Proportion of children 2–14 years whose mother/caretaker believes that the child needs to be physically punished	32.6	Percent	Female
Proportion of children 2–14 years whose mother/caretaker believes that the child needs to be physically punished	33.5	Percent	Total
Proportion of women aged 15–19 years currently married/in union	4.5	Percent	Total
Proportion of women aged 15–49 years married before age 15	1.2	Percent	Total
Proportion of women aged 20–49 years married before age 18	10.4	Percent	Total
Proportion of currently married/in union women aged 20–24 years whose husband or partner is 0–4 years older	31.1	Percent	Total
Proportion of currently married/in union women aged 20–24 years whose husband or partner is 10+ years older	24.7	Percent	Total
Proportion of currently married/in union women aged 20–24 years whose husband or partner is 5–9 years older	38.7	Percent	Total
Proportion of currently married/in union women aged 20–24 years whose husband or partner is younger	2.5	Percent	Total
Proportion of currently married/in union women aged 20–24 years whose husband/partner's age is unknown	3.0	Percent	Total

<b>Indicator</b>	<b>Data Value</b>	<b>Unit</b>	<b>Subgroup</b>
Proportion of women aged 15–49 years who believe a husband is justified in beating his wife/partner for any of these reasons	6.1	Percent	Total
Proportion of women aged 15–49 years who believe a husband is justified in beating his wife/partner when she argues with him	1.0	Percent	Total
Proportion of women aged 15–49 years who believe a husband is justified in beating his wife/partner when she burns the food	1.3	Percent	Total
Proportion of women aged 15–49 years who believe a husband is justified in beating his wife/partner when she goes out without telling him	0.9	Percent	Total
Proportion of women aged 15–49 years who believe a husband is justified in beating his wife/partner when she neglects the children	4.8	Percent	Total
Proportion of women aged 15–49 years who believe a husband is justified in beating his wife/partner when she refuses sex with him	1.0	Percent	Total
Proportion of children aged 2 years reported as not being able to name at least one object	9.3	Percent	Total
Proportion of children aged 2–9 years reported as being mentally backward, dull, or slow	4.7	Percent	Total
Proportion of children aged 2–9 years reported as having fits, becoming rigid, or losing consciousness	1.0	Percent	Total
Proportion of children aged 2–9 years reported as having no understanding of instructions	4.9	Percent	Total
Proportion of children aged 2–9 years reported as not learning to do things like other children his/her age	2.7	Percent	Total
Proportion of children aged 2–9 years reported as not speaking / being understood in words	3.6	Percent	Total
Proportion of children aged 2–9 years with at least one reported disability	15.4	Percent	Total
Proportion of children aged 3–9 years with speech reported as not normal	11.7	Percent	Total
Proportion of women aged 15–49 years who don't know any way of preventing HIV transmission	1.4	Percent	Total
Proportion of women aged 15–49 years who have heard of AIDS	99.4	Percent	Total
Proportion of women aged 15–49 years who know that HIV transmission can be prevented by having only one faithful uninfected sex partner	83.3	Percent	Total
Proportion of women aged 15–49 years who know that HIV transmission can be prevented by using a condom every time	88.9	Percent	Total
Proportion of women aged 15–49 years who know that a healthy looking person can be infected with HIV	95.6	Percent	Total
Proportion of women aged 15–49 years who know that HIV can be transmitted by sharing needles	95.5	Percent	Total
Proportion of women aged 15–49 years who know that HIV can not be transmitted by mosquito bites	81.4	Percent	Total
Proportion of women aged 15–49 years who know that HIV can not be transmitted by supernatural means	93.9	Percent	Total
Proportion of women aged 15–49 years who know that HIV cannot be transmitted by sharing food	90.4	Percent	Total
Proportion of women aged 15–49 years who have heard of AIDS and would not buy fresh vegetables from a person with HIV/AIDS	46.9	Percent	Total
Proportion of women aged 15–49 years who have heard of AIDS and would not care for a family member who was sick with AIDS	8.6	Percent	Total
Proportion of women aged 15–49 years who have been tested for HIV	48.8	Percent	Total
Proportion of women aged 15–49 years who if tested for HIV, have been told result	90.2	Percent	Total
Proportion of women aged 15–49 years who know a place to get tested for HIV	89.3	Percent	Total
Proportion of women aged 15–49 years who received antenatal care from a health care professional for last pregnancy	90.5	Percent	Total
Proportion of women aged 15–49 years who received results of HIV test at ANC visit	83.7	Percent	Total

