



Convention on the Rights of the Child

Distr.: General
4 November 2013

Original: English

Committee on the Rights of the Child

Consideration of reports submitted by States parties under article 44 of the Convention

**Third and fourth periodic reports of States parties due in
2008**

Jamaica*

[26 August 2011]

* In accordance with the information transmitted to States parties regarding the processing of their reports, the present document has not been formally edited.

Contents

	<i>Paragraphs</i>	<i>Page</i>
Acronyms/Abbreviations		4
Introduction	1–17	6
1. General measures of implementation	18–92	10
1.1. Legislation	18–24	10
1.2. Coordination	25–27	13
1.3. Independent monitoring structures	28–53	14
1.4. National plan of action.....	54–59	20
1.5. Data collection	60–67	22
1.6. Resources for children	68–77	24
1.7. Dissemination of information on the Convention	78–92	26
2. Definition of the child	93–103	32
3. General principles	104–128	34
3.1. Non-discrimination	104–115	34
3.2. Best interests of the child	116–120	37
3.3. Views of the child	121–128	39
4. Civil rights and freedoms	129–180	44
4.1. Birth registration	129–137	45
4.2. Violence/abuse/neglect/punishment, including corporal punishment.....	138–161	47
4.3. Children’s access to information	162–180	56
5. Family environment and alternative care	181–236	59
5.1. Family environment.....	181–202	60
5.2. Children deprived of family environment.....	203–236	67
6. Basic health and welfare	237–331	77
6.1. Children with disabilities	237–249	77
6.2. Health and health services	250–283	80
6.3. Adolescent health.....	284–308	90
6.4. HIV/AIDS.....	309–323	96
6.5. Social security and standard of living	324–331	100
7. Education, leisure and cultural activities.....	332–418	102
7.1. Addressing challenges	384–392	117
7.2. Strategies to support education of children.....	393–408	119
7.3. Inclusive education: The way of the future.....	409–418	121
8. Special protection measures	419–463	124
8.1. Economic exploitation (child labour)	419–427	124

8.2. Sexual exploitation/trafficking	428–441	128
8.3. Juvenile justice.....	442–463	132
References		137

Annexes**

** Annexes can be consulted in the files of the Secretariat.

Acronyms/Abbreviations

AIDS:	Acquired Immune Deficiency Syndrome
BCG:	Bacillus Calmette Guerin
CA:	Children's Advocate
CCDC:	Caribbean Child Development Centre
CAREC:	Caribbean Epidemiology Centre
CARICOM:	Caribbean Community
CCPA:	Child Care and Protection Act
CDA:	Child Development Agency
CEDAW:	Convention on the Elimination of Discrimination against Women
CIEP:	Culture in Education Programme
ECC:	Early Childhood Commission
ESSJ:	Economic and Social Survey, Jamaica
ESP:	Early Stimulation Programme
GOJ:	Government of Jamaica
GDP:	Gross Domestic Product
GSAT:	Grade Six Achievement Test
GNAT:	Grade Nine Achievement Test
HFLE:	Health and Family Life Education
HEART:	Human Employment and Resource Training
HISEP:	High School Equivalency Programme
HIV:	Human Immunodeficiency Virus
IACHR:	Inter-American Commission for Human Rights
IADB:	Inter-American Development Bank
IJCHR:	Independent Jamaica Council for Human Rights
IPEC:	International Programme on the Elimination of Child Labour
JAPD:	Jamaica Association for Persons with Disabilities
JCRC:	Jamaica Coalition on the Rights of the Child
JFJ:	Jamaicans for Justice
JFLL:	Jamaica Foundation for Life Long Learning
JSIF:	Jamaica Social Investment Fund
JSLC:	Jamaica Survey of Living Conditions
KMA:	Kingston Metropolitan Area
MDG:	Millennium Development Goals
MMR:	Measles, Mumps, and Rubella
MOH:	Ministry of Health
MOE:	Ministry of Education
MOJ:	Ministry of Justice
MLSS:	Ministry of Labour and Social Security

MSI:	Management Systems International
MTSEF:	Medium Term Social and Economic Framework
NEI:	National Education Inspectorate
NFAC:	National Framework of Action for Children
NGO:	Non-Governmental Organization
NHF:	National Health Fund
NIS:	National Insurance Scheme
NTA:	National Training Agency
OCA:	Office of the Children's Advocate
OCR:	Office of the Children's Registry
ODPEM:	Office of Disaster Preparedness and Emergency Management
OHCHR:	Office of the United Nations High Commissioner for Human Rights
OPV:	Oral Polio Vaccine
OVC:	Orphans and Vulnerable Children
PAHO:	Pan American Health Organization
PATH:	Programme of Advancement Through Health and Education
PIOJ:	Planning Institute of Jamaica
PHC:	Primary Health Care
RGD:	Registrar General's Department
SALISES:	Sir Arthur Lewis Institution of Social and Economic Studies
SFAP:	School Fee Assistance Programme
SICI:	Social Investment for Children Initiative
STIs:	Sexual Transmitted Infections
TB:	Tuberculosis
TFCAP:	Task Force on Child Abuse Prevention
UN:	United Nations
UNESCO:	United Nations Educational, Scientific and Cultural Organization
UNFPA:	United Nations Population Fund
UNICEF:	United Nations Children's Fund
UNGASS:	United Nations General Assembly Special Session
USA:	United States of America
USAID:	United States Agency for International Development
VEN:	Vital Essential and Necessary
VPA:	Violence Prevention Alliance
WHO:	World Health Organization
WFFC:	World Fit For Children
YIC:	Youth Information Centre

Introduction

1. This report represents the combined Third and Fourth Periodic Report of Jamaica under Article 44 (1) (b) of the Convention on the Rights of the Child. The form and content of this report conform to the guidelines adopted by the Committee at its thirty-ninth session, 3 June 2005. It covers the period (a) 1 January 2003 to 31 December 2008, and (b) a one-year update for the period 1 January 2009 to 31 December 2009 using available data.

2. At the end of 2007 the population of Jamaica stood at approximately 2.7 million. The most important demographic variable in Jamaica is the significant change in the age profile of the population that has occurred over the past three decades. The proportion of children, which currently stands at 34.3 per cent, is projected to fall gradually to under 30 per cent by the year 2020.¹ Children born in Jamaica today have more than a 97 per cent chance of surviving beyond age five, and almost a 100 per cent chance of enrolling in school up to the secondary level and will go on to live, on average, over 73 years.

3. In 2008, the Jamaican economy contracted by 0.6 per cent, the first decline in over 10 years. A fiscal deficit of \$57.2 billion represented an almost 17 per cent rate of inflation, almost 20 per cent more than programmed in the national budget. This deficit was largely the result of a fall in revenue due to a downturn in economic activities stemming from the global financial crisis.

Policy environment

4. Over the period under review, the Government of Jamaica with the help of civil society organizations and International Development Partners made some progress in its effort to protect and fulfil the rights of children. Steps were taken to establish a policy framework, guided by the principles of the Convention and reinforced by a national commitment to the Millennium Development Goals (MDGs), several of which are either directly or indirectly relevant to the welfare and wellbeing of children. This policy framework is buttressed locally by the Child Care and Protection Act (CCPA, 2004), which has spawned legislation in a wide range of areas including trafficking and child labour and led to the establishment of key agencies such as the Office of the Children's Advocate and the Children's Registry. The Act incorporates the principles of the Convention with the "best interests" principle becoming the focal point of decision-making on issues related to children. Other components in this framework are the Medium Term Social and Economic Framework and the National Framework of Action for Children (NFAC) which is currently being developed.

5. In addition to the new legal framework in place, Jamaican children have benefited greatly from three major successes over the reporting period. In the health system, there is now the provision of subsidized drugs through the National Health Fund (NHF) established in 2003 and the removal of user fees from all Government hospitals and clinics islandwide in 2009. In the education system, tuition fees have been abolished for children at the secondary level since September 2007.

¹ Economic and Social Survey of Jamaica, 2007.

Monitoring progress

6. For Jamaica, achievements for the period were mixed. Significant progress was made in child-relevant policy goals, some prompted by international commitments like the Convention and the Millennium Development Goals, while others were adopted as central to Government of Jamaica human development strategies. In addition, the international consensus on child development that emerged over the last two decades as a result of the Convention has served to accelerate the pace of change for the benefit of children.

7. Reporting on the progress of Jamaica towards the achievement of the Millennium Development Goals, the Planning Institute of Jamaica (PIOJ)² indicates that Jamaica has achieved significant reduction of absolute poverty, reduction of malnutrition and hunger, and universal primary education. While progress has been made, the analysis indicated that poverty rates continue to fluctuate annually and while school enrolment is impressive, there remains a concern with the quality of education outcomes. The country was adjudged as being on track for combating HIV and AIDS, halting and reversing the incidence of diseases such as malaria and tuberculosis, access to improved reproductive health, and the provision of safe drinking water and basic sanitation. It however, lags behind in gender equality³ and environmental sustainability.

8. The country was deemed far behind in targets for child and maternal mortality. It is recognized that this is partly because Jamaica already has comparatively low mortality rates and further gains are mainly dependent on increased financial, technological and human resources. (See Annex 1 for MDG Progress Matrix)

Challenges and obstacles

9. In recent years the current global economic recession has resulted in the Government of Jamaica facing increasing challenges in implementing its social policies. This crisis has been compounded by an already fragile economic performance, which has affected government's fiscal position, severely limiting budgetary support for several of its programmes. The social impact of the current crisis, though not yet fully documented, is currently being felt and already it threatens to impact negatively on achievements and gains made over the years. For example, there have been several well-developed plans and policies which would assist in making a positive difference in the lives of children that are not able to receive the required funding to ensure implementation.

10. Other key threats to the progress of Jamaica in social provisioning for children include crime and violence and natural disasters.

- **The issue of violence in homes, schools and communities** still threatens the right of children to a safe environment. Jamaica had a murder rate of 60 per 100,000 persons in 2008.⁴ Over a one-year period 110 children were murdered causing much concern and prompting the development and implementation of a plethora of initiatives aimed at providing increased protection for children. The data shows that children are also perpetrators of violent crimes.

² Planning Institute of Jamaica (PIOJ) for the United Nations Economic and Social Council Annual Ministerial Review, July 2009, adjudged that Jamaica was making good progress in eight out of the 14 MDG targets for 2015.

³ Gender equality is assessed male under-performance in education and the enigma of a higher rate of unemployment for women, despite their educational gains.

⁴ Economic and Social Survey of Jamaica, 2008.

- **Natural disasters:** Jamaica is highly vulnerable especially to hurricanes and flooding, which have impacted Jamaica with unusual frequency in recent years. As Jamaica lies in an earthquake-prone area and has been affected by major earthquakes in the past, there is a high level of sensitization by way of public education about earthquake occurrence. In a 2005 World Bank ranking of natural disaster hotspots, Jamaica ranked third among 75 countries with two or more hazards, with 95 per cent of its total area at risk.⁵ Between 2004 and 2008, five major natural disasters (hurricanes and flood rains) caused damage and losses estimated at US\$1.2B. These have had significant impact on human welfare, economic activities, infrastructure, property losses and natural resources.

11. While acknowledging the progress made it is evident that there is still a great deal more work to be done for children in Jamaica especially in areas such as:

- (i) **Developing and strengthening public institutional capabilities**, by adopting the rights-based approach to policy and programme development. This can be achieved through increased training of public officers, primarily those that interface with children at the various levels, so that they are able to achieve a greater level of understanding of the principles of child rights and their concomitant responsibilities.
- (ii) **Improving the monitoring capabilities**, by ensuring more stringent mechanisms and systems for the safety and protection of all children and applying sanctions and enforcing penalties for breaches when they occur.
- (iii) **Translating existing plans and policies more swiftly and efficiently into concrete action** thus maximizing the benefits to children, in their homes, schools and communities.
- (iv) **Sensitizing and educating key decision-makers** (judges, lawyers, policy makers) in the various public and private processes to maximize the use of the Convention and ensure that they work in the best interests of all children.
- (v) **Reviewing the Child Care and Protection Act 2004** to address emerging gaps, which are now evident after five years of implementation.
- (vi) **Encouraging greater child participation** where children are provided with opportunities to truly make a difference by influencing decision-making as well as the direction of policies and programmes for their own development.

Vision 2030 Jamaica – National Development Plan

12. The Government of Jamaica, in collaboration with the private sector and civil society, has prepared a long term National Development Plan: Vision 2030 Jamaica. The Plan envisages Jamaica reaching developed country status by 2030. It introduces a new paradigm, redefining the strategic direction for the country's development. The old paradigm for generating prosperity was focused on exploiting primary resources – sun, sea and sand tourism – and exporting basic agricultural commodities and minerals. Recognizing that this focus has not created the levels of prosperity required for sustained economic and social development, the new route therefore is for the development of the country's higher forms of capital – the cultural, human, knowledge and institutional capital.

⁵ World Bank, Natural Disaster Hotspots: A Global Risk Analysis. Disaster Risk Management Series #5 (2005).

The Plan will be implemented through 3-yearly Medium Term Socio-Economic Policy Frameworks (MTFs), which will be supported by a results-based monitoring and evaluation mechanism that establishes specific targets and indicators to track performance.

13. While there are no specific child-focused targets, there are specific goals and strategies in the various sector plans, in particular those related to health, education and the establishment of social safety nets that would ultimately benefit children. The vision statement itself- “Jamaica the Place of Choice to Work, do Business and Raise Families” – illustrates the commitment of the Government of Jamaica to the family as the foundation institution of the society.

Methodology employed in preparation of report

14. This report was written under the auspices of the Child Development Agency. The CDA appointed a Coordinator who led the process of preparing the report. A Technical Guidance Committee comprising persons with technical expertise within the various Government agencies that interface with children was established. They worked closely with the Coordinator to assist with data-gathering and the presentation of information related to the various Themes outlined in the report.

15. A combination of methodologies was employed to gather the relevant data. This included the development and administration of a questionnaire, which was designed using the new Convention on the Rights of the Child Guidelines for the Preparation of Progress Reports. This was followed by interviews and thematic discussions with twenty-five (25) stakeholders, including persons in charge of the relevant agencies. In addition, secondary data was collected from a wide range of sources, including the non-governmental organization (NGO) community.

16. The draft report was then circulated to key stakeholders in Government and the NGO community who validated the information and provided vital comments. National consultations were then conducted with stakeholders including children, across the island to garner wider feedback and collect additional data towards the preparation of the final report. Approximately fifty (50) adults and four hundred and seventy-five (475) children participated in these consultations. These numbers include representatives from the NGO community.

Children and youth involvement

17. The involvement of children and youth provided an opportunity to hear their concerns directly from them, and to find out how they felt about the promotion of child rights in Jamaica. These consultations targeted children from a wide cross-section of the Jamaican society.

The process

- The various Themes highlighted in the report were converted and presented in child-friendly language and methodologies.
- A child-friendly atmosphere was also created so that children felt free to express their views without concern for consequences.
- To ensure that all the children had a common understanding of child rights, a preliminary session revisited the most important elements of the Convention via fact sheets and other such brochures.

The consultations

- Consultations were conducted over a two-month period with a total of four hundred and seventy five (475) children. Participants included children from both rural and urban Youth Clubs, Children's Homes, Primary and Secondary schools, violence prone communities, and from groups associated with NGOs. The consultations were conducted in a variety of settings such as classrooms, libraries and parks, pulling the children together wherever they gathered naturally to ensure that they were comfortable. Two hundred and fifty three boys (253) and two hundred and twenty two (222) girls in the age range eight (8) to eighteen (18) years participated.
- The children provided a great deal of information, insight and recommendations, some of which have been incorporated into the body of the report in the relevant thematic areas.

1. General measures of implementation

Convention on the Rights of the Child:

- **Article 4:** All appropriate legislative, administrative and other measures to be taken re implementation of the Convention;
- **Article 42:** Convention's principles and provisions to be made widely known to adults and children;
- **Article 44.6:** State reports under the Convention to be made widely available to the public;
- **Status of Optional Protocols to the Convention.**

1.1. Legislation

Recommendation in paragraph 8 of the Committee's last concluding observations (CRC/C/15/Add.210)

The Committee recommends that the State urgently take all the necessary measures to expedite the adoption of the draft of the Child Care and Protection Act and provide human and financial resources for its full and effective implementation. The State is also encouraged to consider in this respect that the new legislation should cover the rights of children rather than solely protection provisions and to ensure that all rights of the child are part of the national legislation.

18. The Government of Jamaica took seriously its commitment to provide legal protection for children. As a result the comprehensive review of domestic legislation, many years in the making, culminated in the enactment of the Child Care and Protection Act (CCPA), which became effective 1 April 2004. Efforts were made to incorporate into this landmark legislation the principles of the Convention as suggested by the recommendation in paragraph 8 of the concluding observations. The Act has done much to strengthen the care and protection system for children in Jamaica as, in addition to being the focal point of decision-making, it has introduced new standards for their treatment. It brings under one umbrella measures previously embedded in the now repealed Juvenile Act, as well as provisions from many other pieces of legislation.

19. Another feature of the Act is its focus on the primacy of the family and other close relationships. It clearly outlines parental as well as State responsibilities for protecting the rights of children along with penalties applicable for failure when these occur. It also creates new offences to minimize the exposure of children to a variety of elements detrimental to their development and well-being.

20. Despite the fact that there is no mention in the Act of specific provisions for children with special needs, such as children infected by HIV and AIDS or children with disabilities, no child is forgotten as the Act applies to every single Jamaican child regardless of colour, status, religion or class.

21. The CCPA makes specific provisions for the establishment of three important entities for the protection of children;⁶ the Children's Advocate, the Children's Registrar and Children's Registry and the Children's Court specified in the Act as follows:

- Section 4 (1) For the purpose of protecting and enforcing the rights of children, there is hereby established a commission of Parliament which shall be known as the Children's Advocate;
- Section 5 (1) For the purposes of this Act there shall be a Children's Registrar and a Children's Registry;
- Section 71 (1) The Minister responsible for justice shall cause to be established courts to be known as Children's Court, which shall be constituted in accordance with the Third Schedule and when so constituted and sitting for the purpose of exercising any jurisdiction conferred on them by this or any other enactment shall be deemed to have, subject to the provisions of this Act, all the powers of a Resident Magistrates Court and the procedure in the Children's Court, subject to the provisions of this Act, shall be the same as in the Resident Magistrates Court.

22. These agencies are now firmly established and have put in place systems to ensure compliance with international standards and to respond to breaches when they occur. The functions of these new agencies will be elaborated upon later in the report.

23. In addition to the Child Care and Protection Act several other pieces of legislation target children. Within the absence of any mechanism or way of determining the degree to which various pieces of legislation speak to children, the approach espoused is to outline the general provisions and scope of recent legislation as well as regulations thought critical to the welfare of children.

24. They are as follows:

- (i) **The Child Pornography (Prevention) Act 2009** was enacted in October 2009, making commercial sexual exploitation of children a distinct criminal offence. The Act applies to the production, possession, importation, exportation and distribution of child pornographic materials with penalties of up to 20 years imprisonment and fines as high as \$500,000. It also aims to criminalize the production, importation, exportation and distribution of child pornography as well as the use of children in such activities. The Act will ensure protection for children who are the primary victims.

⁶ Child Care and Protection Act, 2004 – Sections 4, 5, 71.

(ii) **The Trafficking in Persons (Prevention, Suppression and Punishment) Act 2007** became effective in May 2007. The Act is in keeping with articles 19, 32, and 34 of the Convention and proscribes the trafficking of persons, including children. This Act underscores the Government's commitment to preventing and punishing the crime of Trafficking in Persons.

(iii) **Children's Home Regulations 2005** – These Regulations were passed in the House of Parliament in June 2007 and are aimed at giving the Government agency with responsibility for children the necessary regulatory powers to monitor and initiate action on all privately operated children's homes and places of safety in the child protection sector who are not in conformity with the laws and standards of care operations. Such actions can result in revocation of a license.

(iv) **Victims Charter 2006** – seeks to correct imbalances between the protection of the rights of offenders and the human rights of victims. The Charter includes:

- The compensation of victims, with State responsibility for funding any proposed compensation scheme;
- The protection of children and other vulnerable groups within communities, by the State;
- An understanding of the causes of and domestic violence as well as volunteerism in Victim Support within communities.

(v) **The Maintenance Act** was amended in 2005 to confer obligations on spouses to maintain each other during marriage or common-law union. The amendments also conferred obligation on parents to maintain their children, and children when they become adults to maintain parents. It also covers maintenance of unborn children. In addition, it provides for the protection of the child in the family as well as the adopted and stepchild.

(vi) **Early Childhood Act 2005, Early Childhood Regulations 2005, and the Early Childhood Commission Act 2003** are three key pieces of legislation that have also been enacted over the period. Together these laws and regulations attempt to regulate this critical area of the education sector, which was previously ad hoc and inequitable in its development.

(vii) **The Domestic Violence Act 2004** continues to be used as a means of redress for women and children. It provides occupation, protection and ancillary orders for victims of domestic violence. The Act also makes special provision for women involved in residential and non-residential relationships. A third party on behalf of an abused woman may now initiate proceedings under the Act and damage to property has now been recognised as a form of domestic violence.

(viii) **Sexual Offences Act 2009** was enacted in the House of Representatives in September 2009. It seeks to provide for a statutory, gender-neutral definition of rape, abolish the common law presumption that a boy under fourteen (14) years of age is incapable of committing rape or other offence of vaginal or anal intercourse, and to increase the penalty for incest while widening the categories of prohibited relationships. Section 16 addresses "sexual grooming", "sexual touching or interference" involving another adult or child. Part 4 of the Bill is dedicated to children (under 16 yrs.). It outlines responsibilities of householders with children in their care, and the abduction of a child. This Bill serves to repeal some provisions in the Offences Against the Person Act, and address these more comprehensively, while outlining a whole range of sexual offences.

(ix) **The Proposed Evidence (Amendment) Bill 2009** – will seek to provide for the protection and security for vulnerable witnesses (including children) giving evidence before a court by allowing them to do so via video link. This will allow children who are victims of certain crimes or who are witnesses to certain crimes to give evidence without being required to appear in court to face the offender.

(x) **A Proposed Cyber Crimes Bill** has also been drafted and is currently being considered. The Bill will complement legislation on child pornography and will protect children from cybercrimes. The legislation will provide for legal sanctions for the criminal misuse of computer related data and other unauthorized access in general.

(xi) **Occupational Health and Safety Bill** – This Bill will among other things incorporate policies related to children who are victims of economic exploitation and is also proposed as a means of protecting persons from the practice of screening for HIV and AIDS as a prerequisite for employment.

1.2. Coordination

Recommendation in paragraph 10 of the Committee’s concluding observations

The Committee recommends that the State party establish one identifiable governmental body e.g. a Policy Authority for the co-ordination of all activities regarding the implementation of Convention with strong mandate, sufficient human and financial resources to carry out its coordinating role efficiently.

25. The Government has not yet established one identifiable governmental body for the coordination of all activities relating to implementation of the Convention on the Rights of the Child as recommended by the Committee. It has however put in place an articulated mechanism comprising the following:

- **The Office of the Children’s Advocate (OCA)** established as a commission of Parliament for the purpose of “protecting and enforcing the rights of children” (CCPA Section 4 (1));
- **The Office of the Children’s Registry (OCR)** established by Section 5 of the CCPA;
- **The Child Development Agency (CDA)** established as a service provider for child development and children in need of care and protection.

26. The Child Development Agency now has the responsibility to develop comprehensive strategies for the implementation, coordination and regulation of national policies and programmes that promote the rights, welfare and wellbeing of all children and to meet the Government’s obligation to international standards for children. The establishment of such an agency has reduced the level of fragmentation and brought a more systematic child-focused approach to dealing with the issues of children.

27. Upon interpretation of the Child Care and Protection Act 2004, the Minister of Health is seen as the Minister with ultimate responsibility for all Jamaican children, including children who are in conflict with the law and who are housed in correctional facilities for children (Section 76 (1) (f) of the Act). Additionally, under the Corrections Act, the Minister of National Security is also responsible for the welfare of children in

conflict with the law who are housed in correctional facilities for children. (Details regarding the operations of the CDA are dealt with under Theme 5 – Family Environment and Alternative Care).

1.3. Independent monitoring structures

Recommendation in paragraph 12 of the Committee’s concluding observations

The Committee recommends that the State party:

- Establish independent and effective mechanism via office of Child Advocate in accordance with the Paris Principles and General Comment n° 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.

Office of the Children’s Advocate

28. The Government, in an effort to promote self-monitoring and fulfil its commitment to ensuring the best interests of children, (art. 3 (1) and GC#2⁷) followed through with the establishment of the Office of the Children’s Advocate (OCA). This important monitoring body was established in 2005 as a commission of Parliament as outlined in Part I Section 4 (1) of the Child Care and Protection Act with a Children’s Advocate (CA) appointed in January 2006. The office is required to act as an independent human rights institution promoting and ensuring the implementation of the Convention and advancing the realization of children’s rights in Jamaica in accordance with the Paris Principles.⁸

29. The responsibilities of the OCA are stipulated in the first schedule of the Act as follows:

- (a) The OCA may in any court or tribunal bring proceedings, other than criminal proceedings, involving law or practice concerning the rights and best interests of children;
- (b) Keep under review the adequacy and effectiveness of laws and practices relating to the rights and best interests of children;
- (c) Keep under review the adequacy and effectiveness of services provided for children by the relevant authorities;
- (d) 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 CA considers appropriate;

⁷ GC#2 promotes the role of independent human rights institution in the promotion and protection of the rights of the child.

⁸ Principles relating to the status of national institutions for the promotion and protection of human rights (The “Paris Principles”), General Assembly resolution 48/134.

- (e) Take reasonable steps to ensure that children are aware of the functions and location of the OCA. Also ensure that children are made aware of the ways in which they may also communicate with the CA;
- (f) 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 CA of his or her functions;
- (g) The CA may provide assistance (including financial assistance) to a child in making a complaint to or against a relevant authority;
- (h) The CA 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;
- (i) The CA may after consultations with relevant bodies issue guidance on best practice in relation to any matter concerning the rights and best interests of children;
- (j) The CA may intervene in any proceedings before a court or tribunal, involving law or practice concerning the rights and best interests of children;
- (k) The CA 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.

Achievements of the Office⁹

30. The Office of the Children's Advocate (OCA) in an effort to fulfil its mandate to protect and enforce children's rights has represented children at different levels of the Court system.

31. During the period February 2006 to March 2009 a total of 1,088 complaints were made to the OCA on the infringement of the rights of children. Of this amount 562 were slated for investigations and approximately 500 referred to relevant agencies. A total of 347 cases were fully investigated and investigations are ongoing for the others.

32. A total of 122 children were represented in the Court System at various levels. Successful bail application was made for approximately 32 children and legal representation sought for approximately 15 children who were in conflict with the law. At the Supreme Court level, interventions were made on behalf of child witnesses and children in Police lock ups. In addition to representing children, the OCA also observed proceedings on behalf of child victims and on request, leads evidence for the crown on behalf of a child complainant.

33. Representations have been made with respect to the placing of children in appropriate living environments. In addition, more than thirty (30) children who had been asked to leave were returned to school. During the period April-December 2009 there were six (6) arrests made and three (3) disciplinary procedures enforced as a result of investigations and reports received by the OCA.

⁹ Report from Office of the Children's Advocate.

Policy advice and legal opinion

34. In carrying out its mandate, the OCA also visited institutions which provide services for children such as the Family and Children's Courts, Remand Centres, Correctional Institutions, Hospitals, Schools and other educational institutions and Childcare facilities.

Table 1.1

Number of Visits made to Institutions for Children, February 2006 to March 2009

<i>Institutions</i>	<i>Total</i>
Child Care	57
Correctional	21
Educational	50*
Police Lock Up	29
Health	4

* Approximation.

35. Based on reports submitted, one Place of Safety and one educational institution were closed and two Childcare institutions repaired and refurbished.

36. The OCA also provided legal opinions/services to the relevant authorities on issues such as:

(a) Flogging in Jamaica pursuant to the Child Care and Protection Act, the Education Act and the Education Code. This contributed to the policy decision to ban corporal punishment in public institutions;

(b) The medical treatment of children without parental consent – The intervention of OCA under such circumstances contributed to medical interventions, which saved the lives of two (2) critically ill children who may otherwise have died as a result of religious and cultural beliefs;

(c) The Trafficking in Persons (Prevention, Suppression and Punishment) Act, which became effective on 1 March, 2007;

(d) Curtailing the involvement of children soliciting contributions on the streets on behalf of their schools or clubs;

(e) The provision of Reproductive Health Services such as the use of contraceptives for girls below the age of consent;

(f) The participation of children in public street demonstrations alongside adults, which resulted in, a policy decision by the Ministry of Education. (Children were involved in consultations around this issue and their inputs assisted the Government in making a decision to take steps to discontinue this practice);

(g) The promotion of the rights of children to have their biological fathers' name on their birth certificates.

Providing advice to relevant authorities

37. The OCA also made reports or submissions to relevant authorities as listed in Table 1.2.

Table 1.2
OCA reports to relevant authorities

<i>Child Rights Issues</i>	<i>Relevant Authorities</i>
Threats to the rights of the child and failure to maintain local and international standards in Child Correctional Institutions and children in adult lock-ups	<ul style="list-style-type: none"> • Department of Correctional Services • Ministry of Justice • Ministry of National Security • Ministry of Health
• Child Abuse in Child Care Institutions	• Child Development Agency
• Inadequate facilities and programmes	• File sent to the Director of Public Prosecutions
• Lead Poisoning of children	• Ministry of Health
• Availability of drugs for children under the National Health Fund	
• Child Abuse Mitigation Programme for Bustamante Hospital for Children	
• Services for Adolescent Mental Health	
• Children in the Justice System	<ul style="list-style-type: none"> • Justice Reform Task Force • Child Development Agency • Ministry of Justice

Consultations and public education

38. Over the period, the OCA also did over 300 public awareness seminars and presentations. These included visits to educational institutions, communities, NGOs, childcare institutions and juvenile correctional institutions. Approximately 14 consultations were held with children, teachers, church leaders and principals. The Children's Advocate has delivered lectures at Institutions of Higher Learning, the Police Training Academy and the Correctional Service Training Institute.

Constraints

39. The Office of the Children's Advocate is grossly under-resourced which limits its capacity to implement many of its targeted objectives and programmes.

40. Another pressing issue is the continued lack of clarity regarding the mandate of the OCA despite the public education campaign funded primarily by the United Nations Children's Fund (UNICEF). This lack of clarity has led to some role confusion as well as unrealistic expectations. A more sustained and focused public education campaign is needed to build understanding of the role of the OCA in relation to other monitoring mechanisms in place for the protection of children.

The Office of the Public Defender

41. The Office of the Public Defender has general oversight responsibilities for protecting the rights of children as citizens as outlined in the Public Defender (Interim) Act,

1999 which states “Where the complainant is a minor [under the age of 18 years], the complaint may be made by his parent or guardian or any other suitable person”; this ensures that children are not excluded from protection. In defense of rights, the duty of the Public Defender is to investigate allegations of injustice, which flow from administrative action of the State, or its agents as well as the abuse or infringement of Constitutional guarantees.

Civil Society monitoring bodies

42. There are several civil society organizations that were strident independent monitors of the situation of children in Jamaica over the reporting period. Among them the following.

The Jamaica Coalition on the Rights of the Child (JCRC)

43. The Jamaica Coalition on the Rights of the Child is an NGO coalition with a membership of 14 individuals and organizations who have been strong advocates for children in Jamaica by focusing attention on the range of issues that threaten their survival, development and protection. Members include organizations such as Children First, Hope for Children Development Company, Jamaica Association for the Deaf, Jamaica Association for Persons with Mental Retardation, Youth Opportunities Unlimited, SOS Children’s Village, Jamsave and Red Cross. Through its membership the coalition sought to empower the various target groups including children through education and training and the production and dissemination of a wide range of publications on child rights. It also lobbied for new and improved policies, programmes and legislation for the protection of children. The enactment of the Child Care and Protection Act (2004) is seen as a major achievement of such effort and commitment.

44. Funding the organization’s activities in the usual manner has become a serious challenge and has greatly decreased the level of activities. The organization is therefore using the time to develop a new strategic plan with goals and strategies for implementation over the next five years. Goals include focusing some attention on low cost activities in partnership with localised support groups in areas where important benefits can be realised. Up to 2007 the JCRC was engaged in development activities as well as the following:

- (a) Advocating for changes in the legislative framework through which children’s rights are protected;
- (b) Promoting alternatives to corporal punishment, as a mechanism for reducing violence against children;
- (c) Promoting rights-based approaches to parenting, care-giving and delivery of services to children;
- (d) Advocating for increased social investment for children, particularly those who are excluded or vulnerable;
- (e) Developing long-term initiatives that facilitate child participation in governance and self-advocacy;
- (f) Infusing rights-based perspectives into the early childhood, primary and secondary education systems as well as children’s clubs at the school and community level.

Jamaicans for Justice

45. Jamaicans for Justice (JFJ) is a non-profit, non-political citizens' rights organization founded in 1999. The protection of the rights of children in Jamaica, particularly those in the nation's places of safety and children's homes, has become an issue and concern for JFJ since 2003. They have worked in conjunction with other non-governmental organizations (NGOs) to monitor and document the situation of the country's children in both State and privately run children's homes with the hope that highlighting their problems and making suggestions for changes will ultimately improve the protection provided by the agency to the wards of the State.

46. Jamaicans for Justice have issued a series of very critical reports about the conditions of private and State-run children's homes and places of safety. In response, the Government of Jamaica has made efforts to address these problems by instituting new policies and procedures to manage critical incidents in child care facilities.

47. The JFJ, not satisfied that enough was being done, prepared and presented a report in 2006 regarding conditions in the country's Children's Homes and Places of Safety to the Inter American Commission on Human Rights. Subsequent follow-up reports were submitted in 2006 and in 2009 following a fire which caused the deaths of seven children at a correctional facility for girls. This matter will be elaborated upon further under Theme 7, Special Protection Measures.

Hear the Children's Cry Committee

48. Hear the Children's Cry Committee is a vocal civil society advocacy group. Since its launch in 2002 it has not only highlighted the wide range of issues affecting children but has also called attention to the complexity of these issues. They partner with various groups to prompt action towards improving the situation of children in Jamaica.

49. Since 2008 much attention has been focused on the growing challenge of missing children and has played a lead role in the development of the Rapid Response programme called Ananda Alert. This response programme is elaborated further under Theme 4: Civil Rights and Freedoms.

Independent Jamaican Council for Human Rights (IJCHR)

50. The Independent Jamaican Council for Human Rights (IJCHR) is the oldest non-governmental organisation in the English speaking Caribbean. It was first incorporated under the name Jamaican Council for Human Rights on December 10, 1968, the twentieth anniversary of the signing of the Universal Declaration of Human Rights. In 1998 it was re-incorporated under its present name.

51. Over the past forty years the Council has advocated for Constitutional and legislative reform in several areas that fall within its remit. The Council is well known for its advocacy for the abolition of the death penalty and for championing the rights of persons who are abused by the State. It is less well known that the Council has also worked to champion the rights of women, children, the disabled, workers, and victims of crime. They have produced brochures and booklets and held several public fora, workshops and training seminars in order to educate the Jamaican populace about their rights and to assist them to defend those rights. It conducted a series of public educational activities on the Convention for primary schools.

52. Through their advocacy and public education activities these NGOs have assisted in guiding the direction of Government policy for the promotion and protection of the rights of children in Jamaica. This has been accomplished through consultations with the Government of Jamaica (GOJ) on a range of critical issues as well as leading public debate on specific concerns about the protection of children. In this regard, the NGOs have been valuable partners to the GOJ in shaping the agenda for children.

The status of Optional Protocols to the Convention

The International Covenant on Civil and Political Rights

53. Jamaica is a party to the International Covenant on Civil and Political Rights and in compliance with its obligations under this Covenant, submitted its Third periodic report in July of 2009. In respect of the First Optional Protocol, there has been no policy decision on re-accession by Jamaica to the Protocol.

1.4. National Plan of Action

Recommendation in paragraph 14 of the Committee's concluding observations

The Committee encourages the State to develop clear and comprehensive child rights policy in new NPA.

54. What began as the new National Plan of Action for Children mentioned in the recommendation in paragraph 14 of the concluding observations evolved over time as a National Framework of Action for Children (NFAC). When completed, this Framework will represent a more comprehensive national strategy rooted in the Convention and developed through broad based consultation. It will bring together within a single framework document the broad strategies contained in sector-based plans of action relating to the rights and welfare of children. While commissioned to address the goals of the World Fit For Children (WFFC), the NFAC has also been influenced by other international conventions and guidelines pertinent to children's rights, particularly those that came into effect while the Framework was being developed. The latter category includes the International Labour Organization Conventions 138 and 182 on the Minimum Age for Employment and Elimination of the Worst Forms of Child Labour respectively, both of which were ratified by Jamaica in 2003; as well as the far-reaching and progressive developments under the Declaration of the United Nations General Assembly Special Session (UNGASS) on HIV and AIDS.

55. The Framework will also highlight major developments in the policy, legislative and institutional framework indicative of the Government's commitment to the survival, development and protection of the country's children.

56. The process of developing the NFAC began in 2002, and represents the integrated deliberations of several agencies that participated in a multi-sectoral Steering Committee. Sub-committees were formed and each assigned responsibilities for specific aspects of the proposed framework such as: budget, information, education and communication, as well as the four goals of the WFFC, namely: healthy life, providing quality education, protection against violence and combating HIV and AIDS and a fifth category referred to as living environment was added.

57. An initial draft was completed in 2004 and put through an extensive process of public consultation, to gain wider perspectives and stakeholder insights. By 2006, it was thought necessary to conduct a thorough revision to take into account the range of legal, policy and programmatic developments made within the children's sector during 2004 to 2006.

58. The Framework has outlined the following six (6) priority areas and goals in keeping with the World Fit for Children:

- (a) **Healthy Lives and Lifestyles** – All children enjoy optimum physical and mental health and embrace healthy lifestyles;
- (b) **Providing Quality Education** – All children completing secondary level education and acquiring the skills to enable them to be prepared for livelihood, self-development and citizenship;
- (c) **Protection against Abuse, Exploitation and Violence** – The creation of a society that provides protection to those children whose protection rights have been compromised;
- (d) **Care for Children in special circumstances** – The creation of a society that provides care and protection to those children whose care and protection rights have been compromised;
- (e) **Secure Living Environment** – To foster the development of supportive families and communities that provide children with an environment conducive to their positive development and well-being;
- (f) **Meaningful Child Participation** – To foster a culture that allows for the full participation of children in social, spiritual, economic and political processes.

Priority Target Groups

59. Table 1.3 provides an indication of the priority groups in each focal area. It must be noted that in spite of the identification of these groups for specific priority action, the NFAC speaks to the needs of all children in Jamaica.

Table 1.3

NFAC Priority Target Groups

<i>NFAC Priority Target Groups</i>					
<i>Health</i>	<i>Education</i>	<i>Protection</i>	<i>Special Circumstances</i>	<i>Living Environments</i>	<i>Participation</i>
Children at risk of early pregnancy, substance misuse, HIV and others STIS	Rural children	Children living and working on the streets Victims of trafficking	Street Youth Incarcerated mothers Foster care	Insufficient green areas for play and recreation Foster care	Children not affiliated
Underserved rural children	Boys, especially in poor rural areas	Victims of abuse Exposed to the worst forms of child labour	Children in institutional care (children homes, places of safety, correctional or other)	Children living on the streets Exposed to natural or man-made disasters	Children with disabilities

<i>NFAC Priority Target Groups</i>					
<i>Health</i>	<i>Education</i>	<i>Protection</i>	<i>Special Circumstances</i>	<i>Living Environments</i>	<i>Participation</i>
Children in institutional care	Out of school children.	At risk for 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 exposed to domestic violence	Children in conflict with the law	Unsafe housing, water or air quality	Unattached children
	Children in institutional care				
	Children with disabilities				

1.5. Data collection

Recommendation in paragraph 16 of the Committee's concluding observations

The Committee encourages the State party to continue to strengthen this data collection system, which includes important health indicators such as: infant, under 5, and maternal mortality rates ensuring timelines and reliability of qualitative/quantitative data. Use of information in the formulation of policies and programmes for effective implementation of Convention.

60. In an effort to consolidate data management for the monitoring of social and economic indicators Jamaica has adapted DevInfo¹⁰ to create Jamstats. JamStats is a comprehensive database capturing a wide range of social and economic indicators used to monitor the country's progress. It has brought together data which previously existed in separate publications and diverse institutions, making data retrieval especially for multiple time periods more accessible. The aim is provide a reliable and current data source on children in Jamaica that is available both locally and internationally.

61. Currently the JamStats database system has been institutionalised into the operations of the Ministry of Education and the Jamaica Constabulary Force. At least three personnel from the CDA were introduced to the core elements of use and administration of the package. Key technical personnel from the other two agencies have also been sensitized.

62. All Government bodies have embarked on initiatives to strengthen existing data collection and management processes along with the introduction of new technology, which now guides data mining and informs reporting, planning and decision-making. The Child Development Agency has also begun a process of identifying an electronic solution to guide its overall operations. In the interim, the Agency has established Children in Care

¹⁰ DevInfo – software developed by UNICEF to capture and present data on indicators on the well being of the child.

census database comprising basic demographic data on each child in the child protection system. Data collection and reporting will be vastly improved once all Government ministries, agencies and bodies begin to use the Jamstats database.

63. The JamStats database stores the most critical indicators of economic and social development. It also enables the posting of sub-national data sets, such as specific surveys and research studies. The indicators in the database continue to be selected on the basis of the need to monitor national, regional and international goals. JamStats 2008, the latest update of the database, includes information on 163 indicators and 1,064 corresponding data points across 8 sub-sectors, including demography, economy, education, environment, gender equity, health, information and communication and national security.

64. The JamStats Secretariat, which has direct responsibility for the institutionalisation of the database, continues to host sensitisation sessions using various fora. These include hosting booths at varied events, engaging various ministries and agencies (NGOs included) concerning the capabilities of the database and the value it offers and also through its School Implementation Program (SIP) – which sees to the training of students and teachers in the use of the database.

65. The JamStats website was launched simultaneously with the 2008 database. The website provides information about the JamStats initiative, as well as strides being made in promulgating its impact throughout the island and beyond. Finally, visitors to the website are able to query the database and further become familiar with its value and the information that is available. It is therefore used to inform policy making within organizations, enhance the effectiveness of reports or projects presented by students at the secondary and tertiary levels and also to inform those members of the public who see the need to arm themselves with such worthwhile information as is found there.

66. The Jamstats Steering Committee, through the Secretariat, continues to forge new partnerships within various sectors to increase and improve the volume and quality of the data presented in the database. In addition, there is a drive to encourage data producers to adapt the database for use in their organizations to increase its reach to the members of staff within those organizations, as well as increase the effectiveness of the data reporting to the JamStats database. Finally, the DevInfo developers continue to provide updates to the design of its database, and consequently the JamStats database will remain current in offering the benefits of those upgrades to its users.

67. While Jamaica is noted for its highly developed data driven social and economic policy monitoring systems, it continues to have gaps in its overall data collection apparatus. Data is generally collected cross-sectionally, making its use to target specific interventions difficult. Expanded data collection systems, which allow for identification of specific areas of need are necessary to successfully address some critical issues.

1.6. Resources for children

Recommendation in paragraph 18 of the Committee's concluding observations

With a view to strengthening its implementation of article 4 of the Convention in terms of the allocation of resources the Committee recommends that the Government prioritise budget allocations to

ensure implementation rights of children, to the maximum extent of available resources and where needed within the framework of international cooperation.

68. Every financial year the Government of Jamaica together with its international development/funding partners identify and fund programmes and services geared towards improving allocations towards achieving important child-related goals. Ten years of budget analyses, “What’s in the Budget for Children”¹¹ revealed that social services typically accounts for less than one-fifth of the national budget. Efforts are made to increase this spending on services for children. There are difficulties associated with this however due to a number of financial and economic stringencies and constraints facing the Government.

69. It is difficult to evaluate the full impact of budgeted programmes, plans and policies. However indicators such as improved mortality rates, increase in persons accessing social support services and health programmes, increase in reporting and dealing with child abuse, increase in the number of children returned to their homes from alternative care, gives some assurance of success.

70. The Government of Jamaica through its planning arm the Planning Institute of Jamaica (PIOJ) established a Social Investment for Children Initiative (SICI) in 2004. The SICI Working Group is comprised of public sector agencies, the University of the West Indies, JCRC and other NGOs with UNICEF as the driving force.

71. A review of budget documents and financial records for the period 2003-2006 commissioned by SICI and conducted by the Sir Arthur Lewis Institute of Social and Economic Studies (SALISES) was used to determine fiscal expenditures on services for children.

72. The review¹² noted that some programmes such as Early Childhood and Paediatric Care are clearly designed exclusively for children but there were many however which cater to both children and adults such as National Youth Service, Libraries, Emergency (hospital) Services and so on. Without a detailed audit/decomposition of these programmes it became difficult if not impossible to estimate the share of expenditure on programmes specifically for children. A crude estimation concluded that more than 16 per cent of recurrent expenditure and a little less than 1 per cent of total capital expenditures are targeted to children at the various stages of their life-cycle primarily in the forms of educational and health services. This is equivalent to 10-11 per cent of the total fiscal resources.

Table1.4

Real Budget Expenditure on Children ‘000 J\$

(Constant value in 1996 dollars)

<i>Fiscal Year</i>	<i>2003/04 (actual)</i>	<i>2004/05 (revised)</i>	<i>2005/06 (approved)</i>
Budget expenditure on children	14,380,558.07	13,301,991.43	12,019,067.07

¹¹ A special project initiated by the Jamaica Coalition the Rights of the Child (JCRC) and implemented through funding from UNICEF.

¹² Witter, Invest in Our Children – Build Our Nation - A Review of Economic and Social Investments for Jamaican Children (2007).

Source: Witter 2006, based on Estimates of expenditure, as presented to House of Representatives, 31 March 2005, Taken from: National Progress Report 2004-2006 On Jamaica's Social Policy Goal.

73. Since the establishment of this partnership between NGOs, UNICEF and the Government much has been achieved especially in the area of capacity building for staff in the various agencies. Forty (40) persons including young persons and policy makers were trained in budget analysis and advocacy with assistance from South African experts. The introduction to participatory budgeting has done much to demystify the intricacies of the budget process. In addition, Jamaica was among the first countries if not the only country to date to successfully introduce a post-graduate course in Social Investment for Children at the university level, now in its third year.

Bilateral and technical assistance

74. The GOJ receives funding from some key bilateral partners such as the World Bank, The Inter-American Development Bank (IADB), USAID and UNICEF to finance its programmes for children. This financial assistance is available both in the form of grants and loans.

75. The World Bank has provided the GOJ with a loan of J\$2.6b to implement the Social Protection Project 2008-2013, the primary focus of which is to increase the conditional cash transfer (CCT) received by poor families with children. The IADB is supporting the Government in its education transformation efforts and USAID continues its work in literacy improvement in some of the country's lowest performing schools to strengthen literacy and numeracy.

76. Expectedly, the UNICEF Country programme in Jamaica supports several initiatives focusing exclusively on children and the "realisation of children's rights to survival, development, protection and participation".¹³ This is done, inter alia, via the 'strengthening of implementing capacities' through the provision of technical assistance to key GOJ agencies where requested. This technical assistance has primarily been in the areas of:

- (a) Advocacy, Public Policy and Partnership: to strengthen national capacity to promote and to protect child rights through partnerships, data driven advocacy, interventions to improve national social statistics systems and institutionalise child participation;
- (b) Children and HIV/AIDS: prevention and care;
- (c) Child Protection: to improve the country's capacity to further reduce violence, abuse and neglect of children;
- (d) Early Childhood Development: and support for the provision of quality education and health care to protect the best interests of the child.

77. The total funded budget for UNICEF as at December 12, 2009 was US\$2,838,896 (equivalent to J\$253,371,468) and the funds were allocated per programme as presented below:

- Advocacy, Public Policy and Partnerships programme: US\$350,363
- Children and HIV/AIDS programme: US\$865,287

¹³ UNICEF: Mid-Term Review Report: 2007-2011 Country Programme of Cooperation, GoJ/UNICEF.

- Child Protection programme: US\$485,661
- Quality Education and ECD programme: US\$861,567
- Cross-sectoral/Operations programme: US\$276,018

As at December 31, 2009, a total of US\$2,461,252 (J\$219,666,741) was obligated/spent.

1.7. Dissemination of information on the Convention

Recommendation in paragraph 20 of the Committee's concluding observations

The Committee recommends that the State continue to strengthen its awareness-raising efforts and encourages the Government to undertake systematic education and training on the rights of the Convention for all professional groups working for and with children in particular parliamentarians, judges, lawyers, law enforcement officials, civil servants, persons in the correctional services, teachers and health professionals including psychologists and social workers as well as children and their parents.

78. Various methods have been utilised by the Government to promote awareness of the principles and provisions of the Convention over the period, in keeping with Convention art. 42.¹⁴ Although there is currently no comprehensive, systematic or permanent information campaign with regards to promoting child rights, the Child Development Agency, the Office of the Children's Advocate and the Caribbean Child Development Centre are the primary Government agencies undertaking such training among staff members, social workers and caregivers from the various types of residential facilities. In addition to improving awareness of the Convention the Government also conducted major public education campaigns to create awareness of the Child Care and Protection Act and its tenets and the programmes of the CDA to assist in improving the effectiveness of the legislation. (see Table 1.5)

Table 1.5

Child Development Agency: Public Education and Community Outreach Activities April 2004-December 2009

<i>Years</i>	<i>Number of sessions held</i>	<i>Persons impacted</i>	<i>Summary of topics</i>
2009/10 (As at December 31, 2009)	528	38,812	<ul style="list-style-type: none"> • Child Care and Protection Act • Child Abuse (causes, prevention and impact on children)
2008/09	733	39,321	<ul style="list-style-type: none"> • Mandatory reporting under the CCPA
2007/08	227	12,783	<ul style="list-style-type: none"> • Better Parenting Practices
2006/07	297	16,663	<ul style="list-style-type: none"> • Roles and Responsibilities of the CDA
2005/06	381	250,000 ¹⁵	

¹⁴ This article requests that States parties make the principles and provisions of the Convention widely known to adults and children alike.

¹⁵ Represents the increased numbers impacted as a result of public education campaign introducing the Child Care and Protection Act in 2005-2006.

<i>Years</i>	<i>Number of sessions held</i>	<i>Persons impacted</i>	<i>Summary of topics</i>
2004/05	500	32,726	<ul style="list-style-type: none"> • Responsibilities of children and adults in the child protection sector • Convention on the Rights of the Child • Best Interests principles • Adoption services • Living in Family Environment Programmes
Total	2,666	390,305	

79. A number of promotional materials were also prepared and distributed during the reporting period:

- 2,000 copies of the CDA Directory of Services;
- 1,000 copies of the Child Care and Protection Act;
- 13,000 brochures on the Child Care and Protection Act;
- 3,000 copies of the Child Care and Protection Implementation Handbook for Professionals;
- 160,000 Child Care and Protection Act Child Friendly Handbook for children 13-17 years;
- 35,000 of 50,000 Child Care and Protection Act Child Friendly Handbook for children 7-12 years;
- 6,000 Act Right Posters and Safety Tips flyers;
- 200 “Special Edition – ‘No More Smalling Up’” posters;
- 3,000 “dos” and “don’ts” of Preventing Physical and Emotional Abuse brochure;
- 4,000 flyers promoting Foster Care programme;
- 3,000 brochures and flyers on related material on parenting, child care and protection, child abuse prevention, etc.

80. A series of public education programmes were pursued during the period via:

- Print and electronic media;
- Community based programming including presentations to civic and parent teachers’ association meetings.

81. In addition, the University of Technology offers a course in child care and development, a component of which focuses on children and the law.

Specific child rights education and training

82. The Caribbean Child Development Centre (CCDC) (University of the West Indies Open Campus) through funding from UNICEF developed and initiated a training course entitled: “Child Rights and Responsibilities” for various professional groups. The course was piloted during 2009 with two such groups being trained. These groups included the police, social workers, children’s officers and other professionals that interface with children on a regular basis. Twenty (20) social workers and police officers and twenty-one

(21) children's officers of the Child Development Agency received training during the pilot phase. The course modules focused on the following:

(a) **Relevant Treaties, Laws and Policies** – a brief theoretical background of human rights and child rights instruments and how they are translated into local law, policy and best practices;

(b) **Best Interests of the Child** – Balancing Rights with Responsibilities - a guide to incorporating the principles of the Convention, in particular the best interests principle and child participation;

(c) **Practical Considerations for a Rights-based Approach in Jamaica** – developing child-centered service approaches that are rooted in promoting and serving each child's best interest, taking into account the child's opinions, culture and community;

(d) **Meaningful Child Participation** – providing participants with effective tools and techniques to facilitate child participation and support inter-sectoral initiatives including advocacy that focus on the best interests of each child.

83. The success of the course has prompted commitments from UNICEF for its continuation. Discussions are in progress towards ultimately offering the course at the postgraduate level at the University of the West Indies.

84. **The Bureau of Women's Affairs (BWA):** a Government agency which targets women and girls assisted with the dissemination of information through workshops and seminars within the various ministries and a special workshop was conducted with Resident Magistrates on three main conventions: the Convention on the Elimination of All Forms of Discrimination against Women, The Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Convention of Belem do Para) and the Convention on the Rights of the Child. The BWA also does extensive work on matters relating to childcare and protection through partnership with child rights advocates and attorneys.

Civil society dissemination, public education and child rights training activities – dissemination of information

85. Civil society organizations have assisted by educating the population on the Convention and the CCPA. The Jamaica Coalition on the Rights of the Child through its members has led the way in this regard. Its member agencies are mandated to incorporate the principles and provisions of the Convention into their policies and programmes. Consequently activities of these agencies are always under-girded by the Convention.

86. The JCRC has over the period provided a wide range of reader-friendly material for both adults and children on the Convention and the CCPA through funding from UNICEF and other partners. There was collaboration with the CDA with regard to dissemination of some of the information developed.

87. Over the period the organization conducted island-wide dissemination of the following:

- 44,000 copies of "Rights and Responsibilities" – a practical guide for parents on the implementation of the Convention;
- 10,000 copies of "Protecting Myself" – a simple book teaching children to protect themselves;

- 12,000 copies of “Teachers Making a Difference” – a guide for teachers in promoting the child’s right to protection and outlining their responsibilities under the CCPA.

88. With the assistance of USAID/MSI (Jamaica) project the organization printed and disseminated:

- 20,000 copies of “You Have a Right to Care and Protection” – a child friendly version of the CCPA;
- 10,000 copies of “What Everybody Needs to Know About the Child Care and Protection Act”.

89. The organization has prepared two (2) additional books based on the principles of the Convention but these have not yet been printed. These are as follows:

- “Creative Discipline” – alternatives to corporal punishment;
- “Child Rights in Action” – which chronicles the experiences of promoting child rights in primary schools across the island over a four-year period.

Education and training

90. The JCRC as the lead-agency also developed and implemented a wide range of public education and training initiatives over the period under review. Among them:

- Accepting over 120 invitations (rural and urban) over the period under review to provide information and training on child rights and the new Child Care and Protection Act at several workshops and training sessions around the island. Categories of persons involved included personnel in Children’s Homes, Parent Teachers Associations, Professional Groups, and Service Clubs;
- Piloting the public education components of the Social Investment for Children Initiative;
- Partnering with the media to publish articles on the Convention as well as highlighting the many issues affecting children.

Dissemination of the concluding observations

91. Following the receipt of the concluding observations in 2003 the Planning Institute of Jamaica conducted a series of meetings with stakeholders in an effort to call attention to the concerns and recommendations of the Committee. In addition a press conference was conducted where copies were circulated to the media houses.

Dissemination of concluding observations by civil society agencies

92. A total of sixteen (16) copies of the concluding observations were disseminated in 2003 by the JCRC through its member agencies. Nineteen (19) copies were circulated to Members of Parliament and key GoJ agencies and one (1) copy was sent directly to the Prime Minister. The Office of the Prime Minister responded promptly, which re-energized interest and attention and assisted in fast-forwarding the conclusion of the legal reform process culminating in the enactment of the CCPA in 2004.

(For additional data related to Theme 1, see Annex: Tables 1-A1 to 1-A2)

Box 1

Children's Knowledge of Child Rights

During the consultations with children, their knowledge of child rights was assessed. It was found that:

- The majority of children knew about child rights but less than half of them were aware of the association between child rights and the Convention;
- Approximately 40 per cent of them knew about the existence of the Child Development Agency, the Children's Advocate and the Child Care and Protection Act.

Additionally, children felt that:

- Campaigns to promote child rights were not effective as most were one-off efforts and not consistent enough to place the rights of the child at the forefront;
- The rights of the child should be placed in highly visible public places;
- To create rights was easy but to enact, implement, monitor and evaluate was the hard part.

In order of importance, the rights that children felt were most critical were:

- The right to education and development;
- The right to participate;
- The right to survival.

Box 2

Jamaican Children Speak about Child Rights and Responsibilities**About Rights ...**

"Most children do not know their rights"

"Children are not taught about their rights"

"Parents do not like children to know about their rights"

"Every parent should know about the rights of the child"

"I'm thinking about the rights that parents should love their children but if the child is not behaving some parents abuse the child, and beat them and things like that happen"

"Fixing the laws won't make a difference unless the public is educated"

"The Government is doing pretty well because otherwise you wouldn't be here"

"Government isn't doing enough, it's almost as if it's doing nothing"

"The Government should use the lottery game to provide money for programmes, and for health"

"We shouldn't blame Government for not doing enough, sometimes the parents need to do more"

"The Government is not always doing a good job. They're borrowing too much money and we have to pay it back and they raise taxes so poor people can't buy food."

About Responsibilities ...

“Children have the responsibility to work hard so that they can achieve their goals”

“Part of children’s responsibility is to appreciate what they’re given”

“Children must participate in class because it’s their future”

Box 3**Case study:¹⁶ The Child Rights Awareness Building Project – a successful NGO/GoJ collaborative venture funded by UNICEF and the Environmental Foundation of Jamaica**

As part of its strategic thrust the JCRC developed and initiated a special Child Rights Awareness Building project in collaboration with UNICEF and the Environmental Foundation of Jamaica over a four-year period (2002-2006). The organization established a strong three-pronged partnership with primary schools island wide and the Children’s Officers of the Child Development Agency – the primary Government agency working for and with children with officers posted in branches located in all the major towns. The aim was to develop strategic interventions that would promote more sustained change in attitudes, behaviour and lifestyles of the many individuals and groups who are responsible for the survival, development and protection of the children of Jamaica. To facilitate the process the Ministry of Education gave permission for schools to participate. Schools were therefore encouraged to establish Child Rights Centres in an effort to assist in providing opportunities for increased interaction with the large number of schools across the island. The project team established hubs in schools at strategic locations from which child rights and other such information can be quickly disseminated.

The project assisted in bringing a new awareness of the issues that affect our children and inspired the teachers to respond by incorporating simple child rights sub-projects into regular school activities. These projects assisted in tackling the many challenges that face the children and at the same time promoted respect for their rights as valuable citizens. In addition, it introduced teachers to their responsibilities under the new Child Care and Protection Act. Children’s Officers become an integral part of the project and as a result they were able to assist teachers more readily as new relationships developed. The influence of the project was not confined to children and teachers but extended to embrace parents, community members, and several other stakeholders.

At the outset 628 teachers representing 389 primary schools and 34 Children’s Officers island-wide attended initial sensitization workshops. There were about 81 schools volunteering to become Child Rights Centres in the early stages. Of the 81 schools volunteering initially, forty-five (45) developed Action Plans around issues affecting children. The process involved each school identifying problems that are responsive to manageable solutions. Subsequently teachers were trained in problems analysis, project identification, development and implementation. A feature of implementation of projects was the partnerships between school, parents, community and diverse stakeholders.

Evaluation showed that the following positive impact was achieved:

- Parenting practices improved as a result more parents became strong supporters of schools activities;
- Absenteeism reduced and attendance increased by an average of 27 per cent;
- Several schools introduced nutritional programmes with the support of local businesses;

¹⁶ JCRC’s Annual report-2006.

- Modification to school infrastructure to accommodate programmes such as computer education, recreation and parent education;
- Teachers, parents and children became more aware of the Convention, the CCPA and various services available for the benefit of children through the wide range of information disseminated.

2. Definition of the Child

Convention on the Rights of the Child:

- **Article 1:** A child is every human being below the age of 18 years unless the law of the country states otherwise.

Recommendation in paragraph 22 of the Committee's concluding observations

- Raise the minimum age of admission to employment to comply with international standards and undertake awareness-raising campaigns.
- Raise minimum legal age of criminal responsibility to an internationally acceptable age.

93. The Government of Jamaica fortified its resolve to protect the rights of the child and as a result has done much work to synchronize the various legal minimum ages and to raise minimum age of admission to employment, bringing them more in line with the Convention and with International Labour Organization (ILO) Conventions 138 and 182 ratified by Jamaica in 2002. In Jamaica children account for just over one-third of the population as Tables 2.1 and 2.2 outline.