Indicator	Data Value	Unit	Subgroup
Proportion of women aged 15–49 years who know all three ways of preventing HIV transmission	68.5	Percent	Total
Proportion of women aged 15–49 years who know at least one way of preventing HIV transmission	98.6	Percent	Total
Proportion of women aged 15–49 years who know that HIV transmission can be prevented by abstaining from sex	87.3	Percent	Total
Proportion of women aged 15–49 years who correctly identify 3 misconceptions about HIV transmission	73.6	Percent	Total
Proportion of women aged 15–49 years who have comprehensive knowledge about HIV (identify 2 prevention methods and 3 misconceptions)	57.7	Percent	Total
Proportion of women aged 15–49 years who know 2 ways to prevent HIV transmission	75.2	Percent	Total
Proportion of women aged 15–49 years who did not know any specific way of HIV transmission from mother to child	4.7	Percent	Total
Proportion of women aged 15–49 years who know HIV can be transmitted from mother to child	94.7	Percent	Total
Proportion of women aged 15–49 years who know HIV can be transmitted from mother to child at delivery	73.2	Percent	Total
Proportion of women aged 15–49 years who know HIV can be transmitted from mother to child during pregnancy	86.3	Percent	Total
Proportion of women aged 15–49 years who know HIV can be transmitted from mother to child through all three ways	58.7	Percent	Total
Proportion of women aged 15–49 years who know HIV can be transmitted from mother to child through breastmilk	78.2	Percent	Total
Proportion of women aged 15–49 years who have heard of AIDS and agree with at least one discriminatory statement	79.7	Percent	Total
Proportion of women aged 15–49 years who have heard of AIDS and agree with none of the discriminatory statements	20.3	Percent	Total
Proportion of women aged 15–49 years who have heard of AIDS and believe that a female teacher with HIV should not be allowed to work	12.9	Percent	Total
Proportion of women aged 15–49 years who have heard of AIDS and if a family member had HIV would want to keep it a secret	58.1	Percent	Total
Proportion of women aged 15–49 years who were provided information about HIV prevention during ANC visit	83.4	Percent	Total
Proportion of women aged 15–49 years who were tested for HIV at ANC visit	90.1	Percent	Total
Proportion of children aged 0–17 years living with both parents	34.6	Percent	Male
Proportion of children aged 0–17 years living with both parents	33.4	Percent	Female
Proportion of children aged 0–17 years living with both parents	34.0	Percent	Total
Proportion of children aged 0–17 years living with father only while mother alive	5.8	Percent	Male
Proportion of children aged 0–17 years living with father only while mother alive	4.8	Percent	Female
Proportion of children aged 0–17 years living with father only while mother alive	5.3	Percent	Total
Proportion of children aged 0–17 years living with father only while mother dead	0.3	Percent	Male
Proportion of children aged 0–17 years living with father only while mother dead	0.4	Percent	Female
Proportion of children aged 0–17 years living with father only while mother dead	0.3	Percent	Total
Proportion of children aged 0–17 years living with mother only while father alive	42.5	Percent	Male
Proportion of children aged 0–17 years living with mother only while father alive	42.8	Percent	Female
Proportion of children aged 0–17 years living with mother only while father alive	42.7	Percent	Total
Proportion of children aged 0–17 years living with mother only while father dead	2.5	Percent	Male
Proportion of children aged 0–17 years living with mother only while father dead	2.7	Percent	Female
Proportion of children aged 0–17 years living with mother only while father dead	2.6	Percent	Total