Table 2.1

Child Population 2004-2007 by Sex

<i>Time period</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Per cent</i>
2007	449,123	469,552	918,675	34.30
2006	457,085	476,403	933,488	35.10
2005	464,246	482,082	946,326	35.70
2004	471,015	487,412	958,428	36.30

Table 2.2

Population: 0-19 years 2004-2007 by Age Group

<i>Year</i>	<i>0-4 yrs.</i>	<i>5-9 yrs.</i>	<i>10-14 yrs.</i>	<i>15-19 yrs.</i>
2007	226.4	254.4	278.1	249.9
2006	229.7	264.9	277.6	250.2
2005	237.5	269.7	277.3	250.5
2004	244.3	277.2	276.7	250.7

Source: PIOJ (2007) Social and Economic Survey of Jamaica.

94. **The Child Care and Protection Act 2004 (CCPA)** introduced groundbreaking new provisions to address child labour issues. Section 33 “prohibits the employment of a child

under the age of 13 years in the performance of any work”. Section 34 subsection (1) of the Act outlines that “no person shall employ a child who has attained the age of thirteen years but who has not attained the age of fifteen years in the performance of any work other than in an occupation included on the list of prescribed occupations referred to in subsection (2)”. This sub-section also outlines the list of prescribed occupations as follows:

- “Consisting of light work such as the Minister responsible for labour considers appropriate for the employment of any child of the age referred to in subsection (1);
- Specifying the number of hours during which the child may work and the conditions under which such a child may be so employed”.

95. Subsection (3) outlines that “no person shall employ a child:

- In the performance of any work that is likely to be hazardous or to interfere with the child’s education or to be harmful to the child’s health or physical, mental spiritual or social development;
- In night work or an industrial undertaking”.

96. Children 15 years and over must not perform work that is likely to be hazardous, interfere with their education, or be harmful to their health or physical, mental, spiritual or social development. They must not be employed “in night work” or “an industrial undertaking” (e.g. mining, working in a cigarette factory, manufacturing, construction or transportation of passengers or goods).

97. Children under 18 are prohibited from working in nightclubs and establishments that sell or serve alcohol or tobacco, and from begging on the streets. In addition it is also an offence for a child to be used for an indecent or immoral purpose and to knowingly rent or allow one’s premises to be used for these purposes.

98. Children detained in correctional centres, serving community service order, or pursuing school related activities are allowed to do work that is not likely to be hazardous, interfere with their education, or harmful to their health, physical, mental, spiritual or social development.

99. The Act in Sections 33-39 makes provision for persons who are found in violation of the law to be brought before the Courts. “Violators can be charged up to a maximum of J\$500,000.00 or face imprisonment for six (6) months to a year at hard labour” for violation of these labour laws. One proposal under the draft Occupational Health and Safety Bill is to increase fines to a maximum of J\$1,000,000.00. Nightclubs employing children are also subject to the revocation of their operating licences in addition to heavy fines.

100. All persons are obliged to prevent child labour and report it immediately to the relevant authorities the Police, the Family/Children’s Court, the Government agency responsible for children, currently the Child Development Agency; the Ministry of Labour and/or its Labour Inspectors).

101. A person may enter into a marriage legally at 16 years of age with the consent of a parent or guardian except in the case of a widow or widower or at 18 years of age without the consent of any other person. Section 3 (2) of the Marriage Act states that: “A marriage solemnized between persons either of whom is under the age of 16 years is null and void”.

102. The National Plan of Action on Child Labour is also an outcome of the Child Care and Protection Act and is incorporated under the “draft Occupational Health and Safety Bill”.

103. The age of criminal responsibility remains at twelve years for both boys and girls. Section 63 of the Child Care and Protection Act outlines that “it shall be conclusively presumed that no child under the age of twelve year can be guilty of any offence”.

Box 4

Jamaican Children Speak ... who is a child?

“Children should be going to school ... 16 is too early to work”

“A 16 year old is not ready to be working in the real world”

“Education being compulsory until 16 is a big flaw in the law”

“Thumbs down to criminal responsibility at 12”

“Criminal responsibility should be moved up to 18” or

“Maybe the age should move from 12 to 16”

“I believe that until you’re 18 and if you have committed a crime you should be sent for rehabilitation rather than to jail”

“Children should remain children. They must wait to develop to act as adults. They must wait until they are 18 to take on certain responsibilities. Age of consent should be lifted from 16 to 18.”

(For additional data related to Theme 2, see Annex: Tables 2-A1 to 2A2)

3. General principles

Convention on the Rights of the Child:

- **Article 2:** Government to take appropriate measures to ensure that children are protected from all forms of discrimination;
- **Article 3:** The “best interests of the child” must be a primary consideration in all actions affecting the child;
- **Article 12:** The child’s right to express freely views and opinion;
- **Article 6:** The Right to Life and Survival.¹⁷

3.1. Non-discrimination

Recommendations in paragraphs 24 and 25 of the Committee’s concluding observations

The Committee recommends that the State amend legislation including the Constitution to ensure inclusion of Article 2 with special attention paid to:

¹⁷ This principle is dealt with under -Theme 6: Basic Health and Welfare.

- Children with HIV/AIDS;
- Children with disabilities;
- Equality between boys and girls.

The Committee further requests that specific information be included in periodic report re: follow-up on the Declaration and Programme of Action adopted at 2001 World Conference against Racism.

104. Despite the many efforts, discriminatory practices still persist against certain groups in Jamaica. Included among these groups are children affected by and living with HIV and AIDS and children with disabilities.

105. The Early Childhood Act and Regulations (2005), which applies to children under eight years old, prohibits discrimination against children with disabilities who are attending Early Childhood Institutions. Although crafted to ensure protection of children, as was said previously, the Child Care and Protection Act (CCPA) has no specific provision for children affected by or living with HIV and AIDS or children with disabilities. However it provides blanket protection for every single Jamaican child regardless of colour, status, religion or class. Awareness raising campaigns in the media have also done much to remove the stigma associated with children with disabilities and children with HIV and AIDS and to combat discrimination against them. Services for these children are usually provided by a combination of the State, NGOs and other private voluntary organisations.

106. Despite this, children with HIV and AIDS or who have been orphaned or live in households affected by HIV and AIDS continue to face discrimination in schools and communities. HIV positive parents, who do not disclose their status for fear of losing their jobs or being socially rejected, compound this issue. As a result of this non-disclosure, some of these families do not receive adequate care and support, and in some cases children drop out of school as the economic circumstances deteriorate due to illness or death of the main income earner. To assist in combating discrimination several policy initiatives have been developed. Among them are the National Policy for HIV/AIDS Management in Schools and the National Workplace Policy on HIV/AIDS. In addition public education, in particular the recent thrust of featuring HIV positive individuals in advertising campaigns has done much to remove the stigma associated with HIV and AIDS.

The National Policy for HIV/AIDS Management in Schools

107. In an effort to prevent any further discrimination of children with HIV and AIDS and to ensure that responses to their concerns are appropriate, timely and focused, GOJ provided leadership in the development and implementation of a policy on the management of HIV and AIDS in schools. The policy applies to all educational institutions that enrol students in one or more grades and at all levels and ensures that the rights of students and employees are protected. Among its objectives is instilling non-discriminatory attitudes towards persons with HIV and AIDS.

108. Where discriminatory practices persist, the Guidance and Counselling Unit of the Ministry of Education intervenes and offers support by identifying alternative schools that will accommodate and continue the education of these children.

Children with disabilities

109. Increased public education over the years has brought a greater awareness and recognition of the potential of children with disabilities and the need for support services for their families and caregivers. This awareness has helped to significantly reduce stigma and as a result discrimination has lessened. Jamaica has no current policy focusing specifically on children with disabilities, but there is a National Policy for Persons with Disabilities which by extension covers the needs of children.

110. In 2006 the OCA received complaints from advocates for children with disabilities concerning the inability to find school places for children who were coming out of the Early Stimulation Programme at age six years. The OCA had discussions with the sector and identified the many challenges facing these children. Following these discussions thirty (30) school places were found for children at the primary level. The lack of access to educational programmes for children with special needs within their home community continues to present financial barrier for many families which result in these children being denied a formal education.

111. Additionally, there are a number of residential childcare facilities, which provide special care for children with physical disabilities. These are predominantly private operators. Children with learning and mild mental retardation are usually accommodated in regular children's homes and places of safety. In respect of the Deaf¹⁸ significant strides have been made in the past decade towards recognition of Jamaica Sign Language (JSL) and its vital importance to the education of deaf children. A strong partnership now exists between the Ministry of Education (Special Education Unit), Schools of the Deaf and the Jamaica Language Unit of the University of the West Indies for promoting the bi-lingual approach to Deaf Education.

112. In addition the Convention and the Convention for Persons with Disabilities has prompted the use of the rights-based approach to dealing with the issues of children with disabilities and the management of children with special needs. As a result the development of the Policy on Special Education focuses on provisions and principles enshrined in these agreements.

Gender equality issues

113. Gender equality issues emerge in education where at the primary level completion rate is 97.6 per cent for girls and 91 per cent for boys. Overall women have a higher literacy rate than men (91.1 per cent to 80.5 per cent in 2007)¹⁹ and girls outperform boys at every level of the education system. Research shows that socialization in the home along rigid gender stereotypical lines produces different educational outcomes for girls and boys. For boys, male privileging prevails whereby boys are given less tasks and responsibilities and allowed to go outside with limited supervision, whereas girls are given domestic chores and kept inside. Such patterns are manifested in the education system whereby girls are more prepared to handle routine and responsibility than boys.²⁰

¹⁸ Interview with Iris Soutar – Jamaica Association for the Deaf (JAD).

¹⁹ UNESCO Institute for Statistics.

²⁰ Odette Parry, *Male Underachievement in High School Education in Jamaica, Barbados and St. Vincent and the Grenadines* (2000).

114. Additionally, the notion of the male as primary economic provider and male perceptions of the irrelevance of the education system to existing labour market opportunities (including the informal economy and illegal activity) also push young men into earning at an early age. Within the school system causes are thought to include pedagogy, the traditional bias towards academic subjects and the social stigma still attached to skills training geared to boys, and the gender bias of some teachers exhibited in more punitive measures towards boys.²¹

Rastafarian children

115. Rastafarian as well as children of all the other faiths and beliefs enjoy all the rights entitled to all other children in Jamaica. On request from parents they may be exempted from participating in religious meetings in school that do not accord with their beliefs.

Box 5

Jamaican Children Speak About Discrimination

The Children felt that:

- As a country we were tolerant of minority groups – Indians, Chinese, Arabs;
- As a country, Jamaica has done a good job of not discriminating against people based on religion or customary dress, hair style.

There was “a lot of discrimination to poor people by rich people, but that the Government could not do anything about that”.

3.2. Best interests of the child (Art. 3)

Recommendation in paragraph 27 of the Committee’s concluding observations

The Committee recommends that the State ensure that the best interests principle is reflected in all relevant legislation, policies and programmes for implementation of Convention.

116. The first of the four objectives of the Child Care and Protection Act (2004) focuses on promoting the best interests, safety and well-being of children. It states clearly that the “evolving capacity” of the child is a factor, which should be taken into consideration in determining the child’s best interests. This means if the child is of sufficient age and maturity with the capability of forming his/her views, those views are to be given due weight in accordance with the age and maturity of the child. To facilitate this, the Act creates a “new freedom of expression” in court proceedings.

117.

²¹ Barbara Bailey, “Gender and Education in Jamaica: What About the Boys?”, Education for All in the Caribbean: Assessment 2006 (UNESCO monograph series). Ibid.

The Act also outlines clearly what is meant by the best interests of the child in Section 2 (2) (3). Additionally in interpreting the Act, the paramount consideration is the “best interests of the child” which is guided by the following principles outlined in Section 2 (3) of the Act as follows:

- (a) “Children are entitled to be protected from abuse, neglect and harm or threat of harm;
- (b) A family is the preferred environment for the upbringing of children and the responsibility for the protection of children rests primarily with the parents;
- (c) If with available support services, a family can provide a safe and nurturing environment for a child, support services should be provided;
- (d) Where the child is of sufficient age and maturity so as to be capable of forming his or her own views, those views should be taken into account when decisions relating to the child are being made;
- (e) Kinship ties and the child’s attachment to the extended family should be preserved if possible; and

Decisions relating to children should be made and implemented in a timely manner”.

118. The CCPA is a comprehensive legislation covering a wide range of items, guided by the “best interests” principle. It highlights such elements as:

- (a) The safety of the child;
- (b) The child’s physical and emotional needs and level of development;
- (c) The importance of continuity in the child’s care;
- (d) The quality of the relationship the child has with a parent or other person and the effect of maintaining that relationship;
- (e) The child’s religious and spiritual views;
- (f) The child’s level of education and educational requirements;
- (g) The evolving capacity of the child;
- (h) The effect on the child of a delay in making a decision.

119. While the “best interests” principle is not explicitly enunciated in many laws, policies, and programmes pertaining to children, the idea is intrinsically intertwined and those agencies with a primary focus on children such as the CDA and the OCA have adopted the “best interests” principle as their under-girding theme. In addition, there have been several cases of judicial decisions taken regarding children, e.g. in custody applications, that utilize the best interests principle in arriving at a decision.

120. Public education and training have also been conducted for parents, professionals and other service providers to share methods in applying the best interests principle at home, in schools and in their communities. Examples of this are the Child Rights Campaign undertaken by NGOs and workshops by Government agencies such as the CDA and the Early Childhood Commission.

Box 6

Children speak ...“always act in the best interests of the children”

“Parents shouldn’t bring their child into a violent or otherwise unsuitable environment but should try to develop a positive environment”

“Family environment is more than just a place to sleep”

“Love is very important to a child because once the child is loved there is nothing that can stop them in getting a good education”

“Make sure that the children are loved and appreciated by the people around them”

“When parents can’t take care of their children the Government ought to step in”

“Harsher penalties for the person exploiting the children, Government should intervene more, better enforcement”

“Parents should be forced to accept their responsibility”

3.3. Views of the Child

Recommendation in paragraph 29 of the Committee’s concluding observations

In light of article 12 of the Convention 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 Committee.

121. Efforts have been made over the period to ensure that the views of children are “given due consideration in courts, schools, family, relevant administrative processes and within families” in keeping with the recommendation in paragraph 29.

122. In this regard, the Office of the Children’s Advocate provides legal representation in court for all children and receives and conducts investigations into reports made by or on behalf of children. While children are allowed to give evidence in court this is subject to specific provisions of the CCPA regarding children of “tender years”.²² The CCPA defines a child of tender years as a child under the age of 14 years and allows the court to determine whether or not young children understand the nature of the oath, have sufficient intelligence to justify reception of the evidence and understand what it means to tell the truth. This evidence though received will not convict by itself, unless other material evidence corroborates it.

²² Section 20 – Child Care and Protection Act.

123. In addition the Act outlines the right of children to be informed in court proceedings in child-friendly language and where necessary through the use of an interpreter as is done in cases where children are deaf or hearing impaired, or where any other language barrier exists.

124. The accession of Jamaica to the Convention on the Rights of the Child has driven campaigns by both the Government and NGOs which have heightened awareness of the need for child participation. As a result persons have become more sensitive and more willing to listen to the views of children. The Child Development Agency reported a 25 per cent increase in child participation activities with roughly 40 per cent of care and protection facilities now incorporating child representatives at staff meetings.

125. Jamaica now has a strong legal framework upon which to build a culture of child participation. This remains a challenge however, as traditional and cultural practices do not readily accommodate and recognise the views of the child in homes, schools and communities. Despite this, agencies of the Government, who are directly involved in service delivery for children, have embraced the principle. For example both the Child Development Agency and the Office of the Children's Advocate have integrated children's consultations in their strategic planning and programme implementation activities.

126. In 2007 the Office of the Children's Advocate conducted five (5) such regional consultations. A total of 374 participants attended. Of that number 279 were children in the age group 6-12 years. There were 95 teachers, guidance counselors and principals. There were representatives from all 14 parishes of the island as noted in Table 3.1.

127. At that time the children voiced their main concerns as:

- **The issue of abuse:** which focused mainly on corporal punishment at home and at school;
- **Lack of rest, leisure time and recreation:** which highlighted the lack of opportunities for leisure and recreation "too much study" "not enough breaks" "no time for play". Some students from rural communities reported that their schools had no play areas;
- **Crime and Violence:** the children raised serious concerns regarding the impact of crime and violence, which was affecting their schools and their ability to move freely in some of their communities.

Table 3.1

Regional Consultations Conducted by Office of the Children's Advocate (2007)

<i>Consultations Conducted</i>	<i>Parishes Covered</i>	<i>Number of Children</i>	<i>Number of Teachers</i>	<i>Total Participants</i>
Montego Bay Wexford Court (Jan 27, 2008)	Hanover, St James, Trelawny, Westmoreland	68 Boys: 28 Girls: 40	22	90
Ocho Rios Village Hotel (February 20, 2008)	St Ann, St Mary, Portland	58 Boys: 19 Girls: 39	20	78
Mandeville Golf View (February 27, 2008)	Manchester, St Elizabeth, Clarendon	52 Boys: 23 Girls: 29	18	67

Spanish Town	St Catherine, Portmore	54		
Arian's Restaurant		Boys: 20		
(March 5, 2008)		Girls: 34	18	74
Kingston	Kingston and St Andrew,	47		
Knutsford Court Hotel	St Thomas	Boys: 16		
(March 12, 2008)		Girls: 31	17	64
Total		279	95	374

Source: Office of the Children's Advocate.

Some Successful Child Participation Initiatives Implemented by Government Agencies

(i) **Children's Management Day:** In an effort to build leadership skills and qualities the management team at the Manning Boys' Home coordinated a Children's Day in 2008 where the children were given the opportunity of managing the operations of the facility for a day. The initiative assisted greatly in improving relationships between the staff and the children as well as among the children themselves. Arrangements are far advanced for the establishment of Children's Councils in GOJ operated residential child-care facilities (Children's Homes and Places of Safety). In addition there is a Children's Panel that acts as an advisory group to the CEO of the Child Development Agency.

(ii) **Dramatization of the Child Care and Protection Act 2004:** The production of a 30 minute video titled "Man A Yaad ... Lawd" which brings to life the message of child rights in the face of child abuse and exploitation and what action to take when one suspects this activity. This audio-visual production was created using a team of children from the Lucea Primary School and was launched during Child Month 2009. Approximately 300 copies of the Digital Video Devices were produced of which over 250 have been distributed to date.

(iii) **The Child Development Agency's "Sweet Sixteen Essay Competition":** To commemorate Universal Children's Day 2007. Over sixty entries were received with the top three (3) winners invited to make presentations at the awards ceremony, which was covered by the electronic and print media. Winning entries were also posted on the Agency's website.

(iv) **Development of Child Friendly Materials:** The Child Development Agency in collaboration with UNICEF produced and distributed a child-friendly version of the Child Care and Protection Act targeting children in the age group 7-12 years and 13-17 years. Children from both age cohorts were consulted in drafting these child-friendly booklets. In addition prior to distribution island-wide over 7,000 children were allowed to participate in a survey (pre-test) to test their knowledge of the Act. Similarly a (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 the 13-17 age group have been distributed across the island.

(v) **Website Development:** Five children were utilized to guide the process of development of the CDA corporate website which was launched in 2006. The site can be used for both information, child-friendly edutainment and also provide a means of communication for those wishing to relay messages or to make suggestions on key services areas.

(vi) **Child Research Conference:** The Caribbean Child Research Conference has been held annually since 2006 and is a collaborative effort between the University of the West Indies, United Nations Children Fund, Caribbean Child Development Centre, Child Development Agency, Office of the Children's Advocate, Planning Institute of Jamaica and others. This conference provides opportunities for young researchers from secondary schools across the island to conduct research on a variety of child-related issues and present their findings at the conference. An outstanding child researcher is selected and awarded each year. An important feature is the number of children and young persons who are involved in the planning and implementation of activities of the conference. Children are allowed to chair sessions as well as the delivery of the keynote address.

(vii) **National Centre for Youth Development (NCYD):** During 2008, the NCYD coordinated the National Student Council Week under the theme "Positive Students Stepping Towards Greatness". Activities focused on promoting the voice of the youth on issues that affect them such as the re-integration of teenage mothers in the formal secondary school system, the use of cellular phones in schools and the use of metal detectors in schools.

(viii) **Jamaica Youth Ambassadors Programme (JAYAP):** The 2008-2010 Youth Ambassador Corps, comprising seven males and seven females, was appointed in May 2008. The Corps included 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.

(ix) **National Youth Month** is celebrated every November and provides young people with opportunities to participate in activities geared at improving their self-esteem and exposing them to positive role models. Approximately 15,000 youth participated in the Youth Month activities in 2008. Major activities included the National Youth Awards for Excellence and the staging of the 6th National Youth Parliament.

(x) **National Child Month Committee (CMC):** The CMC comprise a group of governmental and non-governmental organizations with responsibility for planning and executing of events to commemorate May of each year as Child Month. During the period, a Children's Expo is hosted where both service providers and service clubs engage children at all levels. There is a general promotion for children to play lead roles in church services, schools, the launch of the Child Month Activities as well as to act as keynote speakers at some of the activities organized by the Committee.

(xi) **National Secondary School Student Council:** This is a national body made up of student leaders from secondary schools. These leaders advocate for the rights of students and some are invited to sit on school boards. The Council also provides an avenue via which students can comment on topical national issues.

(xii) **Student Satisfaction Survey:** As part of the new school inspection model being implemented under the Education Transformation programme, students are surveyed regarding their views of their school. This information forms the basis on which school effectiveness is assessed.

128. In addition to the initiatives of the Government, many other initiatives were implemented by NGOs and other organizations in civil society.

Box 7

Jamaican Children Speak out about ... their Right to a Voice

“Children should be heard and be free to express their opinions. They should be able to give input on discussions without having fear of being hurt”

“Parents should be forced to accept their responsibility”

“There should be a law that says adults and caretakers should consider children’s opinion in making decisions“

“Children should be able to talk about things that they don’t like and things that affect them”

“Parents refuse to speak to their children openly and many children are scared to talk to their parents.”

“Parents and children should have a close environment and parents should make children comfortable to express themselves”

Box 8

Case study:²³ The Power of Youth Advocacy – The JCRC Youth Advocates

The JCRC partnered with UNICEF to develop a corps of Youth Advocates, which was officially launched on Universal Children’s Day, 20 November 2001. The aim was to provide adolescents in the age group 13 -18 years with a forum to facilitate dialogue and discussion of the many issues that affect them in a safe non-judgmental environment.

Thirty (30) adolescents from a variety of institutions and agencies which included primary and high schools, children’s homes and places of safety, youth groups and children with disabilities participated in the project. Activities were youth-driven and were based on the concepts that emanate from Articles 12 and 13 of the Convention, which promotes the participation of children and youth in the search for solutions to the many problems they encounter.

Under the theme: ‘Promoting the Best Interests of Every Child Everywhere’ the Youth Advocates developed and implemented a variety of programmes and projects aimed at:

- Educating children and youth about the Convention;
- Sharing their own concepts of the best interests principles;
- Drawing attention to the special needs of children;
- Supporting Government in their effort to improve the quality of life for children;
- Advocating for policy and programme initiatives to enhance their development as well as the enforcement of sanctions against violations of child rights;

Methods employed by the Youth Advocates included:

- Dialogue – interfacing with children and youth in Children’s Homes, Places of

²³ JCRC Annual Report (2005-2006).

Safety and Juvenile Institutions;

- Action Research – special projects in relation to implementation of the Convention;
- Networking – collaborative work with a wide cross-section of agencies;

Major achievements included:

- Successful collaboration with UNICEF to implement the “Say Yes Campaign for Children” in 2001;
- Youth Advocates conducted several Convention training sessions in schools in rural Jamaica;
- 30 Youth Advocates participated in a summer training funded by UNICEF where they received training in skills and techniques of advocacy;
- Interacted with children considered “at risk” in several Children’s Homes and Places of Safety including:
 - Musgrave Girls Home;
 - Hilltop Juvenile Correctional Centre (maximum security institution for boys);
 - Rio Cobre Juvenile Detention Centre (conducted Child Rights Workshop);
- Designed and developed special project for Universal Children’s Day-2001 that showcased the talents and potential of children and youth considered “at risk” from Juvenile Centres and Places of Safety and Children’s Homes island wide;
- Participated in the UNICEF/UNFPA ‘Promoting Adolescent Development and Participation’ Project (Youth Advocates translated a study on adolescent behaviours into child-friendly language. The findings were then shared with youth in regional workshops and feedback garnered for use in discussions with policy makers. (Considered a best practice);
- Three Youth Advocates were selected as ‘Youth Facilitators’ for Child Month Training Workshop for the Kiwanis Club of New Kingston;
- Youth Advocates invited to be guests on radio and television news and events programmes;
- Organized and participated in Universal Children’s Day-2002 street demonstrations to call attention to issues related to community violence and its impact on children and presented a list of priority areas to the Government requesting urgent attention to some specific issues affecting children and calling for the urgent appointment of a public defender for children (this activity received extensive media coverage using the voice of the children).

4. Civil rights and freedoms

Convention on the Rights of the Child

Article 7: Birth registration, name and nationality, to know and be cared for by parents;

Article 8: Identity, including nationality, name and family relations;

Article 13: Right to freedom of expression, to seek, receive and impart information and ideas;

Article 14: Freedom of thought, conscience and religion, parental right and duty to provide direction;

Article 15: Freedom of association and peaceful assembly;

Article 16: Protection of privacy and protection of the law against interference or attacks;

Article 17: Access to information, materials, books and protection from injurious information;

Article 19: Protection from abuse and neglect;

Article 37(a): Children are not subjected to torture, capital punishment, and life imprisonment without possibility of release.

4.1. Birth registration (Art. 7)

Recommendation in paragraph 31 of the Committee's concluding observations

More effective enforcement of Registration Act and the facilitation of late registration.

129. Jamaica has made great strides in ensuring that the births of all children are registered. Consequently, birth registration levels are fairly high and have steadily exceeded 95 per cent for every year since 1992, with the exception of 2001 as noted in the 2003 concluding observations of the Committee. The 2004 Mid-Term Review of the UNICEF/GOJ Country Programme of Cooperation noted that for various reasons, 3-4 per cent of births each year go unregistered. It cites some of the reasons as follows:

- Mothers not given clear guidelines re registration process;
- Mothers think registration was linked to payment of hospital fees;
- Lack of a system to ensure that all births within institutions are registered and notifications of birth forwarded to the Registrar General within the legislated time.

130. A Vital Statistics Commission was established in 2004 with the mandate to address barriers to the accurate and timely production of vital statistics including increasing birth registration. By 2008 the Registrar General's Department (RGD) reported that approximately 1 per cent of births²⁴ went unregistered and its aim was to ensure full registration of all births by 2010. They have developed initiatives including road shows, media blitzes and special programmes aimed at increasing birth registration rates and to encourage fathers to add their names to their children's birth certificates. Since 1 January 2007 they have instituted bedside registration in public hospitals, which will gradually eliminate the problem of non-registration. Registration of births, and stillbirths, now take place at the bedside of the mother while still in hospital. This has led to significant improvements in the capture of these vital events. Trained registration officers, who are employed by the Agency, are stationed in all hospitals island-wide to carry out such registration. Vital information, including but not limited to, date of birth of child, sex of child, mother's name and doctor or midwife present at time of birth are captured for civil registration purposes.

²⁴ www.rgd.gov.jm.

131. Information from the RGD states that “bedside registration has not only reduced the incidence of children being registered without a name but it has also resulted in over 99 per cent registration of births occurring in hospitals”.²⁵ This is noteworthy since over 98 per cent of births in Jamaica occur in hospitals and birthing centers (see Table 4.1). These initiatives have resulted in 86 per cent of children named at registration and 54 per cent of fathers adding their particulars to their child’s birth certificates. This shows a significant improvement since the inception of these special initiatives in 2007.

Table 4.1

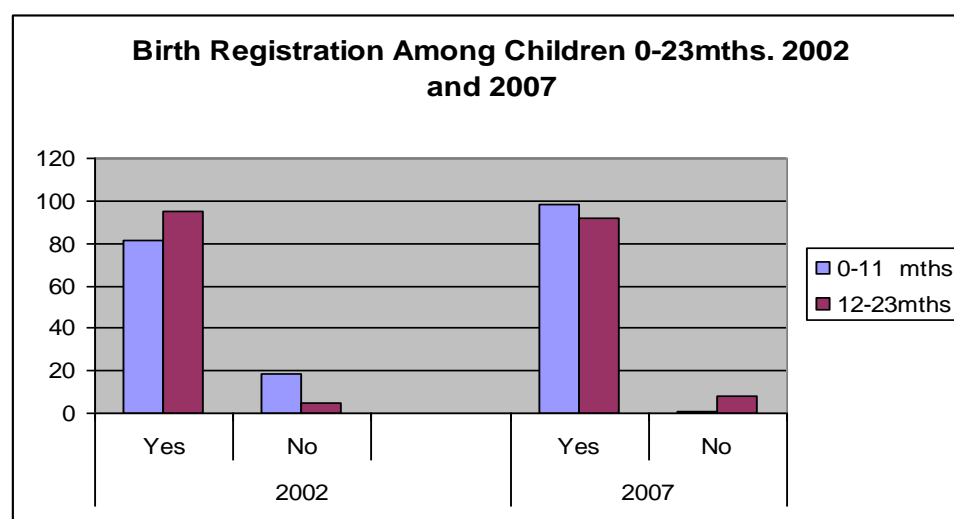
Type of Centres in which Birth occurred in 2003

		<i>Frequency</i>	<i>Per cent</i>
Valid	Home delivery	601	1.4
	Maternity Hospital	8,920	20.1
	Type A Hospital	6,433	14.5
	Type B Hospital	15,984	36.1
	Type C Hospital	9,944	22.5
	Private Hospital/Medical Centre	1,714	3.9
	Community Hospital	689	1.6
	Total	44,285	100.0

Source: Fox et al. (2003) Assessment of Birth Registration in Jamaica.

132. The Government of Jamaica, through the RGD, has also made great efforts to reduce the level of late registrations of births. The Agency has a continuing public education and communication programme which, inter alia, advises parents that registration of vital births should take place immediately or within three months after such occurrence. However, registration can be effected up to twelve months outside of this time limit and still would be regarded as being “on time.” Once twelve months have elapsed such a registration would be deemed “late” and can only be effected upon the Registrar General issuing an “Authority for Late Registration” to the Local District Registrar.

Figure 4.1

Birth Registration Among Children 0-23 months. 2002 and 2007

²⁵ www.rgd.gov.jm.

Source: Jamaica Survey of Living Conditions 2002 and 2007 dataset.

133. Children are now being registered at a younger age, as seen from the data in Table 10. In 2002, 81.6 per cent of children ages 0-11 months were registered and by 2007, this figure had increased to 98.6 per cent.

134. Data from the RGD also indicates that in 2003, 39.8 per cent of birth registrations of births took place in the month in which the birth occurred. The percentage was the same for 2004. The delay in registrations under one year but over three months indicates an improvement of 9.1 percentage points as there were 2,810 or 6.6 per cent such registrations compared to 6,809 or 15.7 per cent in 2003. This high level of early registration is facilitated by the fact that 98.1 per cent of live births occur in health care institutions.

135. Approximately 89 per cent of children are registered by their second birthday (Table 10). This accords to figures obtained from the RGD, which show that for the 2008/2009 financial year, of the 300,279 applications processed 2,072 or 0.62 per cent were for late registration. This represents a further decrease in applications for late registration when compared to 2007, which stood at 0.71 per cent of total application.

136. The Agency has been issuing free birth certificates to parents once the child is registered with a name within six weeks of birth; these certificates are being delivered to parents within three months of the birth date of the child. Up to the first quarter of 2009 a total of 13,655 free birth certificates have been printed for distribution.

137. In a bid to get thousands of nameless children registered in Jamaica, the Registrar General's Department (RGD) implemented the "Name the Child" project in September 2006. It lasted for one month and the RGD saw the naming of more than 12,000 of the 18,000 children who were targeted.

4.2. Violence/abuse/neglect/punishment, including corporal punishment (arts. 19 and 37)

Recommendation in paragraph 33 of the Committee's concluding observations

The Committee urges the State party to take steps to strengthen considerably its efforts to address and condemn violence in society, including violence against women and children, particularly in the context of the family as well as in schools and other such environments. Further, it recommends that the State party take steps to monitor and address any incidents of violence and sexual or other abuse against children and take measures to ensure the rehabilitation of traumatized and victimized children by:

- Public education campaigns re negative consequences of violence and ill treatment of children and promoting positive non-violent forms of conflict resolution and discipline within the family and the education system;
- Legislative measures to prohibit all forms of physical and mental violence including corporal punishment and sexual abuse against children;

- Measures to prevent violence in families, schools, and by the police and other State agents, making sure that perpetrators of these violent acts are brought to justice;
- Providing care recovery and reintegration of child victims ensuring that the child is not victimised during legal proceedings and that privacy is protected;
- Seeking assistance from UNICEF and WHO.

138. The issue of violence in the Jamaican society continues to be a troubling one as over the past five (5) years, there has been a sharp increase in the incidence of violent crimes, in particular murder. Although the majority of the murders were committed on males, the number of females and children being murdered has also been increasing. In 2006, the number of children murdered was 65; by 2008 it had risen by approximately 46 per cent to 94. During the period of November 2008 to October 2009, 110 children, 88 boys and 22 girls were murdered in Jamaica.

139. The issue of missing children has emerged as another leading concern as data for January to September 2009 revealed that 1,206 children were reported missing. Of that number, 676 have returned home while three have died. These figures represent a 25 per cent increase over the figure for all of 2008. These alarming statistics have raised questions about developments in this area. There has not been any interrogation of the factors driving this increase in the number of children being reported missing in Jamaica. As such, there is little understanding about the nature of the problem and hence how to counter this trend. The GoJ therefore recognises that this matter requires in depth analysis and focus on strategies for more targeted interventions.

140. There has also been a significant increase in the reporting of child abuse as a result of the mechanisms now established via the Child Care and Protection Act.

Government of Jamaica response

141. Concerns about these long standing as well as emerging issues have led to calls for urgent and decisive action. The Government has made efforts to urgently respond to these major challenges. As a result there has been a sharp increase in the number of initiatives, policies and violence prevention programmes aimed at preventing, mitigating and improving protection for children. Through the Office of the Prime Minister a Task Force on Child Abuse Prevention was established in 2008 and charged with the responsibility to identify solutions which would bring greater public awareness and involvement in the fight against child abuse, while strengthening infrastructure to address service delivery before, during and after such incidents.

142. In addition, the Child Care and Protection Act emphasises that the duty to protect children not only rests with the family but also is a shared responsibility of all members of society. Consequently the Act has created a legal obligation which makes it mandatory to report knowledge or suspicion that a child has been, is being or is likely to be abandoned, neglected, physically or sexually ill-treated or otherwise in need of care and protection (defined under Section 8 of the Act). This legal obligation while extending to every member of society is particularly emphasized for a range of “prescribed persons” listed under Section 6(1) of the Act – these are usually persons who as a result of their occupation work with children regularly and may acquire information that gives good reason to suspect that a child’s welfare may be endangered.

143. Prescribed persons are:

- Health professionals – physician, nurse, dentist or mental health or other health professional;
- Hospital facility administrator;
- School principal, teacher or other teaching professional;
- Social worker or other social service professional;
- Owner, operator or employee of a child day care centre or other child care institution;
- Guidance counsellor, or any other person who by virtue of his employment or occupation has a responsibility to discharge a duty of care towards a child.

144. As was noted previously the Act has also established a network of reporting structures, and mechanisms to ensure that the violations of the rights of children are reported, investigated and acted upon in a timely manner. These include the following:

- Office of the Children's Registry;
- Office of the Children's Advocate;
- Centre for the Investigation of Sexual Offences and Child Abuse (CISOCA).

145. Failure to report actual and suspected cases carries serious penalties.

Office of the Children's Registry

146. **The Office of the Children's Registry (OCR)** was established in January 2007 as a provision of the Child Care and Protection Act (CCPA) 2004. The CCPA makes it the duty of every adult to report to the OCR every incident or suspicion indicating that a child has been, is being, or is likely to be ill treated/abused, abandoned, neglected or in need of care and protection. The OCR is responsible for receiving these reports and recording, assessing and referring them to the Child Development Agency and/or the Office of the Children's Advocate or to the Police through its sexual offences arm, the Centre for the Investigation of Sexual Offences and Child Abuse (CISOCA) for action.

Table 4.2

Breakdown of Cases Reported to the Office of the Children's Registry (2007-2009)

<i>Category</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>2007-2009</i>
Physical Abuse	122	992	1,574	2,688
Sexual Abuse	144	825	1,468	2,437
Emotional Abuse	36	232	735	1,003
Neglect	81	1,607	3,001	4,689
Pregnancy ²⁶	0	82	335	417
Trafficking	1	11	16	28
Substance Abuse	0	31	141	172
Total	384	3,780	7,270	11,434

²⁶ Pregnancies of girls under 18 years old.

Source: Office of the Children's Registry.

147. The marked increase in the number of reports over the three-year period conveys an increased awareness amongst persons of the OCR and their legal obligation to report known or suspected incidents of child abuse and neglect, as stipulated in the CCPA. The increase also suggests a growing confidence in the mission and mandate of the Registry, supporting the need for a confidential and central system to which reports of abuse against children can be made.

148. Since its inception, the Registry has been playing an integral role in capturing incidences of child abuse. In 2009 alone, the Registry received approximately 6,150 reports of child abuse and neglect – some 5,690 more than the 460 reports that were received during its first year of operation in 2007 and nearly 2,100 more than the number of reports that were received in 2008.

149. Additionally, reports indicating clear and imminent danger to the child are routed to the Jamaica Constabulary Force through to the agency of the Police Force that deals with sexual offences, the Centre of the Investigation of Sexual Offences (CISOCA) (see Box 9).

Box 9

The Centre for the Investigation of Sexual Offences and Child Abuse (CISOCA)

The Centre for the Investigation of Sexual Offences and Child Abuse (CISOCA) was established in the Jamaican Constabulary Police Force in 1989 as a response to the need for police sensitivity to victims of sexual assault. Its main objectives are:

- Improving confidentiality of reports from victims;
- The speedy and effective investigation of sexual offences;
- Creating an atmosphere which encourages victims to report incidents of sexual offences;
- Assisting in enhancing the rehabilitation of victims through counselling and therapy.

Since the establishment of the CISOCA main office, six other units have been established island-wide. Officers who work at these units receive special training in Gender-based Violence and are also responsible for providing training in the investigation of sexual offences at the Jamaica Police Academy.

To reduce the fear of giving evidence and the associated trauma experienced by children CISOCA has been recently ergonomically redesigned to become more child-friendly. Officers have been trained in the use of modern technology to facilitate the use of video evidence in keeping with the new Evidence Act.

Public education and awareness

150. **The Office of the Children's Registry**, despite limited funding to launch a national public education campaign, has utilized different forms of media to highlight the importance of reporting child abuse and encourage persons to report. These include:

- Over 50 presentations/consultations with stakeholders;

- Advertisements in the Yellow Pages of the National Telephone Directory 2009/2010 edition (partnership between OCR and Yellow Pages);
- Digital Signs in strategic locations e.g. pharmacies, supermarkets, etc. (partnership between OCR and Global Media Services);
- Advertisements in Jamaica Information Service Newspaper Supplement;
- Media Interviews (both radio and TV);
- Newspaper and Website Articles;
- Social Media (Facebook and Twitter).

151. As was outlined previously the Office of the Children's Advocate (OCA) investigates all complaints of physical and sexual abuse and all other matters concerning the welfare of children in Child Care Institutions and Juvenile Correctional Centres. Persons who violate the law face serious penalties and a number of cases have been referred to the Police and the Director of Public Prosecutions for further investigations and for the preferring of criminal charges. Other actions, which have been taken, include suspension without pay and dismissal of staff.

152. **The Task Force on Child Abuse Prevention (TFCAP)** was established in 2008 by the Prime Minister in response to the mounting incidences of children who have gone missing, abducted and abused. The Task Force is coordinated by the Child Development Agency and is comprised of representatives from several Government Ministries and agencies as well as the Cabinet Office and the NGO community. One of its major activities is a drive to bring an awareness of issues related to child abuse, mechanisms for prevention as well as elements to improve general child protection practices to the wider community in an effort to prompt increased action. An important community action emerging from this Task Force is the Ananda Alert system.

153. **The Ananda Alert** system came out of a serious concern regarding the increased number of children who go missing each year. Many return home safely but on the other hand there are others who are not so fortunate and may be sexually abused or lose their lives. This prompted the Task Force on Child Abuse Prevention to initiate this special alert system, which informs and mobilises the public to help locate missing children. Named after a child who lost her life after going missing the programme is reaping some success as every time a child goes missing, a photo of the child along with other particulars, is widely circulated in the hope that if any person who has seen or knows where the child is, will call the local authorities in that area. Launched in May 2009, only approximately 7,000 Jamaican had subscribed to the alert system by the end of 2009. Following a public appeal by the Government however, more Jamaicans have responded favourably and as a result there have been cases where prompt actions have brought good results

154. Other initiatives undertaken in this regard include:

- **A Child Protection Audit** was conducted involving the Family and Parenting Centre (an NGO), the OCA and the CDA to assess current systems and procedures used by organizations to respond to reports of sexual and physical abuse of children. The outcome of the audit has been used to make recommendations on ways to reduce the trauma experienced by child abuse victims during the investigation and criminal trial, and also to enhance the quality of the evidence available to the court. The CDA will be implementing the recommendations.

- **Safer Cities Workshops** were conducted by the Bureau of Women's Affairs²⁷ during 2007. These workshops were aimed at creating safer cities for women and girls in order to eliminate gender-based violence experienced in public spaces. In addition, the workshops were geared towards sensitising personnel within the public transport system and with other relevant stakeholders about safety procedures and to engage stakeholders in meaningful dialogue towards strategizing towards the promotion of public safety for women and girls.
- **The Dispute Resolution Foundation (DRF)** works to establish and encourage the use of Alternative Dispute Resolution (ADR) techniques throughout Jamaica. Although it began as a private voluntary foundation the Foundation is now partly funded by the Government. In addition to its work in the wider justice system, the Foundation is also doing its part to reach at-risk youths and ensure a safer school environment. Its School Suspension Programme offers a lifeline for students who are out of school for short periods.
- **Peace and Love in Society (PALS)** is a Jamaican not-for-profit foundation dedicated to changing attitudes towards violence and promoting conflict resolution in the Jamaican society. PALS came about as a result of the increasing concern that many shared about the high levels of interpersonal violence in the society and the resulting costs to the nation in social and economic terms. The Foundation became operational in 1994 and was originally was school-based but was expanded in 2004 to reflect a wider focus on solutions in the community and the country and not just in schools. The programmes of PALS are focused on:
 - Building community and creating nurturing classroom climates;
 - Understanding and resolving conflict;
 - Understanding the role of perception;
 - Understanding and managing anger;
 - Improving communication.

155. **The Safe Schools Programme** was launched in 2004, as a direct response to the urgent demand to reduce incidents of violence and anti-social behaviour affecting the nation's schools. It is a multi-sectoral initiative being co-ordinated by a Task Force established by the Ministry of Education, the Ministry of National Security, the Ministry of Health and the Jamaica Constabulary Force (JCF). A component of the programme is the training of the police for placement in the schools as School Resource Officers. The programme has reported success in dismantling several school based gangs and much effort is also being made to reduce bullying in schools. This programme has been actively supported by the island's largest teachers' organisation – the Jamaica Teachers' Association (JTA). The Government of Jamaica is committed to expanding the intervention to all schools but is hampered at this time by a lack of financial resources.

- **Violence Prevention Alliance (VPA)** is a network of Jamaican organizations working to prevent violence. Launched in November 2004, the VPA is open to broad participation from all sectors (governmental, nongovernmental and private) and levels (community, national and regional) to unite around a shared vision and mission "to create a violence-free and safe Jamaica" The VPA has implemented

²⁷ A Government agency targeting women and girls.

several activities reaching children and youth in collaboration with the Healthy Lifestyle Project of the Ministry of Health, and PALS. Among them:

- **Learning for Life Programme** – The programme targets unattached inner city youth aged 13-25. Currently, there are 6 functional centres with over a 100 enrolled students. Its aim is to capture the attention and interest of unattached youths and assist in making them functionally literate. In addition, the programme also provides training in conflict management, leadership and life skills, as well as facilitates linkages to entrepreneurial and job/placement opportunities and other entities for skills training.
- **Annual Peace Campaign** – Since 2005, the Violence Prevention Alliance (VPA) has partnered with Peace and Love in Society (PALS) as a means to strengthen and expand the peace movement in Jamaica. This activity is now a regular calendar event, taking place in March of each year, and has galvanized agencies such as the Jamaica Constabulary Force, Peace Management Initiative (PMI), UNICEF, Ministry of Education and several NGOs who are committed to the cause. The main purpose for a peace campaign is to create awareness and a movement for peace. Hence, the annual peace campaign brings together all agencies, stakeholders and individuals working for peace to give a tangible manifestation of the strength of the peace movement. It is also a time for communities to bridge the divide and work together for one common cause. Target Groups are Communities, Churches, Schools, NGOs and the Private Sector.
- The VPA also supports the programs and interventions of the Alliance Membership who employ a wide range of strategies that have been demonstrated to be effective in reducing violence or risk factors for violence.
- **The Victims Charter**²⁸ seeks to correct the imbalances between the protection of the rights of offenders and the human rights of victims. The Charter includes (a) the compensation of victims, with State responsibility for funding any proposed compensation scheme, (b) the protection by the State of children and other vulnerable groups within communities, (c) an understanding of the causes and consequences of family and domestic violence, and (d) volunteerism in victim support within communities. The country's Victim Charter states: "Particular attention must be given to child victims and witnesses." The Economic and Social Council of the United Nations adopted Resolution 2005/20 on the 22nd July 2005 recognizing that children as victims are particularly vulnerable and need special protection, assistance and support appropriate to their age, peculiar needs and level of maturity.
- **The Victim Support Unit (VSU)**²⁹ of the Ministry of Justice provides support to victims. The Unit, the first of its kind in the Caribbean, was established in 1998 and operates in all 14 parishes across Jamaica. The Unit provides advocacy, court support, crisis intervention, advice and counselling services to individuals against whom crimes and civil offences have been committed. Thousands of victims benefit each year from this range of support services – counselling being an area of primary emphasis. The majority of persons who access the services are females. Notwithstanding, the margins are widening from a ratio of 2:1 to approximately 3:1.

²⁸ Source: Ministry Of Justice – Victim's Charter (MIS Department July 19, 2006), available at: http://www.moj.gov.jm/pdf/victims_charter.pdf.

²⁹ Report from the Victims Support Unit.

A large percentage of the crimes dealt with are sex related (rape and carnal abuse). In addition to trained social workers and psychologists, the Unit is also supported by a wide cross section of volunteers. This includes students of tertiary institutions who are fulfilling the practicum component of their studies. Enhancing client-servicing output, special initiatives have been undertaken with its necessary protocol regarding violence and crime on children. The objective of these initiatives is to address the possible negative impact of exposure to violence and crime on children. They are the Cultural Resocialization Intervention Project and the Overcomers in Action Group:

- **Cultural Resocialization Intervention Project** is a therapeutic intervention for “at risk” children ages 6-18 years from various inner-city communities. It provides healing for children through the use of cultural re-sensitization, cognitive restructuring, behaviour modification and teaching them coping skills;
- **Overcomers in Action** is a therapeutic intervention in the form of a group counselling programme that provides healing and restoration to females who have been abused sexually, physically and/or emotionally.

156. With the introduction of the Children’s Advocate under the Child Care and Protection Act, the Office of the Children’s Advocate has assumed many of the roles and functions relating to children formerly handled by the VSU.

Box 10

Jamaican Children speak about Crime and Violence

“Violence is a non-stop thing here and the Government can’t do anything about, it is a non-stop, can’t stop thing”

How does violence affect children in Jamaica?

Violence prevents some children from:

- “Doing leisure activities”
- “Walking in the community”
- “Going to school, and to the library”
- “Knowing their parents”

Violence makes us: “Feel fear towards death”

- “Have nightmares about it”
- “Feel afraid when our family members are killed”
- “Have to move to another community”
- “Have to change school”

What should the Government do?

- “Make sure they put all the criminals in prison”
- “If children do not go to school they might get involved in gang wars, so the Government should make sure there are more schools for children”
- “The Government needs to stop the bad music that is being played”
- “Provide more policemen with better equipment and cars”
- “Educate people to report violence and stop doing bad things”
- “Get more jobs so people do not have to be criminals”

The issue of corporal punishment

157. Corporal punishment is, unfortunately, an intractable feature of Jamaican culture and parenting practice. The result is that violence begins in the earliest years of a child's life – children as early as ages two and five are commonly subjected to corporal punishment, with boys punished more frequently and with more severity than girls. Corporal punishment remains the dominant form of discipline in Jamaica and data shows that 87 per cent of children between the ages of 2-14 years are subjected to at least one form of psychological or physical punishment. This is supported by further research which found that only 11 per cent of Jamaican parents practice positive forms of discipline.³⁰

158. The law prohibits corporal punishment for children up to the age of 6 years in early childhood institutions (known as basic schools) under the Early Childhood Act. It is also prohibited in other institutions and forms of childcare under Section 62 of the Child Care and Protection Act. Permitted disciplinary measures in children's homes are prescribed by the Child Care and Protection (Children's Homes) Regulations (No. 22 of 2005) and do not include corporal punishment. Prohibition of corporal punishment and other forms of humiliating punishment of children is to follow the ban in pre-school settings. However its use is still tolerated in homes and within families where children seem to suffer most violence. Data on patterns of discipline in households show that physical punishment was used more often for children under 12 than for older children, with 60.2 per cent of parents reporting beating or slapping their child under the age of 12 years (Ricketts and Anderson, 2009).³¹

159. UNICEF³² reports that 73 per cent of children aged 2-14 experienced minor physical punishment in the home in 2005-2006, although a smaller percentage of mothers/caretakers (34 per cent) expressed the belief that children need to be physically punished. The Ministry of Education has issued a policy directive that there should be no corporal punishment applied in school in Jamaica. In addition, as part of its overall education transformation process the Ministry has introduced behaviour modification interventions for both students and teachers and is currently seeking to apply legal and regulatory mechanisms to eliminate the practice of corporal punishment.

160. In cases where complaints about corporal punishment in public institutions have been referred to the OCA, they have been investigated or they are either referred to the police for further investigation or action. Interventions have also been made by the OCA for compensation or reimbursement of medical bills on behalf of the children. There is also a Child Abuse Prevention and Control Protocol being developed to guide caregivers in alternative care facilities towards utilizing alternatives to corporal punishment. In addition there is a move to tackle the broader issue of violence in schools and to create a safer school environment by finding alternatives to manage behavioral problems, which will include the removal/abolishment of corporal punishment in the public school system.

161. Guidance will be required to ensure that the ban is implemented in the best interest of children while moving parents and caregivers to the use of positive forms of discipline through education and support.

³⁰ UNICEF Fact Sheet- Key Facts on Children and Violence in Jamaica, February 2008.

³¹ Ricketts, H. and Anderson, P. (2009): Parenting in Jamaica, Planning Institute of Jamaica, Kingston.

³² UNICEF, 2007, Progress for Children: A World Fit for Children – Statistical Review, Number 6, December 2007.

4.3. Children's access to information (art. 17)

162. Children in Jamaica are able to access information from a wide variety of sources. Where mass media is concerned both written and audio-visual have made great efforts to make a reality of the principles and standards outlined in the Convention. For example, children are given opportunities to express themselves, as there are currently two weekly tabloid newspapers that target children specifically – the Youth Link and the Children's Own. The Children's Own in particular is circulated via the primary school system and as a result is able to reach children in very rural communities. In addition there are several very creative programmes carried by the electronic media that not only provide information for children and adolescents but also provide them with opportunities for presentation of their views and opinions. Access to these means of information is quite widespread. Despite the fact that newspapers may not be the primary source of information for the population the use of radio and television are widely available and provide a useful means of providing information for the public. The Government also provide television coverage of major events to the wider population via television screens erected in major towns both rural and urban.

163. The media both written and electronic have played an important role in assisting to promote the principles of the Convention. They partner with child rights agencies and human rights organizations to raise awareness by highlighting violations and monitoring implementation of the Convention.

164. The majority of schools in Jamaica including some schools in rural communities have been provided with access to the Internet through public/private sector/civil society partnerships and initiatives.

The Jamaica Library Service

165. The Jamaica Library Service operates through the Public Library Network, and the School Library Network, which consist of 615 Service Points and 926 School Libraries, respectively. Total membership in public libraries at December 2008 stood at 616,457 (245,253 adults and 371,204 juniors). For the financial year 2007/2008, \$14.6 million was allocated for the acquisition and distribution of books and other resource material in the public library network.

166. The School Library Network continued to provide services to Government schools on behalf of the Ministry of Education. For the financial year 2007/2008, \$9.1 million was allocated for the acquisition and distribution of books, periodicals and other resource materials to school libraries. Some 7,199 books and 2,020 periodicals were purchased. The use of the Internet in libraries has increased by 117.4 per cent to 71,827 users. Mobile Library Services were provided during April-September 2008 at 373 active mobile stops island wide.

National Centre for Youth Development (NCYD)

167. The National Centre for Youth Development (NCYD) was established in September 2000 to facilitate the effective coordination and integration of programmes, services and activities geared towards youth development. The vision of NCYD is "Jamaican youth realizing our full potential, through access to opportunities, to develop, participate and contribute as responsible citizens, to a peaceful, prosperous and caring society". The Centre also makes recommendations on and design programme activities to enhance and drive

youth development in the island and is responsible for implementing the 2003 National Youth Policy.

168. This policy, while targeting youth, recognizes the need to utilize the life-cycle approach to strengthen the development of the country's human capital. Cognizant of the need to provide an environment suitable for the positive development of children, the policy supports provisions for the care, development and protection of children as outlined in the National Policy on Children (1997). A division of the Ministry of Youth and Culture (and formerly of the Ministry of Education, Youth and Culture), the NCYD offers technical and financial assistance to Secondary Schools Student Council, Jamaica Union of Tertiary Schools and the National Youth Council. The NCYD is also the chief organiser of the Youth Month activities, as well as the Prime Minister's Award for Excellence and coordinates the activities of Youth Information Centres (YICs). YICs operate in five parishes and offer information technology services such as cyber cafés, fax machines, photo copying facilities. In addition, the Centres provide counselling and referrals, empowerment sessions and information on education and training, youth organizations, self-help programmes and career development.

169. There are plans to establish a YIC in each parish and plans for two additional centres (in Manchester and Westmoreland) were announced in 2009. The Government and UNICEF are the primary sponsors of the centres, with Jamaica providing material in the form of computers, fax machines and other equipment. The South Korean Government however has also come on board to support the establishment of additional YICs.

170. A 2004 impact assessment conducted by the United Nations Children's Fund (UNICEF) on the two centres, found that generally positive response of young people to the services offered at the YICs with 80 per cent of the overall YIC users indicating that the centres have had a great impact on their lives (see Table 4.3).

Table 4.3

Views from Youth Information Centres

	<i>Per cent</i>
Satisfied with Service	93
The centres have an impact on life	80
Centre has improved knowledge of youth issues	77
Staff treats with dignity and respect	97
Quality of work has improved	80

Source: UNICEF 2004: YIC Impact Assessment.

The Broadcasting Commission

171. The Broadcasting Commission is a statutory body established by the Broadcasting and Radio Re-Diffusion Amendment Act of 1986. Its role is to monitor and regulate electronic media, broadcast radio and television, as well as subscriber television (cable), balancing the interests of consumers, the industries and the creative community in implementing public policy and law.³³

³³ http://www.broadcastingcommission.org/about_the_commission#continue-from-index

172. The Broadcasting Commission introduced a Children's Code for Programming in 2002 to protect children from harmful or explicit content. This Commission has done much to encourage the mass media to promote positive alternatives to some of the negative tendencies of the media market and to provide for parents in their role as guides for their children in this respect.

Elements of the Code³⁴

173. The Code requires all licensed media to engage in the following activities:

- **Rating** – An assessment of the nature of problematic material in all programming:
 - For the broadcast media rating will be done of all programming including newscasts, broadcasts of sporting events, music videos, programme trailers, songs and advertisements;
 - For the subscriber television services rating will be carried out on each channel;
- **Scheduling/filtering** – Ensuring that programming is only transmitted to the appropriate audience for the type of problematic material it contains:
 - For the broadcast media programmes are scheduled so that potentially harmful material is not transmitted at times when children can reasonably be expected to be a significant part of the radio or television audiences. A watershed period has been established on weekday evenings beginning at 9.00 p.m.;
 - For subscriber television services material is filtered so that programming channels rated A or X are only available to subscribers who specifically choose to have that material in their homes;
- **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.

174. In 2009, the Commission through its Chairman issued directives on the transmission of sexually explicit content, the transmission of violent content in songs or videos.

175. These were prompted/influenced in part by concerns expressed by children's advocates in the island about the lewd and violent content of lyrics which children were being exposed to via some popular music. According to a media report³⁵ "The broadcast watchdog has asked the Government to urgently amend the Television and Sound Broadcasting Regulations to allow the commission to place further restrictions on materials to which children are exposed on the air."

176. Among the proposed changes are regulations governing the non-transmission of songs that condone or encourage hostility or violence. The commission has also recommended that the regulation be amended to give it power to rein in material which encourages or glamorizes the use of illegal drugs or misuse of alcohol. It also recommended

³⁴ Children's Code for Programming, Broadcasting Commission, August 8, 2002.

³⁵ Dancehall under attack – Broadcasting Commission sticks to ban on vulgar lyrics, Daraine Luton, Staff Reporter, 10 February 2009, available at <http://www.jamaica-gleaner.com/gleaner/20090210/lead/lead2.html>.

that Parliament repeal the Broadcasting and Radio Re-diffusion Act of 1946 and have it replaced by modern more legislation.

177. The newspaper article also reported the Chairman as saying “Until there is agreement on the need for a new act and its new provisions, we have sought an early amendment of an existing act to provide the Commission with the authority to impose financial sanctions, with a parallel provision for an appeals mechanism.”

Media Literacy Project³⁶

178. In 2007, The Broadcasting Commission of Jamaica and UNESCO launched a media literacy project targeting children in primary schools in the country. The project aimed to provide video and other support materials for teachers to guide students on how to deal with radio and television content.

179. The Education Ministry provided the Commission with technical advice on developing the materials so they could easily be integrated into the primary school curriculum. The course materials help teachers explain to children what types of programming are problematic and why. The teaching materials incorporate data from research conducted in Jamaica demonstrating what types of programming pose a risk to children and why.

180. Students who completed the course were also taught how to make informed choices about programming using the Children’s Code for Programming and gained better understanding of rating designations.

(For additional data related to Theme 4, see Annex: Tables 4-A1 to 4-A8)

5. Family environment and alternative care

Convention on the Rights of the Child:

- **Article 5:** State to respect the responsibilities, rights and duties of parents to give appropriate guidance to children;
- **Articles 9:** State to ensure child is not separated from parents and respects child’s right of access to parents, unless incompatible with his/her best interests;
- **Article 18 paras. 1 and 2:** State to ensure recognition of parental responsibilities, assist parents in their efforts, develop institutions, facilities and services for care of children;
- **Article 20:** State to provide special protection where children are temporarily or permanently deprived of family environment.

³⁶ Jamaica Broadcasting Commission and UNESCO launch children’s media literacy project – available at http://portal.unesco.org/ci/en/ev.php-URL_ID=23863&URL_DO=DO_PRINTPAGE&URL_SECTION=201.html.

5.1. Family environment

Recommendation in paragraph 35 of the Committee's concluding observations

The Committee recommends that the State party:

- Make every effort to provide support for children within the family context and improve employment prospects for parents;
- Give particular support to children in single parent families;
- Increase attention to parenting education and needs-based counselling services especially for fathers;
- Strengthen support to NGOs working in these areas.

181. The Jamaican family structure continues to be characterised by various types of unions, family patterns and arrangements as explained in the second periodic report. The Child Care and Protection Act define “family” as natural and “step” parents, guardians, blood relatives, those *in loco parentis* or having temporary custody and control of a child. It has also broadened the definition of parent to include those accepted by the Government and the various Children’s Homes as caregivers, role models and/or mentors. It also acknowledges that a family is the preferred environment for the care and upbringing of the child and that the responsibility for the protection of children rests primarily with the parents. It also creates linkages between child delinquency and parental responsibility.

182. There has been a steady decrease in the average household size in Jamaica over the last two decades. Along with that however, has been a rise in the percentage of Jamaican households headed by women. (see Table 5.1). In 2006, women headed 46.6 per cent of households in Jamaica. Female-headed households continued to be most frequent in the KMA (51.4 per cent) and least in Rural Areas (42.2 per cent). Male-headed households, on the other hand, were most prevalent in Rural Areas (57.8 per cent) and least in the KMA (48.6 per cent). The differences in household headship by region are, to a large extent, related to the greater propensity of females than males to migrate from rural to urban areas (see Population and Housing Census, STATIN, 2001). However, the relatively high proportion of households headed by females is a reflection of our historical experience. Household and/or family formation is usually initiated through visiting relationships (usually the male visits), which progressed, into more stable co-residential forms (Common Law or Marital) as children are added to the household/family.³⁷

³⁷ Professor George W. Roberts, *Mating and Fertility in Four West Indian Populations* (Mona: Institute for Social and Economic Research (ISER), University of the West Indies, 1975), quoted in Jamaica Survey of Living Conditions 2007.