Indicator	Data Value	Unit	Subgroup
Proportion of children aged 0–17 years living with neither parent while both are alive	11.3	Percent	Male
Proportion of children aged 0–17 years living with neither parent while both are alive	13.1	Percent	Female
Proportion of children aged 0–17 years living with neither parent while both are alive	12.2	Percent	Total
Proportion of children aged 0–17 years living with neither parent while both are dead	0.1	Percent	Male
Proportion of children aged 0–17 years living with neither parent while both are dead	0.3	Percent	Female
Proportion of children aged 0–17 years living with neither parent while both are dead	0.2	Percent	Total
Proportion of children aged 0–17 years living with neither parent while only father alive	0.8	Percent	Male
Proportion of children aged 0–17 years living with neither parent while only father alive	0.7	Percent	Female
Proportion of children aged 0–17 years living with neither parent while only father alive	0.7	Percent	Total
Proportion of children aged 0–17 years living with neither parent while only mother alive	0.7	Percent	Male
Proportion of children aged 0–17 years living with neither parent while only mother alive	0.5	Percent	Female
Proportion of children aged 0–17 years living with neither parent while only mother alive	0.6	Percent	Total
Proportion of children aged 0–17 years not living with a biological parent	12.8	Percent	Male
Proportion of children aged 0–17 years not living with a biological parent	14.6	Percent	Female
Proportion of children aged 0–17 years not living with a biological parent	13.7	Percent	Total
Proportion of children aged 0–17 years whose living arrangements were impossible to determine	1.5	Percent	Male
Proportion of children aged 0–17 years whose living arrangements were impossible to determine	1.3	Percent	Female
Proportion of children aged 0–17 years whose living arrangements were impossible to determine	1.4	Percent	Total
Proportion of children aged 0–17 years with one or both parents dead	4.4	Percent	Male
Proportion of children aged 0–17 years with one or both parents dead	4.6	Percent	Female
Proportion of children aged 0–17 years with one or both parents dead	4.5	Percent	Total
Proportion of children aged 0–17 years who are orphans and/or vulnerable	10.9	Percent	Male
Proportion of children aged 0–17 years who are orphans and/or vulnerable	11.5	Percent	Female
Proportion of children aged 0–17 years who are orphans and/or vulnerable	11.2	Percent	Total
Proportion of children aged 0–17 years who are vulnerable children	7.3	Percent	Male
Proportion of children aged 0–17 years who are vulnerable children	7.5	Percent	Female
Proportion of children aged 0–17 years who are vulnerable children	7.4	Percent	Total
Proportion of children aged 0–17 years who had a chronically ill adult in household	6.2	Percent	Male
Proportion of children aged 0–17 years who had a chronically ill adult in household	6.1	Percent	Female
Proportion of children aged 0–17 years who had a chronically ill adult in household	6.1	Percent	Total
Proportion of children aged 0–17 years who had a chronically ill parent	0.8	Percent	Male
Proportion of children aged 0–17 years who had a chronically ill parent	1.3	Percent	Female
Proportion of children aged 0–17 years who had a chronically ill parent	1.0	Percent	Total
Proportion of children aged 0–17 years who had an adult death in household	0.5	Percent	Male
Proportion of children aged 0–17 years who had an adult death in household	0.3	Percent	Female
Proportion of children aged 0–17 years who had an adult death in household	0.4	Percent	Total
Double orphans to non-orphans school attendance rate	1.0	Ratio	Male
Double orphans to non-orphans school attendance rate	1.0	Ratio	Female
Double orphans to non-orphans school attendance rate	1.0	Ratio	Total



Indicator	Data Value	Unit	Subgroup
OVC vs. non-OVC school attendance rate	1.0	Ratio	Male
OVC vs. non-OVC school attendance rate	1.0	Ratio	Female
OVC vs. non-OVC school attendance rate	1.0	Ratio	Total
Proportion of children aged 10–14 who are not orphaned or vulnerable	86.8	Percent	Male
Proportion of children aged 10–14 who are not orphaned or vulnerable	86.7	Percent	Female
Proportion of children aged 10–14 who are not orphaned or vulnerable	86.7	Percent	Total
Proportion of children aged 10–14 years of whom both parents are alive and child is living with at least one parent	79.1	Percent	Male
Proportion of children aged 10–14 years of whom both parents are alive and child is living with at least one parent	78.7	Percent	Female
Proportion of children aged 10–14 years of whom both parents are alive and child is living with at least one parent	78.9	Percent	Total
Proportion of children aged 10–14 years who are orphaned or vulnerable	13.2	Percent	Male
Proportion of children aged 10–14 years who are orphaned or vulnerable	13.3	Percent	Female
Proportion of children aged 10–14 years who are orphaned or vulnerable	13.3	Percent	Total
Proportion of children aged 10–14 years whose mother and father have died	0.2	Percent	Male
Proportion of children aged 10–14 years whose mother and father have died	0.3	Percent	Female
Proportion of children aged 10–14 years whose mother and father have died	0.2	Percent	Total
School attendance rate of children aged 10–14 years of whom both parents are alive and child is living with at least one parent	98.8	Percent	Male
School attendance rate of children aged 10–14 years of whom both parents are alive and child is living with at least one parent	99.7	Percent	Female
School attendance rate of children aged 10–14 years of whom both parents are alive and child is living with at least one parent	99.2	Percent	Total
School attendance rate of children aged 10–14 years who are not orphaned or vulnerable	98.9	Percent	Male
School attendance rate of children aged 10–14 years who are not orphaned or vulnerable	99.5	Percent	Female
School attendance rate of children aged 10–14 years who are not orphaned or vulnerable	99.2	Percent	Total
School attendance rate of children aged 10–14 years who are orphaned or vulnerable	98.1	Percent	Male
School attendance rate of children aged 10–14 years who are orphaned or vulnerable	99.6	Percent	Female
School attendance rate of children aged 10–14 years who are orphaned or vulnerable	98.8	Percent	Total
School attendance rate of children aged 10–14 years whose mother and father have died	100.0	Percent	Male
School attendance rate of children aged 10–14 years whose mother and father have died	100.0	Percent	Female
School attendance rate of children aged 10–14 years whose mother and father have died	100.0	Percent	Total
Proportion of OVCs aged 0–17 years whose households received all types of support	0.0	Percent	Male
Proportion of OVCs aged 0–17 years whose households received all types of support	0.0	Percent	Female
Proportion of OVCs aged 0–17 years whose households received all types of support	0.0	Percent	Total
Proportion of OVCs aged 0–17 years whose households received any support	16.3	Percent	Male
Proportion of OVCs aged 0–17 years whose households received any support	14.5	Percent	Female
Proportion of OVCs aged 0–17 years whose households received any support	15.4	Percent	Total
Proportion of OVCs aged 0–17 years whose households received educational support (in last 12 months)	8.8	Percent	Male
Proportion of OVCs aged 0–17 years whose households received educational support (in last 12 months)	8.9	Percent	Female
Proportion of OVCs aged 0–17 years whose households received educational support (in last 12 months)	8.9	Percent	Total