Table 5.1

Mean Household Size by Sex of Household Head and Region, 1997-2007

<i>Year</i>	<i>Male KMA</i>	<i>Other Towns</i>	<i>Rural</i>	<i>Total</i>	<i>Female KMA</i>	<i>Other Towns</i>	<i>Rural</i>	<i>Total</i>
1997	3.8	3.4	3.7	3.4	3.6	3.8	4.1	3.8
1998	3.1	3.3	3.5	3.3	3.5	4.0	4.2	3.9
1999	2.8	3.0	3.5	3.2	3.5	4.0	4.0	3.8
2000	2.9	3.0	3.7	3.3	3.5	4.0	4.0	3.8
2001	2.9	2.9	3.5	3.2	3.4	3.6	3.8	3.6
2002	3.2	3.2	3.3	3.2	3.4	3.8	4.1	3.8
2003	2.9	3.2	3.3	3.2	3.4	3.9	4.1	3.8
2004	2.9	3.0	3.2	3.1	3.4	3.5	4.1	3.4
2005	2.7	3.1	3.1	3.0	3.3	3.2	4.1	3.6
2006	2.7	3.1	3.1	3.0	3.3	3.2	4.1	3.6
2007	2.8	3.0	3.1	3.0	3.5	3.7	3.9	3.7

Source: Jamaica Survey of Living Conditions 2007.

183. While the average size of households headed by men was 2.8 in 2007, those headed by women had an average size of 3.8. (JSLC 2007) The fact that female headed households continue to be larger than those headed by men is an area of concern for the Government of Jamaica because the data has shown a strong correlation between poverty status and household size. Households in the poorest 20 per cent of the population have an average size of 4.5 compared to an average size of 2.1 for households in the wealthiest 20 per cent (JSLC 2007). There is also some relationship between the number of children in a household and that household's poverty status, with 3.1 children in poor homes, compared to 2.1 in households above the poverty line (see Table 5.2).

Table 5.2

Number of Children by Caregiver's Poverty Level

<i>Number of Children in care</i>	<i>Poor</i>	<i>Non-poor</i>	<i>All households</i>
1-2 children	39.8%	68.9%	64.4%
3-4 children	42.1%	26.0%	28.5%
5 or more	18.1%	5.1%	7.1%
Mean Number of Children	3.1	2.1	2.3

Source: PIOJ (2005): Parenting in Jamaica.

184. The 2007 Survey of Living Conditions reported 12 per cent of children in Jamaica living below the poverty line. However, in the rural areas this figure climbs to almost 20 per cent. Despite the decline in poverty generally children still account for approximately one-half of the Jamaicans living in poverty (see Table 5.3).

Table 5.3
Prevalence of Poverty Jamaica 1997-2007

<i>Region</i>	<i>1997</i>	<i>1998</i>	<i>1999</i>	<i>2000</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
KMA	9.3	8.6	10.6	9.9	7.6	10.4	9.5	14.3	9.6	9.4	6.2
Other Towns	14.8	13.4	12.1	16.6	13.3	18.7	15.8	7.8	7.2	9.2	4.0
Rural Areas	27.4	19.5	22	25.1	24.1	25.1	24.2	22.1	21.1	19.8	15.3
Jamaica	19.9	15.9	16.9	18.7	16.9	19.7	19.1	16.9	14.8	14.3	9.9

Source: Jamaica Survey of Living Conditions 2007.

185. Poverty has the potential to impact all areas of children's lives. Findings of a study on parenting in Jamaica speak not only to the material deprivation occasioned by poverty, but also the emotional toll that poverty takes on parents and families. The study (Ricketts and Anderson, 2005) show that 31.0 per cent of poor parents reported being highly stressed compared to 14.1 per cent of non-poor parents and demonstrates decreases in stress levels as consumption status improved (p. 50). This corroborates other research (Samms-Vaughn, 2004) in which 21.4 per cent of poor parents felt that they were not coping vs. 9 per cent of non-poor. Not surprisingly, poverty also affected the enjoyment of parenting; while more than two-thirds of non-poor parents enjoyed their parenting role, 45 per cent of poor parents did not enjoy being parents. Among poor parents 46.6 per cent did not share recreational activities with their children, compared to 30 per cent of the non-poor (Ricketts and Anderson, 2005). The survey also found "more restricted styles of expressing affection" in poor households. It is clear therefore that the impact of poverty is felt well beyond the material, and extends to the social and relational aspects of a child's life.

186. Recognising that poverty has a negative impact on the ability of parents to promote and fulfil the rights of their children, the Government of Jamaica has made considerable efforts to establish support systems and services with the requisite legal framework for the protection of children. Parenting education has become an important component of these services. The recent establishment of a Parenting Commission is a testament to the Government's effort to assist in guiding parents and assisting them to fulfil their responsibilities.

187. The National Parenting Policy is currently before Cabinet for consideration. The policy makes provisions for the statutory establishment of a National Parenting commission. However, many of the initial activities which the Commission will be responsible for are being currently implemented under the auspices of the Ministry of Education.

Social safety nets for children and their families

188. Subsection (2) of the CCPA outlines that "where a person having the custody, charge or care of a child is financially unable to provide the child with any article required for the purposes of the child's education at a school to which the child is registered, that person shall apply to the Minister in the prescribed manner for assistance".

189. Generally the Provision Rights in the CCPA centre around parental more so than Government responsibilities. However the Government is required to render appropriate assistance to parents, legal guardians and extended families in the performance of their child rearing responsibilities. Childhood generally, but in particular the early childhood period is a period that carries the most intensive parental responsibilities related to all

aspects of the wellbeing and development of children. Accordingly realising children's rights is in large measure dependent on the wellbeing of parents and caregivers and the resources available to them to assist them in carrying out their duties. Recognising these interdependencies has prompted the Government of Jamaica to develop policies and programmes to assist in this regard.

190. The social safety net system in Jamaica is composed of a wide range of programmes all designed to alleviate poverty and raise the standard of living of families and individuals and has been undergoing significant reform since 2000. The drivers for the reform were the need to streamline and improve service delivery as well as to improve the targeting of programmes. Social welfare benefits are derived from programmes such as the School Feeding Programme (SFP), the National Health Fund (NHF), Programme for Advancement through Health and Education (PATH), School Fee Assistance Programme (SFAP) and the Social and Economic Support Programme (SESP).

191. Although there exists an array of programmes, the take-up rates for some have traditionally been very low, with less than 1.0 per cent of Jamaicans ever applying benefit under them (JSLC 2002). Juxtaposed against poverty levels often in excess of 10.0 per cent it becomes clear that there are significant gaps in the design and implementation of many of these programmes. The notable exceptions have been PATH, which had application rates over 10 per cent, and the School Fee Assistance Programme (SFAP) for which 28.3 per cent of secondary school students applied. Interestingly, only one fifth of poor students in secondary school had sought assistance through the SFAP (JSLC 2007).

Programme for Advancement through Health and Education (PATH)

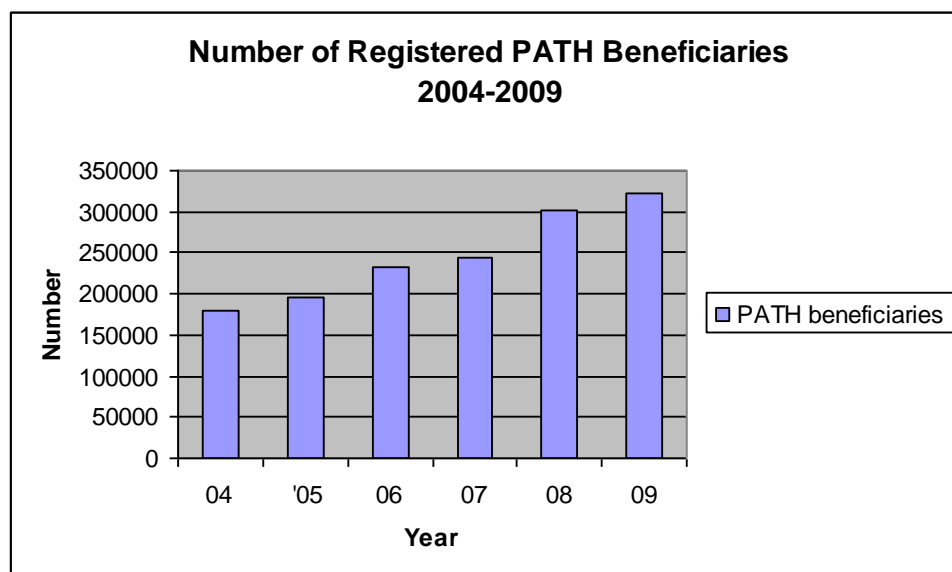
192. In 2000, Jamaica embarked on a programme to reform the provision and structure of its main social assistance programmes. The centrepiece of the social safety net reform was the introduction of the Programme for Advancement through Health and Education (PATH), which began operations in 2002. PATH was designed not only to streamline the social welfare system, but the programme was built around the larger concept of social protection, rather than poverty alleviation. As such it was concerned with the long-term effects of social welfare interventions and sought to provide an opportunity for families to escape the intergenerational transmission of poverty.

193. The main objectives of the Programme for Advancement through Health and Education (PATH) are to:

- Increase the school attendance level of children 6-17 years;
- Improve the health coverage for children 0-6 years;
- Reduce the level of poverty by increasing transfers to the poor.

194. Since its inception, the programme has expanded its reach and has increased the number of beneficiaries by 82.4 per cent since 2004 (see Figure 5.1).

Figure 5.1
Number of Registered PATH Beneficiaries 2004-2009



Source: PATH Secretariat: Ministry of Labour and Social Security.

195. Children growing up in poor households are the main focus of the PATH, with more than 75 per cent of beneficiaries being children 0-18 years old (see Table 5.4).

Table 5.4
PATH Beneficiaries as at June 2009

Category	Number of Beneficiaries
Children 0-18	246,754
Pregnant/Lactating women	1,170
Elderly poor	46,857
Disabled	9,948
Other destitute poor	974
Indigent Adult and Poor Relief	16,304
Total	322,007

Source: PATH Secretariat: Ministry of Labour and Social Security.

196. Programme benefits are applied according to category and, in the most recent revision (2008), according to the gender of students benefiting from the Education Grant. Recognising that where children dropping out of school, with financial difficulty usually the main reason given (Benfield 2007, Blank 2000), and that boys are more likely to leave school prematurely, PATH introduced a benefit structure aimed at giving families the financial support needed to keep all their children, but the boys in particular, in school. Under the new structure, the benefit boys receive is 10 per cent higher than that of girls. In addition, children in secondary school will receive a higher benefit than those at the primary level with an additional amount paid to those at the upper secondary level (Grade 10 and above) while maintaining the gender differential in payments. In order to access benefits, persons must meet certain criteria laid down by the programme. These

include the enrolment and attendance at school by school age children (6-17 years), and preventative health care visits for children under 6 years old (see Table 5.5).

197. The emphasis of PATH is on ensuring that children more at risk for school dropout and academic exclusion attend school regularly and have their early childhood development monitored through preventative visits to the health centre. This approach is in keeping with the thrust to provide children living in poverty with the foundation to move out of poverty over the course of their own lives. The nexus between level of schooling completed and poverty in Jamaica suggests that an individual's chances of moving out of poverty is closely connected with the educational opportunities open to them and the extent to which they are able to access these opportunities. Building on this, children who benefit from PATH are required to have at least 85 per cent school attendance rate to secure their continued receipt of benefits.

Table 5.5

Conditions for PATH Participation

<i>Beneficiary Group</i>	<i>Condition for Continued Participation</i>
Birth – 6 months	3 visits to Health Centre
6-11 months	1 visit to the Health Centre
12-71 months	2 visits/year
Adults with Disabilities	No conditions attached
Elderly	No conditions attached
Indigent adults and Poor Relief	No conditions attached.
6-17 years old	85 attendance at school
Pregnant and Lactating	1 visit every two months

Source: PATH Secretariat: Ministry of Labour and Social Security.

198. For children under six years old, their parents/guardians are required to take them to the health centre for visits between two and five times per year, depending on the age of the child. Those under one year old have to be taken at least 5 times for the year, while those between 12 and 71 months should make at least two visits each year. Pregnant and lactating women are required to visit a health facility once every two months to retain their benefits under the programme.

199. While PATH has been successful in reaching its target population, the Government of Jamaica continue to explore ways of improving its ability to identify and assist families in need. To this end, it has embarked on an evaluation of the targeting accuracy as well as the impact of the Programme. Both these activities are slated to begin in 2010.

Support for Parents: Parenting Interventions

200. Jamaica has several parenting programmes run by local NGOs, Community Based Organisations – often with funding from International Donor Partners – the GoJ and national parenting groups such as the National Parent Teacher Association of Jamaica and the Coalition for Better Parenting. The Coalition for Better Parenting is an umbrella organization of agencies providing some services and support for parents and families since 1991 with the help of UNICEF and other agencies.

201. The National Parent Teacher Association of Jamaica was established in 2004 with a primary focus on improving home-school relationship and bringing parents into the education system as key rights holders. Both agencies are under funded and under-resourced and have struggled to sustain programme activities and fulfil their mandates.

202. Among the most successful of these parenting interventions has been the Roving Care Givers Programme. An assessment of this programme found that children of participants of the RCP demonstrate better self-concept, better social integration and autonomy. They also demonstrated better physical, perceptual, cognitive and language skills, better preparation for school, better school performance and better attitudes towards schooling, than non-project children.

Box 11

The Roving Care Givers programme

The Roving Caregiver Model that was developed in Jamaica has been cited internationally as a best practice in parenting intervention. This intervention is specifically targeted at families of poor, unemployed mothers. Under this programme, trained caregivers visit the mother's home on a weekly basis and provide stimulation activities with the child. Typical sessions last between 30 minutes and one hour, and mothers are encouraged to repeat the activities with the children between visits.

The program is a rural home visiting, early stimulation and parenting initiative, which was designed to provide enrichment to young children and their parents, through training and deployment of a cadre of young 'Rovers'. The program is administered by the Rural Family Support Organization (RuFamSo), an NGO that focuses primarily on rural development and is funded by UNICEF Jamaica, the Bernard van Leer Foundation and the Environmental Foundation of Jamaica (Evaluation Report 2005). The program was introduced in an attempt to address some of the more detrimental aspects of the local scenarios in the early childhood sector, such as low coverage of day care services, high levels of poverty and lack of affordability of day care and inappropriate accessing of services and lack of service integration at the family level as well as inadequate support for children with disabilities.

The evaluation concludes that RCP has significantly improved children's preparation for school. Increased knowledge about child development, appropriate activities for helping young children to learn, and appropriate child rearing practices has helped to increase parents' awareness regarding the need for health, safety and good nutrition and the monitoring of immunization status of children. Evidence that children can learn at an early age was also reported to have changed parents' attitudes towards early stimulation.

Box 12

Jamaican Children Speak about Parents and Parenting

"We ... shouldn't blame Government for not doing enough, sometimes the parents need to do more"

"Parents should be given some form of punishment for the lack of responsibility with their children"

"Sometimes parents put children down and don't know or don't practice building self-esteem"

"Sometimes children frustrate their parents..."

The children felt strongly that:

“Children need to be treated with more respect”

“Parents should give more positive words to the child like ‘you can do it’ and ‘I love you,’ etc. that build up their courage to succeed in their education”

“We need to forget the new rules and put in some of the old time rules”

“Children are scared to speak to their parents. Children that speak out are punished.

“Parents make no effort to understand what children are saying”

Support for parents

- Jamaican children felt strongly that children should know their parents and live with them in a safe supportive environment.
- Government needs to be going into the communities and homes and check if the parents in each household are responsible and have provided the children with food, shelter and clothing and provided with an education
- Strengthen parenting programmes – awareness of what it means to be parents and choose to be a parent or choose not to be one
- The Government should do something about fathers who get woman pregnant and leave them
- The Government should do something for girls who become pregnant and cannot handle the role
- “Government needs to build houses and provide jobs”
- “Drop the taxes because that means that there is less for us”

5.2. Children deprived of family environment

Recommendation in paragraph 37 of the Committee’s concluding observations

The Committee recommends that the State party:

- Expedite the work of the review committee (Keating Report) and take all necessary measures as a matter of urgency to improve the quality of care in Children’s Homes and to protect all children living in such homes against all forms of abuse, seeking assistance from among others UNICEF;
- Review existing legislation on adoption in light of the provisions of the Convention and consider ratifying The Hague Convention on Protection of Children and Cooperation in Respect of Inter-country Adoption 1993.

203. The Convention outlines the obligation of States to provide special protection to children who are deprived of a family environment and to ensure that appropriate alternative care is available for such children. The Child Care and Protection Act has widened the definition of the child in need of care and protection, as well as the circumstances which may place the child in such a situation. It also outlines the procedures for searching for and removing a child from his/her home and emphasises that removal from the home should be the last resort. The main vehicle for the implementation of these measures is the Child Development Agency.

The Child Development Agency

204. The Child Development Agency is now the agency with responsibility for children. It is an amalgamation of the functions and operations of three children's agencies, namely: the Children's Services Division, the Child Support Unit (mentioned in the previous progress report) along with the Adoption Agency into one identifiable body.

205. **The Child Development Agency (CDA)** is a public sector Executive Agency for which with the Ministry of Health has overall responsibility. The Agency was awarded full Executive Agency status in June 2004. Under this status the Agency gained autonomy in the areas of financial, human resources and operational management, which is premised on strict accountability and the achievement of agreed Key Performance Indicators (KPIs) and targets.

206. The CDA is headed by a Chief Executive Officer and is supported by four divisional directors with responsibilities for Human Resources Management and Administration, Policy, Planning and Evaluation, Children and Family Programmes, Financial Management and Accounting Services. In an effort to ensure effective service delivery islandwide, the Agency has used a decentralized approach which allows it to provide direct services through four regions, namely; South East, North East, Southern and Western (see Appendix 2 for Organizational Chart).

207. The CDA collaborates with key public sector units, chiefly; the Ministry of Health, Ministry of Finance and Planning, Planning Institute of Jamaica and the Cabinet Office. The agency also receives some funding support from private sector and other public bodies for special projects.

208. Since its establishment the Agency has made strides in prioritizing the consolidation of alternative care programmes and enhancing the quality of care in residential childcare facilities. There is now a clear strategy being utilized to ensure that children are accommodated in family based environments with institutionalization used as a last resort. As a result of this strategy the agency has been able to increase the number of children placed in family based settings from 40 per cent in 2004 to 58 per cent in 2009.

Children in care (Child Protection System)

209. As at the end of December 2009 there are 5,985 children in the care of the State. Of this amount 3,443 or 58 per cent are placed in the Living in Family Environment programme (Foster Care, Home on Trial and at home on Supervision Order). The remaining 2,542 or 42 per cent of children are living across the island in the 60 privately and government-operated children's homes and places of safety (see Table 5.6).

Table 5.6

Child Development Agency – Children in Care Per Region Per Placement Category as at 31 December 2009

<i>Region</i>	<i>Foster Care</i>	<i>Home on Trial</i>	<i>Children's Homes</i>	<i>Places of Safety</i>	<i>Supervision Order</i>	<i>Other</i>	<i>Total</i>
South East	363	477	1,198	173	570	78	2,859
North East	234	109	141	67	240	24	815
Western	421	212	314	74	352	58	1,431
Southern	165	152	268	97	139	59	880
Total	1,183	950	1,921	411	1,301	219	5,985

Source: Child Development Agency.

210. During the period 1 April 2004 through 31 December 2009 approximately 2,926 children were placed in their homes on a Supervision Order and an estimated 2,826 were placed on a Fit Person Order. Over the same period 2,133 children attained the age of majority or had their Court Order expire and as a result exited the child protection system.

211. Governments all over the world are encouraged to invest more heavily in and support the various types of alternative care programmes such as foster care, family integration and adoption and to increase support for extended family members who come forward to assist. In light of this the CDA developed a very successful campaign aimed at encouraging foster parenting in 2006. As a result of that campaign there has been a steady increase in the number of children adopted and or placed in the foster care system.

Adoption Services

212. Adoption in Jamaica is governed by the Children (Adoption of) Act, 1958, under which an Adoption Board was established. Despite the fact that the Act predates the Convention, the Board is required, in arriving at its decisions, to consider a key Convention principle, the “best interests of the child”.

213. The operations of the Adoption Board and overall service delivery was subsumed under the operations of the Child Development Agency over the reporting period. For the period 2005-2008 the Agency completed the processing of 574 domestic adoption applications with the same number of Adoption Orders granted by the Family Court. Under Section 24 of the Children (Adoption of) Act 147 Adoption Licences were issued to citizens of scheduled countries permitting them to take identified named children to these scheduled countries. Licences were issued for Jamaican children to emigrate to the United States, Canada and Sweden. These children were in the 1–17 year age group. (Adoption orders relate to in-country adoptions, while adoption licenses are issued for inter-country adoptions).

Table 5.7
Child Development Agency – Adoption Services Activities, April–December 2009

<i>Years</i>	<i>Adoption Orders</i>	<i>Adoption Licenses</i>
2009	108	38
2008	174	49
2007	136	21
2006	130	52
2005	66	13
2004	76	22
Total	690	195

Source: Child Development Agency.

214. The CDA in collaboration with the Adoption Board has commenced a general review and work distribution audit aimed at modernizing the services, building transparency and improving response times and customer support.

215. The Government has still not ratified the Hague Convention on Protection of Children and Cooperation in Respect of Inter-country Adoption.1993.

Foster Care Services

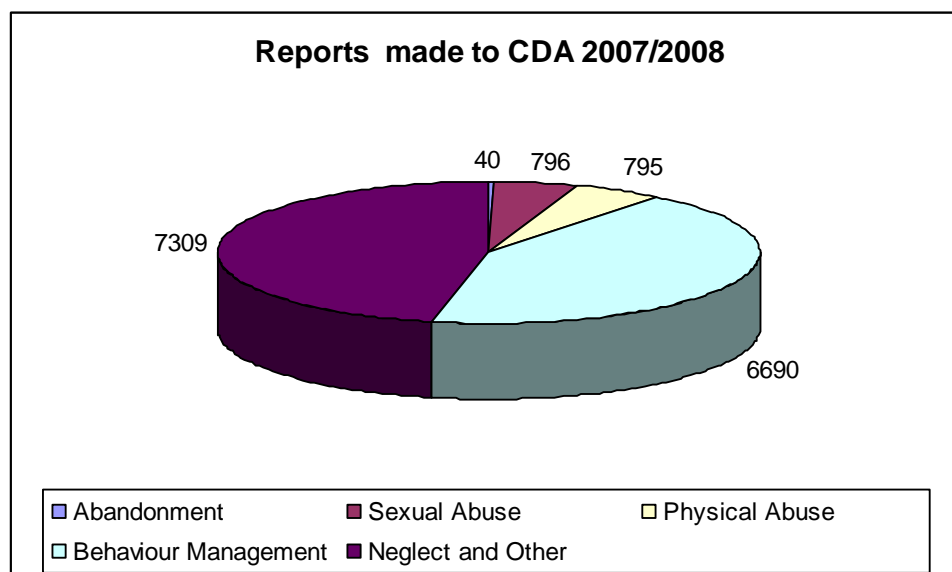
216. At the end of 2009, there were 1,183 children in Foster Care (see Table 5.6) in approximately 900 families across the island. This number has remained fairly constant since 2006 when there were 1,188 children benefiting from this service.

Intake Services

217. Over fifteen thousand out of care children and their families had direct access to the services of the Agency through its Intake Services Desks³⁸ island-wide during the fiscal periods 2007/08. Some of the children served were brought before the Courts for care and protection, whereas the others were served through counselling, social protection services intervention and/or referred to other allied agencies for support.

³⁸ These are the entry points for children and their families who need support from the child protection system.

Figure 5.1
Reports made to CDA 2007/2008



Source: Child Development Agency.

218. As seen in Figure 5.1, behaviour management and “neglect and other” accounted for almost 90 per cent of the concerns reported. More “serious criminal issues” such sexual abuse, physical abuse and abandonment was the source of 10 per cent of total reports.

219. The CDA provides support for children who appear before the courts daily. The social work team is required to carry out social inquiry investigations (see Table 5.8) and to report findings to the court within specified timelines. These activities are viewed as part of the child protection service delivery and data gathered from such investigations guide the court in making decisions on behalf of children as well as forming part of source materials for development of care plans.

Table 5.8
Child Development Agency: Social Inquiry Reports (submitted to the Courts)
April 2004-December 2009

<i>Operating Year</i>	<i>Number of Social Enquiries on behalf of children brought before the Courts</i>
2009 (As at December 2009)	1,029
2008	1,508
2007	1,464
2006	1,354
2005	1,323
2004	1,401
Total	8,079

Source: Child Development Agency.

Budgetary allocations

220. In the first year of its operations (2004/05) the CDA was supported by a budget of J\$495.5 million. This was increased in 2005/06 by J\$334.5 million or 67 per cent over the previous year to stand at J\$830 million and was further increased by an additional J\$53 million in 2006/07. By 2007/08 the total budgetary provision was J\$1.05 billion, which is a 22 per cent increase over the previous year and had steady marginal increases thereafter. Despite these increases, budgetary allocations were nonetheless below agency projections, thus restricting activities around basic core deliverables. This resulted in a number of planned objectives being cancelled or rescheduled.

Table 5.9

Child Development Agency – Budgetary Allocation

Operating Year	Children's Home	Places of Safety	Foster Care	Direction/ Administration	Sub-Total	Office of the Children's Registry	Grand Total
2009-2010	623,369,000	248,913,000	74,548,000	390,871,000	1,337,701,000	30,000,000	1,367,701,000
2008-2009	547,813,000	220,975,000	65,000,000	472,290,000	1,306,078	30,000,000	1,336,078,000
2007-2008	395,476,000	194,566,000	57,560,000	403,775,000	1,051,377,000		1,051,377,000
2006-2007	363,881,000	167,778,000	72,430,000	278,569,000	882,658,000		882,658,000
2005-2006	359,997,000	156,468,000	71,600	241,935,000	830,000,000		830,000,000
2004-2005	177,736,000	100,633	51,665,000	143,360,000	473,394,000		473,394,000
Total Allocation over Reporting Period							
	2,468,272,000	1,089,333,000	392,803,000	1,930,800,000	5,881,208,00	60,000,000	5,941,208,000

Source: Child Development Agency.

GOJ Response re Keating Report

221. In light of the recommendation in paragraph 37 (a) of the concluding observations, which requested that the State “Expedite the work of the review committee (Keating Report)” the Government took steps to examine a total of forty-six (46) recommendations for implementation through its Ministries/Agencies with responsibility for children. Over the past three years, the Child Development Agency (CDA) has begun implementing all the recommendations, achieving varying degrees of completion and success. The CDA has taken a strategic decision to closely align its Corporate Strategic Plans for 2009-2012 with the Keating recommendations.

222. This is evident in the Agency’s strategies to:

- Deliver primary prevention programming through inter-agency collaboration;
- Facilitate significant input and participation from children;
- Promote family and community care options for children;
- Increase in the number of clients placed in the Foster Care Programme;
- Re-configure GOJ residential child care facilities to deliver specific programmes.

223. Table 5.12 below provides a summary of the implementation status of all the recommendations put forward in the Keating Report. For details regarding actions that have been taken/initiated, as well as planned actions in fulfilment of specified recommendations (see Annex Table 5-A3).

Table 5.10
Summary of CDA Achievements against Keating Recommendations

	Statuses						
	Recommendation Completed		Recommendation Partially Completed		Recommendation Outstanding		
	One Off (1)	Ongoing Support Required (2)	Phased Approach (3)	Resource Short-fall (4)l	Resource Short-fall (5)	Re-scheduled (6)	Legislative Support (7)
Total Recommendations							
46	6	23	8	4	2	3	
Total percentage of	29 or 63%		12 or 26%		5 or 11%		

Status codes are enclosed in parenthesis.

224. Since its inception, the CDA has sought to introduce a new system of alternative care in Jamaica built around the family support model and has also implemented some innovations in the system. These include:

- Developing a new governance structure to increase its reach across the island and improve efficiency and effectiveness of service;
- Introducing clear protocols, policies, guidelines and supporting instruments for all areas of operation including a Child Care and Protection Service Manual;
- Initiating a database on children in care, leading to improved planning for individual children and guiding policy development;
- Establishing a Child and Family Support Unit, which provide interventions for situations that can be handled extra-judicially;
- Establishing a Central Investigation Unit to respond to referrals from the Office of the Children's Registry within the parishes of Kingston and St. Andrew, St Catherine, and Clarendon which accounts for the majority of the reports received;
- The development of care plans for each child entering the system, including medical and dental examinations;
- Improvements in the overall institution monitoring system;
- Licensing all private children's homes, residential care facilities and places of safety for children.

Residential care

225. The Agency provides placement and supervision of children in the residential children homes and places of safety (POS). Five Children's Officers/Social Workers were recruited and trained to work directly out of seven of the Government Children's Homes and Places of Safety. The services of four Clinical Psychologists were introduced to assess and address the psychological problems being faced by our children in care.

226. As part of its monitoring activities, the CDA team investigated over 399 incidents classified as “critical incidents”³⁹ involving our children in 2008. Critical incidents usually consist of matters pertaining to hospitalisation, accidental injury, child abuse (sexual, physical, emotional neglect and or maltreatment), and children manifesting uncontrollable behaviour, suicidal ideations, child deaths and others. Over period 2005-2008 the Agency investigated an average of 400 such critical incidents annually.

227. In addition a Serious Case Review Panel has been instituted to investigate and make recommendations on matters relating to critical incidents of a serious nature occurring in childcare facilities. This panel is comprised of independent medical and mental health practitioners.

Table 5.11

Summary of Critical Incidents Impacting Children in Care April 2004-December 2009

<i>Number of Critical Incidents</i>					<i>Number of Children Impacted</i>				
2005	2006	2007	2008	2009	2005	2006	2007	2008	2009
286	382	501	490	444	219	352	399	399	403

Source: CDA.

228. Over the last five years, the CDA made an average of 1,000 visits annually to police lockups island-wide to ensure that stipulated guidelines governing the manner in which children are to be detained in police lockups were upheld.

229. The Office of the Children’s Advocate however, reported that as at November 2009, there were 61 juveniles in police custody, 58 males and 3 females. Most were held in conditions that breached international guidelines as well as guidelines set out in the CCPA. This has raised strident objection from civil society and remains of concern to the Government of Jamaica.

230. Sub-Sections 66 and 67 of the CCPA stipulate guidelines governing the manner in which a child is to be detained in a police lockup; the separation of the child from adults; and the due notification of such detention to the CDA. The Act, while not specifying any penalties for non-conformance, does make a provision for appeal action through the Office of the Children’s Advocate, which is required to investigate and take appropriate action once a complaint, is made. The police, through the Centre of Investigation in Sexual Offences and Child Abuse (CISOCA), provide the CDA with a weekly report outlining children who are in lockups. Children’s Officers are also assigned the responsibility of visiting police stations/lockups in major towns and cities at least once weekly, while visiting others during the course of carrying out their other duties.

231. Visits made to police lockups and stations during the period 1 April 2004 through 31 December 2009 are outlined in Table 5.12.

³⁹ Critical Incidents are those matters that negatively impact the child who are living in the care and protection system. Such incidents can be medical hospitalisation, injury, absconding, physical and sexual abuse and death and management of these is governed by a specialized protocol.

Table 5.12

Monitoring Visits to Police Lockup/Stations 1 April 2005 through 31 December 2009

<i>Operating Years</i>	<i>Number of Visits Monitoring Team (Children's Officers)</i>
2009 (As at December 31, 2009)	1,099
2008	1,519
2007	1,454
2006	1,154
2005	1,097
2004	937
Total	7,260

Source: Child Development Agency.

Education of children in care

232. Eligible children in care are enrolled in and allowed to attend school. In addition to attendance at public educational institutions, the GOJ now has a total of 7 trained teachers to support its educational development programme in State-run Places of Safety. Support for skills-based developmental programmes for children ages fourteen and over has continued. Participation in the 4-H Club development programme continued.

Institutional abuse of children

233. The Child Development Agency is working towards reducing the number of children in residential childcare facilities to 30 per cent by 2012.⁴⁰ In pursuit of this target it focuses on retaining children in their homes on supervision, or the placement of children in its Living in Families Programme, or through foster care. While not the main objective, this strategy may also assist in reducing incidents of institutional abuse.

234. In 2006 a report about issues facing children in State care in Jamaica was presented to the Inter-American Human Rights Commission. The report described problems found in the monitoring system of children's homes. The report highlighted, among other things:

- (a) The failure to use the required logs and maintain children's records;
- (b) The lack of security;
- (c) The lack of treatment for psychological or behavioural problems;
- (d) The inadequacy of facilities;
- (e) The inadequate levels of supervision;
- (f) The allegations of corporal punishment;
- (g) The inappropriate behaviour management systems;
- (h) The inadequate medical attention and health care;
- (i) The inadequate monitoring systems and practices.

⁴⁰ Child Development Agency – 2009-2012 Corporate Strategic Plan.

235. This prompted the Commission to request that the GOJ provide biannual monitoring reports on the state of children's homes and places of safety. The GOJ has complied with this request and has so far presented nine such periodic reports to the Commission.

Challenges

236. In executing its mandate, the CDA faces some real challenges. Among them:

- (a) **The Agency continues to play a dual role** as both client and regulator of the system;
- (b) **Lack of human and other resources** to fully effect innovations in governance: as a result some aspects of its modernization programme are still incomplete;
- (c) **Plans for recruitment of personnel are unfulfilled** because of current employment freeze in the public sector;
- (d) **Untrained and inexperienced staff**, low morale and high rates of attrition compromise the quality of institutional care. These factors are exacerbated by the low status accorded to the job of institutional childcare providers in Jamaica;
- (e) **The rise in the number of children with behaviour problems** placing many more families in need of State intervention. This contributes to overcrowding and all its attendant difficulties;
- (f) **Physical limitations in juvenile correctional centres** sometimes lead to child offenders being placed in Places of Safety, which ideally should provide temporary housing of children entering the tertiary child care and protection system;
- (g) **The slow pace of processing the children in the judicial system**, which results in the retention of children in these facilities for prolonged periods. This creates further behavioural challenges for staff that are not trained to manage such children. Details related to these are in Appendix 3 – CDA: Challenges and Strategies to Resolve.

Box 13

Voices of children in care

Children felt that:

- In some children's homes there is one classroom where everyone goes to school. There are no Grades;
- Children in homes don't receive the education they will need to survive in the work force;
- Every child must be taught a skill so that he or she can use it to support him- or herself before he or she leaves the home;
- When you lock up the parents there is no one to take care of the children;
- When Government puts a child into the system (children's home) it's permanent and only when the child turns 18 he or she is forced out of the system;
- Children need to know their family;
- What if parents don't want to know their child?
- Sometimes parents do want the child but the Government fights against it;
- Sometimes the Government is trying to keep the child out of a dangerous

- environment or a household that cannot afford to take care of the child;
- If the parents really want to see the child, the Government can't stop them;
 - Parents may see their child if they want, but the Government still tries to stop them and that's breaking laws;
 - Government officials will allow the child to return to his or her household if it is a suitable place for that child;
 - Children in the homes should be paid more attention by having the Government supply them with comfort, shelter, clothing and act as a second parent for children who have no parent.

(For additional data relating to Theme 5, see Annex: 5-A1 to 5-A7)

6. Basic health and welfare

Convention on the Rights of the Child:

- **Article 6:** Every child has the right to life, maximum survival and development;
- **Article 18 (3):** Take all appropriate measures to ensure the right to child care services and facilities;
- **Article 23:** Children with disabilities should enjoy a full and decent life in dignity and be able to achieve the greatest possible degree of self-reliance;
- **Article 24:** The child has the right to the highest standard of medical care possible;
- **Article 24:** The child has the right to benefit from social security;
- **Article 27, para. 1-2:** The right to a proper standard of living.

6.1. Children with disabilities

Recommendation in paragraph 39 of the Committee's concluding observations

- Conduct survey to identify the number of children with disabilities including those in Government children's home as well as causes and ways to prevent disabilities
- More efforts to change traditional attitudes to children with disabilities
- Improve access to information and medical facilities
- Encourage integration of children with disabilities into regular education system and society
- More attention to special training for teachers
- Attention to accessibility of physical environments for disabled
- Pay attention to early intervention – establish a national system for early detection and referral
- Seek assistance for creation of more effective specialized

institutions, day care centres and training for these children

237. During the period under review the Government of Jamaica made some improvements in the conditions for children with disabilities. There were obvious efforts to address some of the comments and concerns emanating from the concluding observations 2003.

238. In 2007, Jamaica became the first nation State to sign and ratify the Convention on the Rights of Persons with Disabilities (2006) and the Optional Protocol thereto. The Convention is giving rise to the formulation of a Disabilities Act spearheaded by the Ministry of Labour and Social Security.

239. In addition the National Strategic Plan for Early Childhood Development in Jamaica (2008-2013) has outlined measures to ensure early and effective screening, diagnosis and intervention for families and children with disabilities as well as the training of teachers and parents. Sensitisation programmes have been developed and implemented to prepare communities to deal with children with disabilities. These programmes have collectively brought on board many more willing partners. The Early Childhood Commission has also undertaken a collaborative process with HEART/National Training Agency to upgrade training programmes for childcare staff to include the disability awareness and development of competencies for supporting the development of children with special needs. Some strategies and achievements of the National Strategic Plan are elaborated under Theme 7: Education, Leisure and Cultural Development.

240. There is no single Ministry of Government with a direct responsibility for children with disabilities. Currently a multi-sectoral approach is used where special education needs are addressed by the Special Education Unit of the Ministry of Education, health issues are dealt with by the Ministry of Health and social welfare concerns are handled by the Ministry of Labour and Social Security, which has a section manned specifically to deal with issues of persons with disabilities. Consequently this Ministry is seen as the Ministry with primary responsibility for persons with disability.

241. Currently there is no available national data to determine percentage of children below age 18 with disabilities. However, in 2007/08 there are approximately 6,028 children in the 20 special schools and non-governmental organizations islandwide representing different disability grouping.

Early Stimulation Programme (ESP)

242. The early childhood period is the period during which most disabilities are identified. Consequently a great deal of work has been done in areas such as; early detection and early intervention and the placement and monitoring of children with special needs into the Early Stimulation Programme, which provides an assessment and early intervention programme for children with disabilities from birth to six years old. Clients are served from across the island but it operates primarily in the Kingston Metropolitan Area. The Programme offers:

- (a) Professional identification and assessment of developmental disabilities in pre-school children;
- (b) Formulation and implementation of specific intervention programmes catering to the individual needs of these children;

(c) Provision of home-based teaching in order to minimize the need for institutionalized care;

(d) A resource centre which provides consulting services, referrals and intervention programmes and parenting training for the benefit of other agencies serving young children.

243. While the ESP provides services in Kingston and its environs, the 3D's Project and the Rural Services for Children with Disabilities in the past decade developed a strong community based service within the homes of children with special needs. However, with declining donor fund support these programmes have been significantly curtailed.

244. The Early Childhood Act and Regulations (2005) state that children with disabilities should not be excluded from early childhood institutions. It also outlines the roles and responsibilities of institutions and parents. Additionally all early childhood institutions built after the commencement of the Act are required to have facilities designed to allow access for persons with disabilities.

245. Transformation of the education system will ensure greater inclusion, contingent on the nature and severity of the disability and the availability of human and financial resources. Government supports NGOs that offer community based programmes to disabled students who cannot access mainstream education. Community Rehabilitation Workers visit the homes and work with parents and children.

246. The Combined Disabilities Association – a cross-disability organization – was established in 1981 which has done much work in the areas of advocacy and public education. This resulted in much consumer pressure and as a result, despite the fact that the building code has not yet been passed, most supermarkets, hotels, public buildings have reconfigured or instituted access for persons with disabilities to meet international standards.

247. The National Policy for Persons with Disabilities continues to provide a framework for the Government to develop and implement policies designed to provide equal opportunities for people with disabilities. The Policy takes into account the United Nations Standard Rules on the Equalization of Opportunities for Persons with Disabilities.

248. The Jamaica Council for Persons with Disabilities (JCPD) also addresses the concerns of persons with disabilities. The JCPD was established in 1971 following a study commissioned by the Government to assess the needs of Jamaicans with disabilities. Operating under the Ministry of Labour and Social Security it is currently the Government agency responsible for rehabilitation, vocational training and placement of persons with disabilities in Jamaica. Its primary focus is the Equality of Opportunity between the able-bodied and the disabled. It seeks to establish economic independence for persons with disabilities through their own effort and labour.

249. These efforts are complemented by the National and Vocational Rehabilitation Service for the Disabled which promotes and undertakes programmes to allow for the full participation and equality of all disabled persons at all levels in the society, by achieving the following objectives:

(a) Preparation and maintenance of a national registration of persons with disabilities;

- (b) Development and maintenance of an effective vocational training department within the Council;
- (c) Co-ordination of the abilities and potential of the disabled through self-help projects;
- (d) Promotion and co-ordination of a National Disability Awareness Week of activities; and the
- (e) Maintenance of a quality service for clients seeking assistance through agencies such as Abilities Foundation which is jointly supported by MLSS and HEART/NTA to provide vocational skills training for youth with disabilities.

Box 14

Jamaican children ask questions about children with disabilities

“Why is it that some children with a disability are disowned by their parents?”

“Can the Government provide children with disabilities more schools in which they can be taught?”

“Why do some teachers beat children because they are disabled or cannot even understand or read questions or do the work?”

“Why do deaf children get abused by their parents when they have done nothing wrong?”

“Why is it that parents do not accept deaf children?”

“Why can’t children who are disabled go to school?”

“Why do men prey on disabled children?”

6.2. Health and health services

Recommendation in paragraph 41 of the Committee’s concluding observations

- Continue to improve health infrastructures through international cooperation
- Ensure access to basic health care and services for children including mental health services
- Increase access to safe drinking water and sanitation
- Intensify efforts to improve the safety of children via life skill education campaign, review preventable measures, guide, community programmes and mental health services

250. The progress report on the MDGs outlined that Jamaica ranks high among developing countries in the health status of its population, mainly because of its primary health care system, which reaches into deep rural areas. The country tries to make good basic health care affordable. However as a result of the persisting debt burden and other forms of financial and economic difficulties the health system continues to be threatened by staff shortages, lack of equipment in some health centres and the need for improved infrastructure in others. The report states that the Ministry of Health (MOH) is now

preparing a framework for a renewed primary health care strategy and has earmarked funding for the first phase. This framework is necessary to promote sustainability, quality and cost effectiveness despite the challenges of a changing health landscape. The four key strategic areas of the renewed PHC model focus on strengthening leadership, the information system, health financing and human resources.

251. Children have however benefited greatly from two major successes in the health system – the provision of subsidized drugs through the National Health Fund (NHF) established in 2003 and the removal of user fees from all Government Hospitals and clinics island-wide. The National Health Fund provides drugs for 15 medical conditions with a small flat dispensing fee (US\$45 cents) for the elderly and a subsidy of over 80 per cent for the rest of the population. These drugs from the VEN (vital, essential and necessary) list cover both generic and non-generic. Private pharmacies, skeptical at first, have now bought into the system with the great majority persuaded by the Government to become involved. The programme is complemented by an electronic health record system with 400,000 chronic disease patients across the country. The NHF is sustained financially through an excise tax on tobacco and by the National Insurance (NIS) Fund. This creative model used by the NHF is considered a health financing best practice. Jamaica is currently exploring other financing opportunities through public-private sector partnerships. Health services to Jamaican children are provided through public health centers island-wide and the Bustamante Hospital for Children in the Kingston Metropolitan Area.

Table 6.1

Health Services Provision in Jamaica

Health Services Provision in Jamaica

Type 1 Serves 2,000 to 4,000 persons Maternal and Child Health Services <ul style="list-style-type: none"> • Antenatal • Postnatal • Child Health • Immunization • Nutrition Monitoring and Support • Health Promotion/Education and Community Participation 	Type 3 As in Type 2 plus <ul style="list-style-type: none"> • Health Promotion/Education • Full Time Curative and Mental Health Services • Dental Health • STD Services • Laboratory Services • Specific Specialist Services in selected clinics e.g. <ul style="list-style-type: none"> • Child Guidance • Dermatology
Type 2 As in Type 1 plus Health Promotion and Illness Prevention <ul style="list-style-type: none"> • Veterinary Public Health and Food • Hygiene/Food Handlers Clinics • Water Quality • Solid, Liquid and Excreta Disposal 	Type 4 As in Type 3 plus Parish Administrative Headquarters <ul style="list-style-type: none"> • Financial Management • Personnel • Coordination of services/ supervision • Transportation Management

Health Services Provision in Jamaica

Surveillance and Disease Control	Type 5
<ul style="list-style-type: none"> • Specific Communicable Diseases eg. TB and Hansen's • Malaria and Childhood Diarrhoeal Diseases • STD • Other Communicable Diseases • Rheumatic Fever Prophylaxis 	Serves densely populated urban areas As in Type 3 plus <ul style="list-style-type: none"> • Rape Unit • Child Guidance • Specialist STD Services • Specialist Dermatology Clinics • Research/Specialist Projects • Higher Level Laboratory Services
Curative Services	
<ul style="list-style-type: none"> • Common Medical conditions • STD • Acute and Chronic Diseases • Dental Services (visiting) 	
Other Classifications:	
<ul style="list-style-type: none"> • Rural Maternity Centres/ Community Hospitals • Family Planning Clinics • Dental Clinics 	

252. Key health indicators for Jamaica as stated by the Economic and Social Survey, Jamaica, 2007, and the Statistical Institute of Jamaica (2008) are listed in Table 6.2.

Table 6.2

Health Indicators: 2003-2007

<i>Health Indicators</i>	<i>Years</i>				
	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
Life Expectancy at Birth (years)^	74.13	74.13	74.13	74.13	74.13
Contraceptive Prevalence (per cent)*	68.8*	69.1*	69.01*	69.01*	69.01
Total Fertility Rate (per woman)*	2.5	2.5	2.5	2.5	2.5
Crude Birth Rate (per 1,000 mean population)^	19.3	17.6	17.25	17.04	17.0
Crude Death Rate (per 1,000 mean population)^	6.0	6.3	6.1	5.69	6.37
Infant Mortality Rate (per 1,000 live birth) ^	19.9	19.9	19.9	19.9	21.3
Child < 5 years mortality rate (per 1,000 live births)	n/a	n/a	31.3	32.0	25.4
Maternal Mortality Ratio (per 100,000 Live Births)** (hospital based)	106.2**	106.2**	94.8***	94.8***	94.8***

Note: General Fertility Ratio per 1000 females 15-49 yrs (mid-year pop.) is 62.3(STATIN) (2007).

[^] Statistical Institute of Jamaica, 2008, Life Expectancy at Birth is based on average deaths for the 3-year period 2002-2004, centered on the population for 2003.

* Reproductive Health Survey 1997, 2002.

** Access to Care and Maternal Mortality in Jamaican Hospitals 1993-1995.

*** Surviving Pregnancy in Jamaica – Changing Epidemiology and Challenges in the 21st Century, 2001-2003.

n/a = not available.

Infant mortality

253. Data from the MOH (2007-2008) outlines rates of infant and under-five mortality as:

- IMR-21.3/1,000 live births < 5yrs MR-25.4/1,000 live births;
- Proportion of children with low birth weight – approximately 11 per cent;
- Proportion of children with moderate to severe underweight (4 per cent) wasting and stunting.

254. One important gap in the full and accurate assessment of the IMR is the incompleteness of institutional data on the total number of births in Jamaica each year. A recent study by the Ministry of Health (2004) indicates that there is a 10 per cent difference between the total number of births reflected in hospital records and the total number of registered births in the island.⁴¹ Although the Medium Term Social and Economic Framework (MTSEF) of Jamaica, in assessing advancement towards attainment of the Millennium Development Goals.

255. The MDG Report notes that Jamaica is ‘lagging’ in progress towards child mortality targets, it must be noted that the reductions – reduction by two-thirds – set by the MDGs are difficult to achieve from an already low base.

256. Existing data indicate that the majority of infant deaths occur during the neonatal period. Reductions will require expanding neonatal care services and must take cognisance of the increasing disability rates that accompany survival of the very pre-term infants, with plans made to provide support services to address the needs of these infants. The National Early Childhood Strategic Plan is expected to expand screening and service delivery to the 0-3 year population through public health clinics, targeting 30 per cent of health centres in order to offer high quality well child services by 2011.

Maternal mortality

257. While deaths from direct causes declined by 49 per cent between 1987 and 2006 due to improved health management and improved access to obstetric care, over the corresponding period, there was an 83 per cent increase in deaths from indirect causes, negating these gains. The incidence of HIV and AIDS in the antenatal population has been a significant factor as well as morbidity from hypertension, heart disease (now the second leading cause of maternal death) and diabetes, often associated with obesity even in young mothers.

⁴¹ K Fox et al (2004): Assessing the Level of Birth and Birth Registration in Jamaica.

258. A factor affecting the monitoring of maternal mortality is the need for accurate and consistent measurement. No data has been available since 2001 due to unresolved data management issues.

259. Available data from the MOH shows:

- (a) Approximately 85-90 per cent of pregnant women (58 per cent in the public sector) have access to and benefit from prenatal care;
- (b) Approximately 85-90 per cent of pregnant women (67 per cent in the public sector) have access to and benefit from postnatal care;
- (c) 97 per cent of children born are born in hospitals;
- (d) All doctors (100 per cent) and 70 per cent of all nurses trained in hospital care and delivery;
- (e) 94 per cent of mothers practice exclusive breastfeeding at birth, 43.9 per cent for six weeks and 32.3 per cent for 3 months.

Immunization

260. The Primary Health Care system in Jamaica has achieved high levels of immunization. In addition there is quality antenatal care, which provides care for high risk mothers to the extent that over 98 per cent of mothers have at least one antenatal visit and over 87 per cent have at least four visits. More than 90 per cent of women attending antenatal clinics are now tested for HIV. With the introduction of antiretroviral treatment the mother to child transmission rate dropped below 10 per cent by 2007.⁴²

261. Nationally, immunization coverage averaged 83.8 per cent in 2007, which was below the 95.0 per cent target. However, the immunization coverage for BCG, OPV, DPT/DT, Hib and Hepatitis B increased when compared to the previous year, while Measles/MMR coverage fell considerably (by 12.9 per cent) in comparison to 2006. BCG registered the highest coverage overall (87.4 per cent) (see Table 6.3).

Table 6.3

Trends in Immunization Coverage for Jamaica: 2003-2007

<i>Year</i>	<i>BCG</i>	<i>OPV</i>	<i>DPT/DT</i>	<i>Measles/ MMR</i>	<i>Hib</i>	<i>Hep. B</i>	<i>Average Coverage</i>
2003	89.6	83.8	84.9	78.6	n/a	n/a	84.2
2004	89.6	75.4	81.2	85.9	77.4	76.9	81.1
2005	94.5	83.6	87.5	84.0	88.6	87.2	87.6
2006#	85.1	81.2	80.7	89.1	82.7	82.6	83.6
2007*	87.4	84.8	85.0	76.2	85.0	84.7	83.8

Source: Ministry of Health and Environment, Planning and Evaluation Branch.

* Preliminary data.

Revised data.

n/a = Hib and Hep B were not introduced until June 2003.

⁴² MDG Report.

262. This dip in MMR/Measles coverage could be blamed on several factors, which will have to be addressed to ensure 100 per cent coverage. Among them the following:

- Severe shortage of public health nurses and midwives in most parishes resulting in Immunization Clinics being compromised;
- Schools accepting children without full immunization. This can be eliminated with improved inspection;
- Insufficient Community Health Aides, who assist in monitoring immunization status and identifying and referring children not immunized, as well as educating parents and caregivers; and
- Young parents who have never seen these preventable diseases and do not take their children for vaccination when they are otherwise well.

Nutrition services in child health

263. Indicators of child nutrition in Jamaica show persistent levels of undernourishment well above international standard (Jamaica Survey of Living Conditions various years), largely concentrated among the poorest children. Over-nutrition or obesity has also emerged as a nutritional concern among children, particularly those in the wealthiest households. The problem of poor nutrition therefore affects both wealthy and poor children in Jamaica and hence lends itself to an overall national intervention, reaching all sectors of society.

264. Nutrition services are recognized to be fundamental to the maintenance of health and the prevention and treatment of ill health. From a health promotion perspective, Infant and Young Child Feeding (including breastfeeding) continues to be an area of focus, with the objective of increasing the prevalence of exclusive breastfeeding at six weeks by 3 per cent above the figures for 2005 (Table 5.8 demonstrates the yearly progress made).

265. Data from 2007 revealed 186,914 (89.7 per cent) of all children 0-35 months attending public facilities had normal weight for age. A total of 14,406 (6.9 per cent) children between 0-35 months were above normal weight for age. Eighty (0.03 per cent) males and 89 (0.04 per cent) females (0-35 months) were severely underweight. There has been a decrease (0.12 per cent) in severe malnutrition (from 193 to 169) between 2006 and 2007 (see Table 6.4).

266. The Government continues its efforts to improve nutrition of children at this level through interventions such as the Schools Feeding Programme which provides lunches for children mainly at basic and primary schools.

Table 6.4

Trends in Nutritional Status of Children 0-35 months attending Public Health Sector Facilities: 2003-2007*

Year	Normal				Moderate			Severe		
	Above Normal	Male	Female	Total	Male	Female	Total	Male	Female	Total
2003	15,380	100,926	100,654	201,580	2,693	5,736	8,429	65	110	175
2004#	14,574	97,982	97,503	195,485	2,731	5,359	8,090	54	87	141
2005	14,826	100,557	101,325	201,882	2,178	4,900	7,078	65	102	167
2006	14,560	97,248	98,049	195,297	2,368	5,233	7,601	93	100	193

Year	Normal				Moderate			Severe		
	Above Normal	Male	Female	Total	Male	Female	Total	Male	Female	Total
2007*	14,406	93,152	93,762	186,914	2,164	4,705	6,869	80	89	169

Source: Ministry of Health and Environment, Planning and Evaluation Branch.

* Preliminary data.

Revised data.

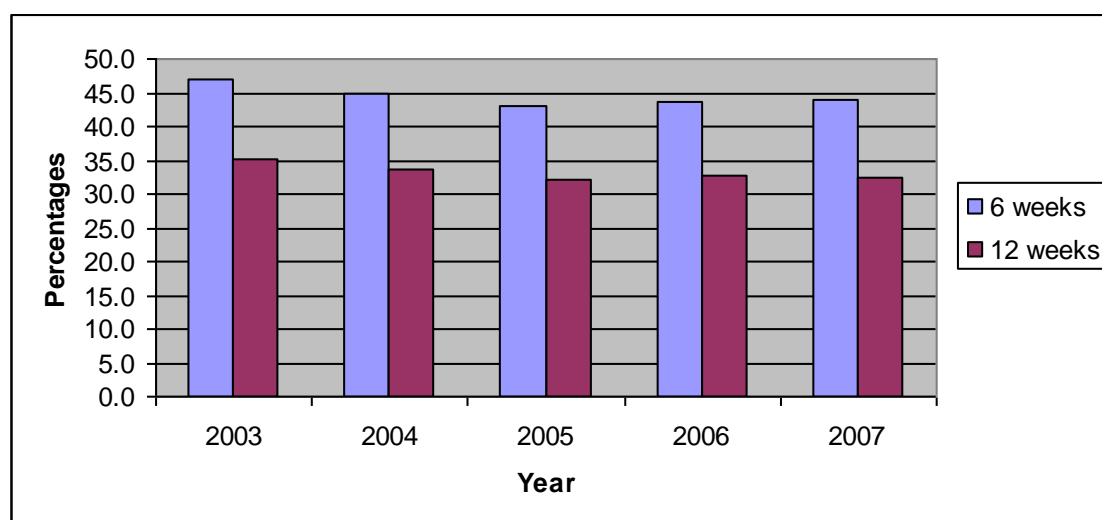
Breastfeeding

267. The rate of exclusive breastfeeding continues to be monitored at six weeks and three months. Provisional data in 2007 revealed that babies visiting Government health centres who were exclusively breastfed represented 43.9 per cent while at 12 weeks it was 32.3 per cent (see Figure 6.1).

268. Several factors are responsible for this relatively low level of breastfeeding, not least of which is the fact that mothers often have to return to work as the maternity leave provisions only allow for fifty-six continuous days (including weekends) of paid leave. Cultural practices and misinformation also affect breastfeeding practices. Only approximately one-third of children are breastfed at three months. Continuous efforts by the Ministry and its partners have not resulted in changes in these rates over the years.

Figure 6.1

Exclusive Breastfeeding Status among Babies visiting Public Health Sector Facilities: 2003-2007



Source: Ministry of Health and Environment, Planning and Evaluation Branch.

Water and sanitation

269. MOH figures indicate that currently the percentage of households without access to safe drinking water is approximately 10 per cent. Improved water sources and improved access is a critical target for those currently without safe drinking water. This issue is being addressed by the Ministry of Water and Housing's Rural Water Supply agency, which, harnesses small streams, rivers, and springs to supply isolated communities. It also

organizes public trucking of water to designated areas. The promotion of private sector partnership has resulted in eight licenses being issued to private companies to supply potable water.

270. The percentage of households without access to hygienic sanitation facilities stands at 25 per cent. Efforts to ensure improvement in basic sanitation quality, enabling universal access to water closets have been a primary focus. Increased attention is also being paid to upgrading sewage plants, cleaning drains and improving garbage collection in order to combat pests, improve vector control and to mitigate damage from natural disasters.

Special Safety and Protection Initiative (Guidelines for Child-Friendly Disaster Management and Response)

271. Jamaica is highly vulnerable to natural disasters and as was noted in the Introduction is ranked by the World Bank as a natural disaster hotspot with frequent hurricanes and flooding especially in recent years. To improve the safety and protection of children during disasters the Office of Disaster Preparedness and Emergency Management (ODPEM) in collaboration with UNICEF felt it necessary to provide guidelines to ensure that risk management, especially disaster management, in Jamaica uses a child-rights approach.

272. To this end, a booklet which serves as an *aide-memoire* for planners and implementers in times of emergency was developed and disseminated. The booklet provides a succinct checklist, which makes it easy for any practitioner to refer quickly to the appropriate sector for guidelines and assistance as well as the quick identification of agencies with responsibility for ensuring that the activities and guidelines outlined in each sector are implemented.

Health issues by age group

Children 0-9 years old

273. The number of children in this age group totaled 472,500 and constituted 1.5 per cent of the general population. Data from the Ministry of Health indicated that 43.1 per cent of six weeks babies seen at public clinics between January and September 2008 were exclusively breastfed compared with 43.7 per cent of the corresponding period in 2007. This represents a decline and continues to be well below the country's target of 60 per cent exclusive breastfeeding at six weeks. The data also revealed that 31.2 per cent were exclusively breastfed at three months compared with 31.9 per cent in 2007.

274. Unintentional injuries affecting this group included burns, poisoning, motor vehicles accidents, accidental lacerations and bites. Data from the Accident and Emergency units of public hospitals indicate that 640 children suffered burns, the most for any age group. This group also accounted for 25.7 per cent of all cases of accidental lacerations.

275. In relation to intentional injuries, this age group accounted for approximately 12.1 per cent of sexual assault cases, and 1.5 per cent of gunshot cases. However blunt injury accounted for 64.7 per cent of all intentional injuries with boys accounting for 36.8 per cent more injuries than girls.

10-19 years

276. There are 526,300 persons in this age group constituting 19.5 per cent of the country's population. Key health issues included violence related injuries, motor vehicle accidents and reproductive health issues.

277. Data from the MOH reveal that adolescents accounted for 22.4 per cent of antenatal and 19.8 per cent of postnatal visits at the island's public health centres between January and December 2008. Of new family planning acceptors, adolescents accounted for 21.3 per cent.

278. With respect to injuries, hospital data revealed that the 10-19 years age group had the largest number of cases seen at the Accident and Emergency (A&E) departments at public hospitals. This age group accounted for 27.3 per cent of all intentional injuries with approximately 10 per cent more males than females being injured. In terms of unintentional injuries this group accounted for 22.1 per cent of cases seen at the A&E departments, with almost twice the number of males compared with females.

279. Approximately 39.3 per cent of attempted suicides were by adolescents with the majority being among adolescent females. Eight times more adolescent females than males attempted suicide. In relation to psychiatric cases, this age group accounted for 13.8 per cent of all cases seen at A&E departments at public hospitals.

280. Gender-based violence continued to be a challenge faced primarily by women and children. The majority of victims of sexual assault were under 19 years old (57 per cent).

Financing health care

281. The Government tries valiantly despite the stringencies to make adequate preparation and allocation for children in the health sector. The total Ministry of Health and Environment's expenditure in the 2007/08 fiscal year, was J\$21,894,382 billion, which represented a 0.8 per cent improvement compared to the J\$17,830,563 billion expended in 2006/07. This budget expenditure can be broken down into J\$20,937,266 billion (recurrent), J\$149,531 million (Capital A) and J\$807,585 million (Capital B).⁴³

282. Jamaica spends between 4 and 5.5 per cent of the national budget on health care with a GOJ target of increasing this to 10-15 per cent. Financing health service delivery is a major challenge as the current expanded demand on the resources combined with the human resource constraints from migration of health personnel threatens to overwhelm primary care delivery process. An effort to identify specific provision in the GOJ budget for children found that it was impossible to isolate the share spent directly on children from the health budget as presented.

283. Since May 2007, there have been positive developments in the health sector that benefit children. Among them the fact that health care at the 340 public health clinics and the 23 public hospitals (excluding the university teaching hospital) has been free to all children under 18 years, and, since April 2008, to the general public. This measure abolishes the user fees introduced previously as a cost sharing measure.

⁴³ "Invest in our Children – Build our Nation" – A Review of Economic and Social Investments for Children (2007) Prof Michael Witter.