<b>Indicator</b>	<b>Data Value</b>	<b>Unit</b>	<b>Subgroup</b>
Proportion of OVCs aged 0–17 years whose households received emotional and psychosocial support (in last 3 months)	2.6	Percent	Male
Proportion of OVCs aged 0–17 years whose households received emotional and psychosocial support (in last 3 months)	1.6	Percent	Female
Proportion of OVCs aged 0–17 years whose households received emotional and psychosocial support (in last 3 months)	2.1	Percent	Total
Proportion of OVCs aged 0–17 years whose households received medical support (in last 12 months)	2.3	Percent	Male
Proportion of OVCs aged 0–17 years whose households received medical support (in last 12 months)	0.9	Percent	Female
Proportion of OVCs aged 0–17 years whose households received medical support (in last 12 months)	1.6	Percent	Total
Proportion of OVCs aged 0–17 years whose households received no support at all	83.7	Percent	Male
Proportion of OVCs aged 0–17 years whose households received no support at all	85.5	Percent	Female
Proportion of OVCs aged 0–17 years whose households received no support at all	84.6	Percent	Total
Proportion of OVCs aged 0–17 years whose households received social/material support (in last 3 months)	7.0	Percent	Male
Proportion of OVCs aged 0–17 years whose households received social/material support (in last 3 months)	5.4	Percent	Female
Proportion of OVCs aged 0–17 years whose households received social/material support (in last 3 months)	6.2	Percent	Total
Infant mortality rate	24	Deaths per 1000 live births	Female
Infant mortality rate	28	Deaths per 1000 live births	Male
Infant mortality rate	26	Deaths per 1000 live births	Total
Under-five mortality rate	30	Deaths per 1000 live births	Female
Under-five mortality rate	33	Deaths per 1000 live births	Male
Under-five mortality rate	31	Deaths per 1000 live births	Total
Mean number of children ever born	1.005	Number	Total
Proportion of children dead	.042	Percent	Total
Proportion of household population	7809	Number	Female
Proportion of household population	50.3	Percent	Female
Proportion of household population	7889	Number	Male
Proportion of household population	49.7	Percent	Male

**ANNEX 8: LIST OF RESPONDING AGENCIES**

Department of Local Government	9 June 2010
Independent Jamaica Council for Human Rights (two interviews)	10 June 2010
University of the West Indies	10 June 2010
JAMSTATS, Planning Institute of Jamaica	11 June 2010
Victim Support Unit, Ministry of Justice	11 June 2010
Ministry of National Security	14 June 2010
Early Childhood Commission (three interviews)	15 June 2010
Ministry of Labour and Social Security	16 June 2010
Hear the Children Cry	17 June 2010
Ministry of Health	18 June 2010
Child Development Agency (2 interviews)	21 June 2010
Child Development Agency (1 interview)	22 June 2010
Jamaica Constabulary Force	22 June 2010
Office of the Children's Registry	23 June 2010
Jamaicans for Justice	23 June 2010
Panos	25 June 2010
Office of the Prime Minister	28 June 2010
Office of the Children's Advocate	28 June 2010
Attorney General	28 June 2010
Ministry of Education	29 June 2010
National Centre for Youth Development	30 June 2010
Office of the Public Defender	30 June 2010
RJR Group	30 June 2010
United Nations Children's Fund	7 July 2010
Child Development Agency (1 interview)	9 July 2010

**NOT DATED**

Family Court  
Dispute Resolution Foundation  
Stella Maris Foundation  
St Patrick's Foundation  
Children First  
Youth Opportunities Unlimited  
Bureau of Women's Affairs