Box 15

CAMP Bustamante

An experimental UNICEF-funded Child Abuse Mitigation Project (CAMP Bustamante) was set up in 2004 in the national children's hospital (the Bustamante Children's Hospital), for children in the 0-12 year old age group. The project had three objectives:

- To develop and implement a hospital-based model to identify and refer victims of abuse and violence;
- To improve parenting skills and conflict resolution skills;
- To develop and implement an intervention model within the child's environment (home, school, church) through interaction with existing community based programmes.

A small staff of social workers and one psychologist was employed to the project. Over the period of its existence they investigated 1,284 cases (4 per 1,000) referred from the Accident and Emergency Department as suspected victims of physical abuse, sexual abuse or with gunshot wounds. The number of boys and girls were almost equal. Over half of the injured children (53 per cent) were between 8 and 11 years and almost a third (30 per cent) were 4-7 years old and 16 per cent were 0-3 years old. The majority of victims had injuries from physical abuse (including use of a blunt object, pushing or stabbing), over a quarter (28 per cent) had been sexually molested or assaulted (nine out of ten being girls) and 7 per cent had gunshot wounds. Almost half the victims (49 per cent) were injured in their home surroundings; 16 per cent at school and 14 per cent on the street.

Staff would investigate, visit homes, give immediate counseling and refer when necessary. They conducted parent education and conflict resolution sessions and invited selected clients to attend weekly and/or summer art, music and recreational camps to encourage the building of life skills and create spaces to assist the healing process.

The project was recently assessed as a best practice model, the only one of its kind in the English-speaking Caribbean. Due primarily to financial constraints the project closed in December 2008.

Box 16

Jamaican children speak about Health Services

"There should be clinics near the homes where children live"

"There should be a mobile clinic that visits children's homes"

"Hospital bills should be free if you cannot afford it"

"The Government should provide a form of service to take children to the hospital and have regular immunizations or shots given to prevent disease and sickness""Someone should come to homes and inspect the children and their health"

"Parents need training in growing healthy children"

6.3. Adolescent health

Recommendation in paragraph 43 of the Committee's concluding observations

- Increase efforts to promote adolescent health including mental health policies, substance abuses and health education in schools with the full participation of adolescents.
- Consider means of reducing teenage pregnancy by strengthening reproductive health education programmes, family planning campaigns to change attitudes to fertility and sexuality. Provide health-counselling support for pregnant girls and assist them to continue their formal education.

284. The Government recognizes the links between reproductive health, adolescent sexual health, fertility and sexual knowledge, attitudes and practices and their impact on health, education and poverty reduction. Family planning programmes under the National Family Planning Board have been very successful in reducing the fertility rate from 4.5 children per woman of childbearing age in 1975 to the present 2.5 children per woman. UN agencies such as the Pan-American Health Organization (PAHO), UNICEF and the United Nations Population Fund (UNFPA) have provided critical support in health areas related to women and children, the latest being the joint Safe Motherhood Programme. The Government aims to maintain a focus on educating children and adolescents in an effort to further influence reproductive health and practices to keep family size at manageable proportions.

Table 6.5

Number of Adolescent Births at VJH, STH, SAB, CRH and Mandeville Hospitals: 2003-2007

<i>Hospitals</i>	<i>Number of Births by Year</i>				
	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>
Victoria Jubilee	1,938	1,943	1,777	1,760#	1,762
Spanish Town	1,135	1,065	1,187	1,163	1,199
St. Ann's Bay	791	731	653	610	637
Cornwall Regional	814	749#	776	640	782
Mandeville	864	828	969	815	566

Source: Ministry of Health and Environment, Planning and Evaluation Branch.

= Revised.

285. The number of adolescent births in the selected hospitals above registered a fluctuating pattern over the five-year period. However, when compared to 2006 there was general increase in the numbers in 2007 with the exception of Mandeville Hospital. This was due to the fact that data was only collected for the 12-18 year olds. As was already indicated, the Ministry of Health refers to the 10-19 age group when addressing this developmental stage.

286. As is customary, Victoria Jubilee Hospital (VJH) had the highest number (1,762), and this may be due to the fact that it is the only hospital in Jamaica that caters to maternity

needs only. In the year 2007, Cornwall Regional registered the highest increase (782) and St. Ann's Bay Hospitals (637), increased by 22.2 per cent and 4.4 per cent respectively, when compared to 2006 (see Table 6.5).

287. The adolescent fertility rate remains high despite a significant reduction from 1997 to 2002. Twelve per cent (12%) of sexually active 15-19 year old females have had between two to three pregnancies. With respect to HIV and AIDS, adolescent females 10-14 years face twice the risk and those 15-19 years three times the risk of contracting the disease due to transactional sex, forced sex and sex with older HIV infected male partners. Influencing sexual decision-making among youth has become extremely important, not only in relation to STIs and early pregnancy but also from a human rights perspective of personal choice and control. Preteen and teenage girls are recognized as a vulnerable group. Many are not sufficiently empowered to resist male advances or to insist on safe sex practices. In a recent school-based survey of 10-15 year olds, of the 6 per cent of girls who reported they had had sexual intercourse, an alarming quarter stated they had been forced. In a parallel community-based survey of 15-19 year olds, 48 per cent had had sexual intercourse and one in five reported being forced.

The Women's Centre of Jamaica Foundation

288. The Woman's Centre of Jamaica Foundation, with seven centres across the island, operates a very successful programme educating adolescent mothers when they leave school during pregnancy, training them to care for their babies immediately after birth, and assisting them to re-enter the formal school system to complete their education. The young fathers and the families of both parents are included in the centres' outreach. Starting as an NGO and now under the Ministry of Youth, Sport and Culture, they have assisted over 35,000 teenage mothers since 1978. Tracer studies have demonstrated their success in halting the mother to daughter cycle of adolescent pregnancies.

Perinatal health

289. Perinatal mortality levels remained a concern to the health sector as early indication from Hospital Monthly Statistical Report (HMSR) data for January to September showed mortality rates of 29.2 per 1,000 births. The Perinatal mortality study, which was completed in 2006 and presented in early 2007, indicated that the perinatal mortality for Jamaica in 2005 was 34 per 1,000 births. Internationally, the gestational age for reporting stillbirths differs from 22 to 28 weeks. The national practice of using differing gestational ages for stillbirths from 22 weeks to 28 weeks is to be examined bearing in mind that generally a viable foetus is 22 weeks gestational age.

290. Focus was placed on standardizing neonatal emergency care in order to reduce perinatal mortality. With the assistance of PAHO, some 500 copies of a field guide detailing various aspects of care of the newborn were printed and disseminated to newborn nursery staff. Training of maternity staff in newborn resuscitation was conducted and 26 doctors and 36 nurses/midwives participated. Friends of Jamaica, Illinois, supported the six one-day training sessions conducted by the training team of two overseas midwives and four local paediatricians (including two neonatologists) in the Western, South East and North East regions. The training session scheduled for October had to be postponed due to the unavailability of the overseas trainers. Plans are in place to have this training in the Southern region in the first quarter of 2008.

291. In this environment therefore, much emphasis has been placed on public education and the provision of counselling services and referrals in dealing with the prevention and

treatment of adolescent health concerns. Education is done in the formal school sector through the Health and Family Life Education (HFLE) Curriculum and in the non-formal sector, through aspects of the curriculum and a menu of other initiatives.

292. A variety of programmes using a wide range of creative child participation methodologies as well as the media have also been used to address adolescent sexual and reproductive health issues, including unplanned pregnancy and STIs. These programmes also promote voluntary abstinence and make referrals to appropriate counselling services designed specifically for young people.

293. The current “Teen Seen” television programme is quite popular among adolescents as it utilises the “edutainment” approach wherein entertainment is used as a vehicle for education and information. Content for each programme focuses on a particular topic for discussion from among the many issues that affect children and adolescents.

294. Counseling services are provided by the Family Planning Clinic through a call-in, walk-in and write-in service managed by a trained nurse/counselor. The service is known as the “Marge Roper” Programme and targets persons in the reproductive age group, providing them easy access to information and counselling on Family Planning/Family Life Education (FP/FLE) issues. Persons wishing a private, confidential and personal session with the counsellor can just walk into the office and persons who wish to remain anonymous can access the service by calling the specifically listed numbers.

295. Contraceptives such as the pill and the condom are dispensed by the Marge Roper services. The counsellors also maintain a referral system with appropriate agencies within the country, in order to cater to the needs of clients that the National Family Planning Board (NFPB) is unable to address.

296. The Communications Unit of the NFPB produces a variety of sexual and reproductive health education materials that are geared to the various target audiences; these include teachers, guidance counsellors, students and parents. In addition, from time to time training officers from the Outreach Department will visit schools or centres which request their expertise to give presentations or engage the various audiences in rap sessions. In addition, workshops are conducted islandwide for persons such as community health aides, nurses, teen mothers, and professional persons such as members of the police force.

297. Regarding the new policy guidelines, the policy applies to the provision of contraceptive advice, counseling and treatment of persons under 16 years by health professionals at a health facility. The actions to be followed by the health care professionals are clearly laid out in the policy.

298. The following responds to the request for the number of adolescents affected by early pregnancy, sexually transmitted infections, mental health problems, and drug and alcohol abuse:

Table 6.6

Age-Specific Fertility Rates (15-17 years) and Total Fertility Rate Jamaica, By Maternal Age, Compared With 1975 Fertility Survey, 1983, 1989 and 1993 CPS, and 1997, 2002 and 2009 Reproductive Health Survey

<i>Year</i>	<i>Age-Specific Fertility Rates (per 1,000)</i>
1975	137
1983	122

<i>Year</i>	<i>Age-Specific Fertility Rates (per 1,000)</i>
1989	102
1993	107
1997	112
2002	79
2008	71

Source: Reproductive Health Survey, 2008.

299. According to Table 6.6, over a span of 33 years, comparisons made for the years 1997, 1983, 1989, 1993, 2002 and 2008 show a marked decrease in the Age-Specific Fertility Rates (ASFR). For the year 2008 the ASFR (per 1,000) was 71, compared to 137 per 1,000 for the year 1975. This amounts to a decrease of 66 (per 1000) between the comparative years 1983 and 2008. Although showing significant improvement the statistics re pregnancies in the 15-17 age group remain a concern.

300. The Age-Specific Fertility Rate is the number of births occurring annually per 1,000 women in a specific age group (usually given in 5 year groups). It is calculated by dividing the number of children born to mothers in a given age group by the total number of women in that age group multiplied by 1,000.

Table 6.7

**Planning Status of Last Pregnancy of Young Adult Women Aged 15-19
who had Live Births in the Past Five (5) Years or who are Currently Pregnant
Comparing 2002 RHS and 1997 RHS**

<i>Age Group</i>	<i>Planning Status 2002</i>				
	<i>Planned</i>	<i>Mistimed</i>	<i>Unwanted</i>	<i>Unplanned Unknown</i>	<i>Unknown</i>
15-17	2.8	86.1	4.2	0.0	6.9
18-19	14.0	82.2	0.4	1.9	1.5
<i>Age Group</i>	<i>Planning Status 1997</i>				
	<i>Planned</i>	<i>Mistimed</i>	<i>Unwanted</i>	<i>Unplanned Unknown</i>	<i>Unknown</i>
15-17	9.1	84.6	2.9	1.9	1.5
18-19	15.6	76.4	4.3	0.8	2.9

Source: Reproductive Health Survey, 2002.

301. As shown in Table 6.7, the overwhelming majority of teenagers and youth report that their pregnancy was mistimed, although only very small percentages consider the pregnancy “unwanted”.

302. Data suggests that the prevalence of Sexually Transmitted Infection (STI) among male adolescents and youth has fallen marginally between 2004 and 2008. For young women, the prevalence of STIs was climbing, almost doubling over the four year period.⁴⁴

⁴⁴ Source: 2008 HIV/AIDS Knowledge Attitudes and Behaviour Survey, Jamaica.

Child and adolescent mental health

303. Child and adolescent mental health services are provided primarily through the Child Guidance Clinics of the Ministry of Health. These clinics provide child mental health services and counselling for both children and parents. Since 2007 these services have expanded from the original three locations to a decentralized network of clinics in all four Regional Health Authorities in the island. In addition to clinical services, the Child Guidance Clinic provides technical guidance and support, including training in the management of children and adolescents with mental health problems. The Child Guidance Clinic developed guidelines for the management of child abuse in 2005, and 100 health workers received training in this area.

304. The majority of referrals to the Child Guidance Clinic come from schools. In order to promote the services offered by the Child Guidance Clinic and make teachers more aware of the symptoms of mental health problems, a series of seminars were held in all six (6) regions in the Ministry of Education.

305. The Child Guidance Clinic identified the main components of an implementation plan for Child and Adolescent Mental Health services, which are based on the five-year Mental Health Strategic Plan, developed by the Ministry of Health. In this regard, a two-day workshop focusing on the “Effective bio-psycho-social assessment of the Traumatized Child” was held with over 80 participants from a variety of tertiary care institutions.

306. The Children’s Advocate in the 2007/2008 Annual Report pointed to the treatment of children with mental health issues and those with disabilities as major gaps in the health system. The Advocate noted that despite the fact that mental health services are provided by Bustamante Children’s Hospital and the Bellevue Hospital there is a huge gap with respect to the adolescent age group (13-18) which needs immediate attention. Additionally, children who are referred from institutions such as children’s homes, places of safety and juvenile correctional centres have to return to these institutions where the members of staff are not trained to deal with their emotional and mental health problem. The Child Guidance Clinics operate with huge backlogs as many clinics operate once per week. In view of this fact, the Advocate recommended that the services of the Child Guidance Clinics be further expanded.⁴⁵

307. Table 6.8 shows that the most frequently occurring depressive symptoms [among adolescents aged 15-19 are: “feeling down/depressed”, “little interest/pleasure in activities”, “change in appetite” and “change in sleep pattern,” collectively reported by more than 30.0 per cent of youth 15-19 years of age. All symptoms reported a higher percentage of frequency in females than their male counterparts.

Table 6.8

Percentage (%) of Mental Health Symptoms (Among Adolescents Aged 15-19) by Sex, Jamaica, 2006

<i>Mental Health Symptoms</i>	<i>Male</i>	<i>Female</i>
Feeling Hopeless or Stopped Activities [^]	12.0	20.4
Feeling Down or Depressed*	24.5	41.3
Little Interest/Pleasure in Activities*	31.8	38.8

⁴⁵ The Office of the Children’s Advocate Annual Report 2007/08.

<i>Mental Health Symptoms</i>	<i>Male</i>	<i>Female</i>
Change in Appetite*	26.5	34.6
Change in Sleeping Pattern*	13.4	14.8
Feeling Guilty or Worthless*	13.4	14.8
Consider Suicide	2.8	9.7
Attempted Suicide	1.4	5.0
Planned Suicide	1.1	5.7
Number of persons	596	716

Source: Jamaican Youth Risk and Resiliency Behaviour Survey, 2005.

^ Symptoms prolonged for two (2) or more consecutive weeks.

* Symptoms prolonged for more than one (1) month.

Table 6.9

Percentage of 15-19 Year Olds Who Used Alcohol or Smoked Ganja, Jamaica, 2006

<i>Behaviour</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Alcohol Use	56.1	41.6	48.9
Ganja Smoking	15.9	5.0	10.5

Source: Jamaican Youth Risk and Resiliency Behaviour Survey, 2005.

308. Data shown in Table 6.9 illustrate that of a sample of 598, 56.1 per cent of males between the ages of 15-19 have used alcohol and 15.9 per cent of them have smoked ganja. This compares to 41.6 per cent of a sample of 719 females who have used alcohol and 5.0 per cent of them who have smoked ganja. Looking at the total percentages of alcohol and ganja use in Jamaica, almost 50 per cent of youth reported alcohol use sometime in the past and 10.5 per cent reported having smoked ganja. While the point estimate for alcohol use and ganja smoking is greater among males than their female counterparts, the difference is not statistically significant.

NGO Contributions

Box 17

Children First – Bashy Bus

Children First is an independent non-governmental organization, which was established in 1997 and serves over 3,850 vulnerable youngsters annually. Its “Bashy Bus Project” has been recognised both regionally and internationally for its creativity and innovativeness in providing access to adolescent reproductive health information and services in a wholesome youth-friendly atmosphere.

The “Bashy Bus” is a mobile reproductive health and information service which is marketed as a safe space where young people can learn about the variety of issues affecting them from young people who are trained to deliver a wide range of information in a non-threatening manner.

The “Bashy Bus” travels to major towns around the island providing young people with information on the following:

- Development and maintenance of healthy lifestyles;

- Sexual and reproductive health education: avoiding STIs and unwanted pregnancies;
- Life skills counselling on relationships, drug abuse etc;
- Assistance to restart school after pregnancy;
- Access to condoms and other contraceptives;
- VCT (rapid testing for HIV);

The project has enjoyed tremendous success. For example during January–December 2009:

- A total of 50,402 individuals were sensitised; 12,670 adults and 37,732 adolescents/children;
- Provided access to “free” Voluntary Counselling and Testing for 3,965 persons including 1,893 adolescents;
- The publication of the Bashy Bus Baseline Research and follow-up assessment;
- Expansion of the project to include other rural towns.

6.4. HIV/AIDS

Recommendation in paragraph 45 of the Committee’s concluding observations

Further integrate respect for the rights of the child into development and implementation of HIV/AIDS policies and strategies on behalf of infected/affected children and their families:

- Make reference to day of general discussion;
- Involve children when implementing this strategy.

309. During 2006, there were 73 new AIDS cases reported for children under 10 years, compared to 78 in 2005. In the same year, the number of female youth between 15 and 24 years newly reported with AIDS was three times higher than their male counterparts. By early 2007, just over 5,000 children under the age of 15 years were orphaned by HIV and AIDS in Jamaica. Such findings may be linked to the high rate of forced sex, sexual intercourse with HIV-infected older men and transactional sex.⁴⁶

310. It is estimated that as of 2007, 25,000 persons, or approximately 1.3 per cent of the adult population, are HIV infected and that almost two-thirds of this group are unaware of their status. The last three to four years have also seen the first decline in AIDS deaths and AIDS cases by 38 per cent and 30 per cent respectively. This is due to:

- Access to antiretroviral drugs which are provided free of charge to public sector patients and at greatly reduced prices for private patients through the NHF with Global Fund assistance. This showed an increase from less than 5 per cent in 2000 to 60 per cent in 2008;

⁴⁶ Final Draft: HIV and AIDS in Jamaica National Strategic Plan 2007-2012.

- Prophylaxis against opportunistic infections;
- Improved laboratory capacity to conduct investigations, resulting in a general improved quality of care. It is also the aim of the MOH dynamic multi-faceted programme to combat the AIDS epidemic, recognizing it to be a development concern as well as a health issue.

311. This has included:

- Policies to guide the management of HIV/AIDS within educational institutions, the workplace (increasingly implemented in the private and public sectors), and for orphans and other children made vulnerable by HIV/AIDS;
- Community outreach programmes, including outreach to sex workers;
- Mother-to-Child Transmission programme; and
- Effective behaviour change, communication and public education programmes, including street demonstrations of condom use and mass media advertisements.

312. This work is supported by ongoing research: reproductive health surveys, knowledge, attitudes, behaviour and practice surveys, as well as specific topic and area focused studies.

Impact of HIV and AIDS on children

313. Children are made vulnerable by the HIV and AIDS epidemic in two ways: it robs them of parental care and guidance, and often results in diminishing their educational opportunities by forcing many young children to work. Both the elimination of child labour and goals for sustainable development are threatened by the pressure placed on orphans and children of parents who are ill with HIV and AIDS.

314. The death of breadwinners leaves many orphans destitute. In 2003, an estimated 15 million children under 18 years of age became orphans as a result of AIDS, more than 12 million of them in Africa. The number of orphans is expected to increase substantially as the HIV/AIDS epidemic advances.

315. HIV and AIDS can profoundly affect children. They may lose their childhood if they are orphaned by HIV and AIDS and have to become the breadwinners and caregivers for sick relatives and extended family members. This extra burden places a strain on their meagre resources, which, in turn, exposes them to increased health risks of their own due to inadequate nutrition, housing, clothing and basic care. They are also less able than other children to attend school regularly. Such children are especially vulnerable to abuse and violence and are likely to end up in State care.

Combating HIV and AIDS

316. The primary mode of transmission of HIV infection is through heterosexual sex (71 per cent). The main reported risk factors for HIV infection in Jamaica are multiple sex partners, a history of STIs, sex with sex workers, men who have sex with men, and crack/cocaine use. Despite progress there is still much further to go in terms of the effective education of young people and the pursuit of the struggle against stigma and discrimination, which have proven to be some of the strongest obstacles in the battle against the HIV and AIDS epidemic.

317. The National Strategic Plan on HIV/AIDS 2007-2012 was completed in 2008 and includes steps to address children's issues focusing on an enabling environment and human rights; protection; empowerment; governance and treatment, care and support. The MOE also approved the HIV/AIDS National Strategic Plan for the Education Sector 2007-2012, which was prepared with United Nations Children's Fund (UNICEF) support. The ECC continued its work in facilitating the development of the National Parenting Policy. A draft green paper was developed and six public consultations held.

HIV and the child protection system in Jamaica

318. As at the end of June 2008, there were 6,029 children living within the traditional institutionalisation system and family-centred placements. Of the number of children in care, approximately fifty-six children are living with the HIV and AIDS virus. The system is further challenged as a number of children are either orphaned or made vulnerable through the presence of the disease within the family unit, some of whom have had to be taken into State Care.

319. At present, a Situation Analysis of children infected/affected by HIV and AIDS is being conducted with the aid of the United Nations Children's Fund (UNICEF) and the Ministry of Health and Environment. The GOJ recognises the urgency with which it has to put all the systems in place to reduce the HIV prevalence across Jamaica. This is being accomplished by increasing public awareness and education and reducing stigmatisation and discrimination in the workplaces, schools and health facilities.

320. Tables 6.10 and 6.11 show the number of children and youths ages 19 and under who are infected by the HIV virus. Incidence of HIV impacts the family, especially the mother, who usually has to provide care for the children. This also impacts the ability of the parents to work or to hold employment, as a substantial amount of time has to be spent away from work, during normal work hours to care for a sick child. It is therefore imperative that the National Workforce Policy also addresses implications of HIV on the workplace.

Table 6.10

Summary of AIDS in JAMAICA by Age and Gender 2008

<i>Age</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
1	4	2	6
2	2	4	6
3	4	1	5
5	3	2	5
6	0	1	1
7	0	1	1
9	6	2	8
10	0	1	1
13	0	1	1
14	0	1	1
16	0	2	2
17	1	2	3
18	1	3	4

<i>Age</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
0-18	21	23	44

Source: Ministry of Health and Environment, Planning and Evaluation Branch.

Table 6.11
Summary of AIDS in JAMAICA by Age and Gender 1982-2008

<i>Age</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
0	75	67	142
1	78	81	159
2	61	63	124
3	58	34	92
4	41	31	72
5	37	32	69
6	26	24	50
7	22	22	44
8	15	18	33
9	52	46	98
10	3	3	6
11	6	1	7
12	4	7	11
13	5	6	11
14	3	4	7
15	3	5	8
16	1	11	12
17	2	22	24
18	13	37	50
0-18	505	514	1019

Source: Ministry of Health and Environment, Planning and Evaluation Branch.

Assessing the fulfillment of the rights of children infected/affected by HIV or living with AIDS in Jamaica

321. The rights-based approach is based on three principles: universality, indivisibility and the interdependence of rights. This implies that “all rights for all children” must be met regardless of their circumstances.

322. The impact of HIV and AIDS has been studied in many populations with a special focus on orphans and other children made vulnerable by HIV and AIDS (OVC).⁴⁷ As the HIV and AIDS disease remains with us, the situation of children has become more precarious. Advances achieved in the well-being of children in terms of social welfare and

⁴⁷ A Rapid Assessment of the situation of Orphans and Other Children Living in Households affected by HIV/AIDS in Jamaica (2002), National AIDS Committee, UNICEF/CIDA, Kingston Jamaica.

health, are being compromised. One significant change has been the impact of HIV/AIDS on child labour, especially in its worst forms. Where children are orphaned by the death of one or both parents, general well-being – including opportunities for schooling, proper nutrition and health care – is adversely affected. Given the impact of HIV and AIDS, many children are forced to work to assist, in addition to themselves and their siblings, their families and their guardians.

323. Jamaica launched a National Plan of Action for OVC in November 2003⁴⁸ informed by an assessment that was done in 2002. However, very little has been done to assess the fulfilment of the rights of the child infected with HIV or living with AIDS and the factors that contribute to the welfare of these children. The information that exists highlights the need to provide anti-retroviral drug access to HIV positive children, as well as factors impacting on their education. The focus has been principally on enhancing the number of years of life but not on the rights and quality of these years. In addition, the emphasis has been predominantly on transmission of the infection from mothers to their children with very little attention to older adolescents.

6.5. Social security and standard of living

Recommendation in paragraph 47 of the Committee's concluding observations

The Committee recommends that:

- The State party strengthen efforts to revise and/or establish a social security policy along with a clear and coherent family policy as well as effective strategies for using the social safety net benefits to further the rights of children;
- Furthermore the Committee recommends that the State party develop and implement poverty reduction strategy with international community and others.

324. For Jamaica as a whole, 22.1 per cent of children were living in poverty in 2003. As in previous years the rate is highest for rural children (22.7 per cent) and lowest for children in the Kingston Metropolitan Area (KMA) (10.9 per cent) with an intermediate rate (18.9 per cent) in other towns of the island.⁴⁹

325. Despite minimal economic growth, Jamaica has experienced a rapid decline in poverty as measured by a consumption indicator. A number of factors are thought to have led to the poverty rate reduction, such as Government fiscal policy, which has prioritized and successfully reduced inflation, and the growth of the informal sector. The phenomenal growth in remittances in recent years has also assisted in reducing poverty.

326. Despite the achievement of the MDG poverty target, the level of inequality has not moved. Moreover, because poor households often include many children they are unequally impacted by poverty, with 22 per cent of children living below the poverty line.

⁴⁸ National Plan of Action for Orphans and Other Children made Vulnerable by HIV/AIDS in Jamaica (2003-2006), Child Development Agency, UNICEF, CIDA, Kingston Jamaica.

⁴⁹ MDG Report.

327. In 1996, the Government instituted a National Poverty Eradication Policy and Programme. This encompassed, inter alia, rural electrification, micro-finance, and a Social Investment Fund that has greatly assisted early childhood institutions, social services, water and sanitation projects, rural feeder roads, inner-city infrastructure as well as community organizational capacity building. In order to improve the coherence, efficiency and targeting of social assistance, in 2002, the Government introduced a Social Safety Net Reform Programme and established a conditional cash transfer Programme of Advancement Through Health and Education (PATH), rationalizing and merging the income transfer components of three former programmes, significantly reducing leakage. Children are the main beneficiaries but PATH also covers the elderly poor, other destitute poor, persons with disabilities and pregnant and lactating mothers.

328. An interim assessment carried out in 2006 suggested that PATH had slightly improved school attendance and significantly improved by 38 per cent health clinic visits for children 0-6 years. The overall impact of PATH on poverty has not yet been assessed. PATH now targets 360,000 beneficiaries, up from 236,000 in 2006. By December 2008, 85 per cent of this number had been registered.

329. A Steps-to-Work programme to support poor households in seeking and retaining employment is now being piloted. From 2002 to 2007 approximately US\$120M has been spent on PATH, including a US\$40M World Bank loan. Poverty rates are highest in the rural areas (15.3 per cent in 2007, compared with 6.2 per cent in the Kingston Metropolitan Region and 4 per cent in Other Towns) and have shown the slowest rate of decline over time. One method of facilitating economic empowerment in rural areas is through the provision of security of land tenure because lack of registered titles, a critical form of collateral, is a major factor impeding the development of the rural economy. The Land Administration and Management Programme (LAMP), a comprehensive attempt by the Government of Jamaica to title unregistered lands, is being gradually rolled out across the country and to date is in almost half the parishes. Development in the rural areas also needs to involve diversification of economic activities, and the upgrading of social and economic infrastructure.

Jamaica Social Investment Fund⁵⁰

330. The Jamaica Social Investment Fund (JSIF) was established in 1996 as a component of the Government of Jamaica national poverty alleviation strategy. It was designed primarily to channel resources to small-scaled community based projects. Though the Fund was initially established as a temporary organization with an initial lifespan of four (4) years, it has been in operation for over ten (10) years and presently has agreements that will continue to 2013. JSIF addresses the immediate demands of communities in a prompt, efficient, effective, transparent and non-partisan manner.

331. Over the years JSIF has established strong partnerships with private sector organizations, NGOs, and community entities in fulfilling its mandate of poverty alleviation. By joining forces strategically it ensures that there is a reduction in duplication of efforts and allows for the streamlined utilization of scarce resources. Between 1996 and 2007 JSIF approved and completed 564 projects. Of that number 412 impacted children in a very direct way in that the project either re-furnished or built 388 schools and 2 Day Care

⁵⁰ <http://www.jsif.org>.

Centres, 22 Health Centres and provided water for 60 communities and improved sanitation for 12 communities.

(For additional data relating to Theme 6, see Annex: 6-A1 to 6-A5)

7. Education, leisure and cultural activities

Convention on the Rights of the Child:

- **Article 28:** The right to primary education that is free and compulsory;
- **Article 29:** Education should develop the child's personality, talents and abilities and prepare the child for active adult life;
- **Article 31:** The right to rest, leisure and cultural and artistic activities.

Education, leisure and cultural activities

Recommendation in paragraph 49 of the Committee's concluding observations

- Carefully examine budget allocation and impact on progressive implementation of child rights into education and leisure activities.
- Intensify efforts to improve quality of education and management of schools (standards of teaching material and training of staff).
- Seek to further implement participatory measures to encourage children (especially boys) to stay in school during the period of compulsory education and to take further measures to facilitate the accessibility to education of children from all groups of society, in particular children from poor backgrounds, including the review of the system of school fees; and to make every effort to raise awareness of society on importance of education for all children.
- Take additional steps to address high illiteracy and poor results in national exams.
- Adopt appropriate legislative measures to combat use of corporal punishment in schools.
- Seek further technical assistance from UNICEF and UNESCO among others.

332. The present structure of the education system as set out in Education Act of 1980 consists of four levels: early childhood, primary, secondary and tertiary education. The public sector continues to be the major provider of education at all levels, accounting for more than 85.7 per cent of the total enrolment (88.6 per cent in 2006) with a relatively small degree of private sector participation at the primary and secondary levels. However, at the early childhood level, private sector participation is very high.

333. **The Child Care and Protection Act Section 28 (1)** outlines that "every person having the custody, charge or care, responsible for the maintenance of a child between the ages of four and sixteen year shall take such steps as are necessary to ensure that the child is enrolled at, and attends school". The age of completion of compulsory schooling remains at 16 years.

Student statistics enrolment

334. Jamaica continues to enjoy high levels of enrolment of children in school. For the academic year 2008/2009 approximately 686,140 students were enrolled in the formal public education system. Approximately 536,780 of these students fell within the age group 3 to 19 years, and were distributed across the infant, primary and secondary levels of the public education school system (see Table 7.1). The public sector has a network of approximately 1,000 institutions.

Table 7.1

Number and Type of Institutions Offering Public Education 2008/09

<i>School Type</i>	<i>Number of Institutions</i>	<i>Level of Education</i>
Infant	31	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	Teacher training; post-secondary/pre-university
Specialized Colleges	2	Higher Education
Universities	2	Higher Education

Source: Ministry of Education, Jamaica, 2009.

335. Challenges still remain at the secondary level where approximately 93.0 per cent of school-age children are in school. According to the Jamaica Survey of Living Conditions (2007), the enrolment levels of students according to socio-economic status ranged from 84.9 per cent for the poorest to almost universal enrolment for the wealthiest with children in the lower socio-economic groups being more likely to be out of school (Jamaica Survey of Living Conditions, 2007). Approximately 12 per cent of children in the lowest quintile are out of school as some were unable to move on to Grades 10 and 11, even having completed Grade 9. This was mainly due to the shortage of upper secondary spaces.

336. In an effort to address this problem, the Government is committed to improving access beyond Grade 9 to ensure every child who enters secondary school from 2003 has at least five years of secondary schooling.⁵¹ Since 2005 the MOE has increased access through the construction of new schools and expansion of existing ones. Table 7.2 outlines the number of new school places currently available. This expansion has been undertaken at a cost of \$8.3 billion financed by the GoJ in partnership with International Development Partners through a range of projects. Furthermore, the Ministry has conducted a thorough

⁵¹ White Paper on Education (2000): Ministry of Education, Youth and Culture.

audit of the space needs at the primary and secondary levels and has been partnering with donor agencies and seeking other means of funding to fill the gap.

Table 7.2
Number of New School Places

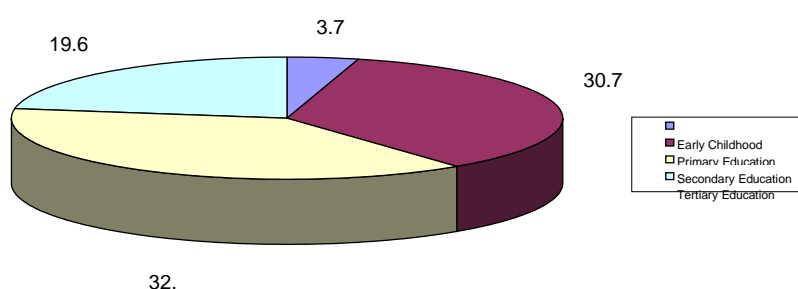
<i>Type</i>	<i>Number of Schools</i>	<i>Places</i>
New Schools	24	20,755
Extensions	39	10,135
Prototype ⁵²	49	7,485
Total	112	38,375

Financing education

337. Government of Jamaica budgetary allocations were supplemented by funds from bilateral and multilateral agencies, the private sector and non-governmental organizations (NGOs).⁵³

338. For the 2008/09 fiscal years, \$65 billion was allocated to the MOE. This represented a 21 per cent increase over the previous year (2007/08). It accounted however for a slightly reduced fraction of the total national budget moving from 13.2 per cent for 2007/2008 to 12.8 per cent. The largest share of 32.9 per cent went to the secondary level, followed by 30.7 to the primary level, 19.6 per cent to the tertiary level and 3.7 per cent to the early childhood level (see Figure 7.1).

Figure 7.1
Percentage Allocation of Government of Jamaica Expenditure on Education by sector 2008/09



339. Although primary education is free, schools request a voluntary contribution from parents. This contribution is used to defray certain school-related expenditures. At the

⁵² Prototypes are classroom structures that are less permanent than traditional school buildings. They provide quick solutions to overcrowding in schools.

⁵³ Planning Institute of Jamaica: Economic and Social Survey Jamaica 2007.

secondary level, since the beginning of the 2007/08 school year, tuition fees have been abolished by the Government, leaving parents responsible for other school-related cost such as some books (since there is the book rental programme), meals, uniforms, examination fees and transportation.

340. Having abolished tuition fees for secondary level students in September 2007, the Government continues to provide further assistance in meeting education expenses through assistance to students who are wards of the State and Government concessions and textbook rentals at the secondary level. In addition, the Government pays for examination fees for four core subjects at the end of Grade 11 when students sit the Caribbean Secondary Examination (CSEC). Fees in tertiary level institutions are subsidized and a Government student loan scheme is available.

Family education expenditure

341. Even with strong State support, private contributions to education are onerous for households. With the Government providing free tuition, text book assistance and other special allowances, the largest household expenditure, however, is not direct tuition costs but rather other school related expenditures – lunch and snacks, transportation and extra lessons. Regardless of socio-economic status, less than one-tenth of the total household expenditure on education is allocated to tuition, while transportation and lunch and snacks accounted for more than 50 per cent.⁵⁴

Focus on early childhood development

342. The Government recognizes the importance of early childhood (0-8 years) development for successful education outcomes. Consequently, an Early Childhood Commission was established by the Early Childhood Act, which was passed in 2003 with standards set for early childhood facilities. The Commission is charged with the mandate of ensuring an integrated and co-ordinated delivery of early childhood programmes and services. The passage of the Early Childhood Act and its attendant Regulations (2005) established legal framework and standards by which the operations of Early Childhood Institutions in Jamaica are governed. Using an integrated approach, the Commission, brings under one umbrella all the policies and standards pertaining to early childhood development. It also maximizes the use of limited resources by ensuring a more cohesive delivery of services.

343. The Early Childhood level in Jamaica caters for children 3-5 years of age in community operated Basic Schools, Infant Schools and Infant Departments of Public Schools as well as in Kindergarten Departments of Private Preparatory Schools. Children enter educational institutions from the age of three/four, while those from birth to three access services at Day Care Centres and pre-school facilities. Jamaica has experienced significant growth in the enrolment rates of children in Early Childhood Institutions. In 1993 approximately 86 per cent of children age 3-5 were enrolled in an institution and by 2007, full enrolment was achieved with 99.4 per cent enrolled.⁵⁵ This is in tandem with GOJ commitment and programmes to achieve universal enrolment at this level. The largest increases in enrolment have been seen in the poorest consumption groups, which have

⁵⁴ In real prices.

⁵⁵ Jamaica Survey of Living Conditions 2007.

moved from enrolment rates of 76.0 per cent in 1993 to near universal enrolment in 2007 (ibid).

Teacher qualification and curriculum at the Early Childhood Level

344. There are approximately 6,930 teachers employed at the EC level, 75 per cent of which are in basic schools. Teachers in public Early Childhood institutions are far more qualified than those working in privately run basic schools. Only 3.3 per cent of teachers in these private basic schools are college-trained, compared to 83.2 per cent of teachers in public infant schools and departments and approximately 88 per cent in private preparatory schools. Three teachers' colleges offer specialized training in Early Childhood Education. Most graduates from these programmes find employment in infant schools and departments within the public education system. At the level of leadership, 51 per cent of principals in infant schools and departments are university graduates but principals in basic schools are the least trained of practitioners in the sectors (most basic schools are community-based operated).

345. The National Plan of Action and the Standards under the Early Childhood Act has set clear criteria and targets as they relate to teacher qualification in the sector. Several training initiatives, spearheaded by the Early Childhood Commission in partnership with the universities, teachers' colleges and vocational training institutes have been implemented to increase access to training for teachers who wish to remain in the sector and upgrade their skills in accordance with the Regulations. This is being done preparatory to the full implementation of the mandatory registration required under the law.

346. The achievements in the first year (March 2008-2009) of the National Strategic Plan (NSP) for the Early Childhood Development Sector are listed below by strategic action area.

Effective parenting education and support

- Certification system to support the training of Parent Facilitators ratified by NCTVET.

Effective preventative health care

- Child Health and Development Passport, which is a parent-held health record designed to improve the Monitoring of Children's Health and Development, developed and approved by the ECC and the Ministry of Health.
- Draft Infant and Young Child Feeding Policy developed and undergoing consultations for submission to Human Resource Council in the 3rd quarter of the Financial Year 2009-2010.

Effective screening, diagnosis and early intervention for at risk children and households

- Curriculum and delivery model for the Child Development Therapist developed and approved by the ECC Board and the Faculty of Medical Science.
- Work has commenced on the Curriculum and service delivery model for the Master's Programmes in the Professions Supplementary to Medicine (Speech Therapy and Audiology). Curriculum and delivery model scheduled for completion in March 2010.

Safe, learner centred, well maintained early childhood facilities

- Standards for the Operation and Management of ECIs developed.
- Forty inspectors employed, trained and gazetted. (Target – 35 Inspectors employed).
- 2,395 Early Childhood Institutions have applied to the ECC for Registration.

Effective curriculum delivery by trained EC practitioners

- Level Three (Vocational) competence standards developed and approved by the NCTVET and ECC Board.
- Training programmes in 6 of 7 areas of Safety (Paediatric First Aid, Recognising Signs of Child Abuse, Disaster Preparedness, Fire Prevention Safety, Public Health Requirements and Referral Mechanisms under the Child Care and Protections Act) and Reporting Requirements under the Child Care and Protection Act and the Public Health Act and Attendant Regulations) were developed. The programmes will be delivered as part of the NCTVET Level III training programme.
- The new early childhood curriculum for children 0 to 3 years was completed and phased implementation commenced. The training of practitioners and monitoring of the implementation of the 0 to 3 curriculum is currently ongoing.

General Comment 7 Pilot Project⁵⁶

347. The progress made by Jamaica in the last decade with the implementation of important initiatives as well as the introduction of new rights-based laws, policies, plans of action and services for children – developed within the framework of the Convention – strong demonstrated commitment to early childhood development, prompted its selection to participate in a pilot project to discuss the broader implications of the Convention for young children as outlined in the Committee’s general comment No. 7 (2005) on implementing child rights in early childhood. This general comment emerged from the 2004 day of general discussion on “Implementing Child Rights in Early Childhood”. General comment No. 7 reinforced the fact that young children are “holders of all the rights enshrined in the Convention and that early childhood is a critical period for the realisation of those rights”.

348. The project was a collaborative venture between the ECC, the Bernard van Leer Foundation and the Committee on the Rights of the Child.

349. Project activities were carefully designed and focused much attention on assessing the application of the broad range of rights to young children in Jamaica. A user-friendly version of the general comment as well as a Positive Agenda for Early Childhood were critical outputs of the project.

Table 7.3 Early Childhood Corporate Plan 2006-2009 gives an indication of the early childhood population figures in Jamaica in 2003.

⁵⁶ The Status of the Rights of the Young child in Jamaica – Early Childhood Commission, UNCRC, Bernard Van Leer (2007).

Table 7.3
Early Childhood Population 2003

<i>Age</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
0	23,202	22,631	45,833
1	23,936	23,506	47,441
2	23,461	23,207	46,668
3	26,139	25,766	51,904
4	25,996	25,750	51,745
5	26,302	25,952	52,254
6	27,713	27,338	55,051
7	28,607	27,736	56,343
8	28,237	27,721	55,959
Sub-Total (0-8)	243,594	219,606	463,200

Source: Demographic Statistics 2003 (adapted).

Primary education

350. The country consistently achieves 90-99 per cent enrolment at the primary level and has long been able to provide universal access to primary education for its children. The primary school system includes a network of approximately 792 (MOE 2008/09) schools throughout the island. While allowing access to 97 per cent⁵⁷ of the relevant cohort, the Government of Jamaica acknowledges that the system produces too many students who are not equipped for secondary education. This is borne out by all the educational performance indicators for primary schools.

Performance at the primary level

351. One of the most fundamental shortcomings of the primary level system in Jamaica is its failure to ensure that all Jamaican children – to the extent of their abilities – are literate. The National Assessment Programme (NAP), implemented to monitor progress at the primary level includes the Grade One Individual Learning Profile, the Grade Three Diagnostic Test, the Grade Four Literacy Test and the Grade Six Achievement Test (GSAT).

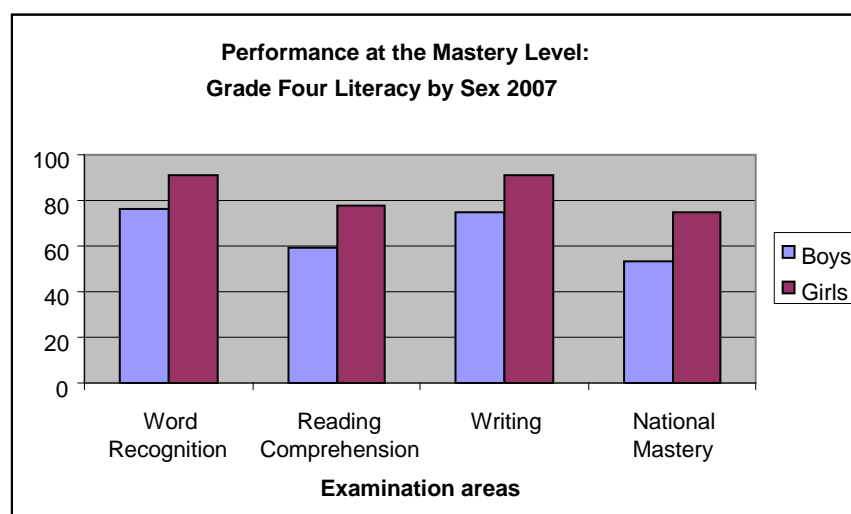
352. In the 2007 sitting of the Grade One Readiness Inventory only 50.6 per cent of girls and 38.4 per cent of boys (ESSJ 2007) achieved mastery in all areas, indicating their readiness for primary school. This undoubtedly poses a significant challenge for schools to ensure that these children are fully literate by the time they are assessed again in Grade 4. The levels of achievement on the intervening Grade Three Diagnostics are also of concern. In 2003, only 14 per cent mastered all Language Arts concepts, with a 4 per cent adjudged proficient in all Mathematics concepts covered by the Assessment. Approximately 51 per cent of the students in Mathematics and 38.3 per cent sitting Language Arts mastered none of the skill areas (Task Force Report 2004:24).

⁵⁷ The other 3-4 per cent of the primary age cohort attends privately owned and operated preparatory schools across the island.

353. The Grade Four Literacy Test is seen as a mid-cycle assessment of the literacy progression of children at primary school. Its main objective is to identify children who are at risk of illiteracy at the end of Grade 6. Once identified, these children will benefit from targeted literacy interventions, which are expected to ensure that they are literate by the time they exit the primary system in Grade 6. Since its inception as part of the National Assessment Programme (NAP) in 1999, approximately 40 per cent of those sitting the Test in any given year have been adjudged “at risk” or having not attained mastery in some basic elements of literacy. Table 7.4 presents the results of the 2007 sitting of the Test in which 63.5 per cent of students mastered all three components.

Figure 7.2

Performance at the Mastery Level: Grade Four Literacy by Sex 2007



Source: Economic and Social Survey 2007.

354. These results also tell another story; that of the gap in achievement between boys and girls. In every component girls outperformed boys, leading to a national mastery level of 74.9 per cent for girls and barely more than 50 per cent for boys.

355. The unevenness of performance according to school type is also highlighted by the performance of students in this Test. A higher percentage of students in private preparatory schools achieve mastery than their counterparts in public primary schools. The lowest levels of performance are found among children in All Age and Primary and Junior High Schools. Schools located in the urban centres performed better than schools in rural Jamaica.

356. However, performance on the Grade Four Literacy Test at first sitting has been improving over the years as several strategies have been implemented including establishing a support structure for schools with poor performance on the Test. The improvement is reflected in the performance on the Test from 53 per cent in 2002 to 71 per cent in 2008.

357. The Grade Six Achievement Test (GSAT) is viewed as the authoritative indicator of the performance of students at the primary level, and children are placed in secondary schools based on their overall performance on all subject areas tested. Its use as a placement mechanism has made it perhaps the most ‘high stake’ examinations in the education system. This perception is fuelled by the fact that children are only allowed to sit

the examination once. The shortage of places in what are generally considered (and supported by performance data), the ‘better’ schools i.e. traditional high schools has only exacerbated the tension and public scrutiny surrounding the GSAT as it is felt that a child’s chances of long term success are greatly enhanced by their performance in GSAT and the resulting school placement.

358. Despite this intense public interest, the performance of children in the Grade Six Achievement Test (GSAT) is below the targets established by the Government of Jamaica as part of its education transformation programme. The results for 2007 shows average scores of 40 per cent for Math and 47 per cent for Language Arts. As in other tests at the primary level, children in the private preparatory schools generally outperform their counterparts in the public system and girls score higher than boys.

Table 7.4

Mean Scores (%) in the Grade Six Achievement Test (GSAT) 2003-2007

<i>Subject</i>	<i>2003</i>	<i>2004</i>	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>
Mathematics	48.0	45	58	53.0	46.0	55
Language Arts	52.0	48	54	54.0	48.0	53
Communication Task	67.0	50.0	42	50.0	66.6	66.6
Science	48.0	46	52	55.0	52.0	53
Social Studies	54.0	50	57	51.0	51.0	56

Source: Compiled from ESSJ various years and MOE Student Assessment Unit.

359. This flat performance over the past six years conceals the fact that the real problems with performance are systemic and cannot be substantially changed in the immediate term. The GOJ has embarked on an intensive literacy programme in all the primary schools across the island, employing almost 100 new Literacy Specialists in the system, to provide teachers with support to improve student performance. Additionally, the Government has partnered with international donor agencies such as USAID, the Inter-American Development Bank and the World Bank to implement several initiatives geared at increasing literacy levels and overall educational output at the primary level.

360. In an effort to better identify and address the special needs of children at the primary level, the GOJ, through the Ministry of Education introduced a new literacy transition policy in 2009. Under this policy, children are no longer allowed to simply progress through primary school without any appropriate interventions. The new policy (The Competence-Based Transition Policy) requires that children be certified as literate before they are allowed to sit the GSAT exams. This certification is on the basis of performance in the National Grade Four Literacy Test. Children who fail to achieve mastery in the Test after four attempts are placed in a special remedial stream, rather than simply promoted to the secondary level. Hence, the policy is designed to ensure that students transitioning from the primary to the secondary level are ready to access secondary education based on their demonstrated skills and competencies as required before completion of Grade 4.

Secondary education

361. Secondary education is offered to students aged 11/12-16 years in Grades 7-9 of Primary and Junior High, and All-Age; and Grades 7-11 Secondary High, Technical High and Agricultural High Schools in two cycles. The first cycle of the secondary level caters to

the 12-14 age groups in Grades 7-9 of Primary and Junior High, All-Age, Secondary High, Technical High and Agricultural High Schools. There are two stages at the second cycle of the secondary level. The first stage caters for the 15-16 years age group in Grades 10 and 11 in Secondary High, Technical High and Agricultural High Schools and the second stage caters for the 17-18 years age group in Grades 12 and 13 (Sixth Form) of some secondary level schools.

362. The main focus at the secondary level is the provision of five years of secondary education to all students who enter Grade 7. The provision of additional school places at this level to accommodate this population is currently one of the main thrusts of the Government of Jamaica. While enrolment at the secondary level has been increasing – net enrolment increased from 74.8 per cent in 2003 to 78.3 per cent in 2007 and gross enrolment increased from 88.8 per cent in 2001/2002 to 94.4 per cent in 2007; there remains a shortage of space for all children of secondary school age in some areas of Jamaica (see Table 7.5). There is a particular need for spaces to accommodate boys as the data shows that the demand for spaces for boys in secondary school outstrip supply and is more acute in eight of the fourteen parishes of Jamaica.

363. This shortage in secondary school places is greater in the urban areas of Jamaica, which have experienced high rates of population growth in the last two decades and where the provision of infrastructure has not been commensurate with the population growth.

Table 7.5

Enrolment, Capacity and Deficit of School Places at the Secondary Level 2008/09

<i>Parish</i>	<i>Capacity*</i>	<i>Enrolment</i>	<i>Deficit</i>
Kingston	16,500	20,232	3,732
St. Andrew	35,400	48,841	13,441
St. Thomas	5,355	8,226	2,871
Portland	4,800	7,553	2,753
St. Mary	6,640	10,251	3,611
St. Ann	8,440	15,459	7,019
Trelawny	6,400	8,432	2,032
St. James	12,200	18,542	6,342
Hanover	6,700	8,458	1,758
Westmoreland	7,800	12,502	4,702
St. Elizabeth	8,700	15,596	6,896
Manchester	10,200	16,288	6,088
Clarendon	17,600	27,169	9,569
St. Catherine	25,700	39,507	13,807
Total	172,435	257,056	84,621

Source: MOE, Planning and Development Division, 2010.

* Capacity in High Schools.

364. In addition to the school building and rehabilitation programme, the Government instituted free tuition at secondary level in 2007 in pursuit of the 2016 target date for universal enrolment at this level.

Performance at the secondary level

365. The low level of achievement at the primary level has serious implications for the quality of input to the secondary schools and ultimately influences performance in the Caribbean Secondary Examinations Council (CSEC) exams, which are mainly taken at the end of five years in secondary school. Over the past 5 years, although there have been some improvements in some subjects, results have been generally uneven with 40.9 per cent passing Mathematics in 2009 and just more than 62 per cent passing English Language for the same year (see Table 7.6). An analysis of the number of subjects entered per student in 2009 showed that of the 33,718 who entered, 17,443 sat three or more subjects. About 16.2 per cent of the Grade 11 enrolment failed to pass even one subject at CSEC in June 2009, with 46.7 per cent passing less than three subjects. This means effectively that almost one-half of the cohorts failed to gain sufficient qualifications to move on to any post-secondary academic or vocational institution.

Table 7.6

CXC/CSEC Performance by Jamaican School Candidates 2003-2007

<i>Subjects</i>	<i>Percentage Passing at Grades 1-3</i>				
	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>
Arts/Languages					
English Language	60.2	50.1	51.6	54.4	63.6
Social Studies	77.7	72.0	72.1	61.0	75.7
Caribbean History	61.3	71.1	69.2	69.3	63.6
English Literature	66.0	46.6	67.4	52.3	59.1
French	69.1	78.8	78.2	69.0	68.7
Spanish	63.0	71.6	67.9	72.4	73.0
Religious Education	78.5	78.3	78.9	78.8	78.6
Geography	57.1	52.9	69.2	64.5	60.5
Music	70.1	43.5	66.3	56.2	15.8
Sciences					
Biology	62.0	72.8	71.9	76.4	78.4
Human and Social Biology	31.8	43.3	47.8	65.	74.9
Chemistry	51.8	60.7	60.9	65.8	76.9
Physics	59.4	52.1	48.8	77.7	75.2
Integrated Science 1	72.0	67.6	64.9	74.5	82.9
Mathematics	39.4	35.7	35.3	43.0	40.9

Source: MOE- Policy Analysis, Research and Statistics 2010.

366. The data shows that of those sitting Mathematics and English Language in these exams, only 40.9 and 62.8 per cent respectively received a pass in 2009. The strongest performance is from students in traditional secondary high schools, with all other school types performing well below the national average. Students in the upgraded High schools had the poorest performance of all three school types. Students in these schools, while representing 48 per cent of the total eligible cohort for CSEC English Language and Mathematics, was responsible for only 26.5 per cent and 9.4 per cent of the awards for

these subjects respectively (see Table 7.7). Overall there is a general increase in the subject passes, however.

Table 7.7

CSEC Performance in English Language and Mathematics 2007-2009 by School Type

	<i>English Language</i>			<i>Mathematics</i>		
	2007	2008	2009	2007	2008	2009
Secondary High Schools						
Eligible Cohort	35,781	35,560	36,468	35,781	35,560	36,468
Entries	20,354	20,524	20,816	17,141	17,409	18,212
Awards	10,780	11,425	13,264	6,171	7,477	7,547
Percentage of entries awarded	53.0%	55.7%	63.7%	36.0%	42.9%	41.4%
Technical/ Agricultural Schools						
Eligible Cohort	4,842	5,130	4,780	4,842	5,130	4,780
Entries	2,857	2,889	2,956	2,350	2,166	2,345
Awards	926	1,045	1,324	465	609	567
Percentage of Entries Awarded	32.4%	36.2%	44.8%	19.8%	28.1%	24.2%
All Schools						
Eligible Cohort	40,623	40,690	41,248	40,623	40,690	41,248
Entries	23,211	23,413	23,772	19,491	19,575	20,557
Awards	11,706	12,470	14,588	6,636	8,086	8,114
Percentage of Entries Awarded	50.4%	53.3%	61.4%	34.0%	41.3%	39.5%

Source: MOE, Planning and Development Division, 2010.

Shift system

367. The demand for school places especially at the secondary level is the primary factor that led to the introduction of the shift system. Although the shift system in Jamaica provides more school places for students, it also curtails the amount of school hours that students receive and reduce their participation in extra-curricular activities. The Government has begun the process of eliminating the shift system by constructing new schools as well as providing additional facilities to existing schools.

Technical and vocational education

368. In many secondary schools, students are exposed to technical and vocational subjects. Resource and Technology subjects are taught at the lower secondary level while at the upper secondary level, students are exposed to more in-depth technical and vocational education. Entry to Technical High schools is mainly through placement from GSAT and the Grade Nine Achievement Test (GNAT).

369. Technical and Vocational schools provide education with a technical bias but the curriculum contains a mixture of technical and academic subjects. Specialization in the Technical and Vocational subjects is usually done from Grade 10, where students may choose from the offerings of the particular school. At Grade 11, students sit external examinations set by various examining bodies in the United Kingdom and the Caribbean

Examinations Council as well as the National Vocational Qualification of Jamaica (NVQJ) administered by the National Council for Technical and Vocational Education and Training (NCTVET).

370. Vocational schools on the other hand offer specialized vocational offerings. Entrants are mainly from All-Age and Primary and Junior High Schools through an Entrance Examination set by the schools in conjunction with the Ministry of Education. However, students from other secondary level schools may gain admission to these schools. In these vocational schools, students are trained to enter the job market and are also qualified to access tertiary level education. There are three vocational schools, which provide training in Agriculture or Home Economics.

371. Complementing the education system is an effective training system, the Human Employment and Resource Training-National Training Agency (HEART/NTA) Trust, regarded as the standard bearer for the Caribbean and other developing countries. It provides Technical Vocational Education and Training (TVET) to a wide-cross section of Jamaicans through its training centres that are located all over the country. HEART/NTA has as its responsibility the task of coordinating and supporting the entire vocational training system and is directly responsible for policy planning, labour market information, curriculum development, instructor training, testing and certification (based on standards of competence required in industry), accreditation and funding. HEART/NTA integrates both formal education and non-formal skill - specific training in the programmes and centres that fall beneath its umbrella. These include the seven HEART Academies, the 13 Vocational Training Centres (Vacs), the 14 Technical High Schools and TVET programmes in secondary schools, the Vocational Training Development Institute (VTDI), Jamaica – German Automotive School (JAGAS), numerous community-based training programmes, and On-the-Job training programmes for apprentices and school leavers.

Special education

372. Special education spans the first three levels of the education system. It caters to children who find it difficult to learn in the regular school setting without specialized support services. Special education makes provision for the blind, deaf and hearing impaired, multiple disabled, physically disabled, the learning and intellectually disabled and the gifted and talented. Its effectiveness is premised on a screening and referral system, which allows identification of children with special needs. Adherence to the Task Force recommendation of mainstreaming children with special needs in the regular early childhood environment is made difficult by the absence of early systematic screening mechanism in Jamaica. The net result is that children with developmental delays – physical, behavioural, social emotional, sensory, communication as well as cognitive – are sometimes not systematically identified until they are well past the age of 5, many times as a consequence of poor performance in primary schools. The Early Childhood Commission has been working with other Government agencies such as the Ministries of Health and Education to develop an early screening and referral system for Jamaican children.

373. Through the Special Education Administrative Unit in the Ministry of Education and Youth and other State Agencies, budgetary allocations are made to support Special Education. Currently, over \$300 million per annum is allocated. Policies and practices represent a blend of inclusive and specialized programmes and services.

374. There is a network of close to 30 schools which currently cater to children with special needs. Together they serve more than 6,000 children across the island. In addition, attempts are made in to integrate children in the mainstream school system where possible.

Box 18

Number of Special Education Schools in Jamaica 2009

- 1 School for the Blind
- 12 Schools for the Learning/Intellectually disabled
- 3 Grant-Aided Trust schools for the Deaf with 4 satellites
- 4 Private schools for the Deaf
- 7 Government Units attached to host schools
- 1 Private School for Autistic Children

375. The draft National Policy on Special Education is expected to address a range of issues in relation to special needs children, including penalties against schools, which arbitrarily reject students, based on their special needs.⁵⁸ In addition, provision is being made for each school to have a Special Educator on staff. The availability of trained specialists has been a difficulty faced by schools due to the migration of those who are qualified and the slow rate of replacement of such skills in the system.

Reforms in education

376. In keeping with the Government's policy to reform and modernize the public sector, and in fulfilment of recommendations of the Task Force on Educational Reform, the Ministry of Education is currently being modernised to a Central Policy Ministry supported by autonomous Regional Education Agencies and three other Agencies which will be responsible for "Operational" Activities:

- The National Education Inspectorate.
- The Jamaica Teaching Council.
- The Curriculum and Assessment Agency.

377. In October 2003, a unanimous Parliamentary Resolution was passed to incrementally increase the budgetary allocation to the Ministry of Education (MOE) to 15 per cent of the total within five years. This has not yet been achieved and stood at 12.8 per cent⁵⁹ in the 2009/10 Budget due to fiscal constraints. A Task Force on Educational Reform was established, with a wide remit. Consultations with citizens and experts throughout the country led to a report which analyzed the inequities and major problems in the system and provided clear recommendations, including the significant expenditures needed to transform the education system. These included an injection of approximately US\$630 million in capital and recurrent expenditure in the first two years. To initiate the transformation an additional US\$73 million was added to the education budget in 2006/07, with a further additional allocation in 2007/08.

378. Under the Education Transformation Programme, areas of focus include:

- (a) Expansion of school facilities and infrastructure;

⁵⁸ Interview with Head of Special Education Unit, Ministry of Education.

⁵⁹ This excludes Elections, which became a part of the MOE Budget in the 2009/10 fiscal year, bringing the Sector's Budget to 13 per cent of Total Govt. Budget.

- (b) School leadership and management;
- (c) Literacy and numeracy at the end of primary school;
- (d) Poor attendance;
- (e) Low levels of teaching resources and aids;
- (f) Violence and anti-social behavior;
- (g) Low levels of teacher training at early childhood level.

379. Several MOE initiatives are currently under way that are aimed at transforming the education system (see annex Table 7-A15).

Culture in Education

380. The Culture in Education Programme (CIEP) is conducted under the auspices of the Ministry of Education and seeks to enrich curriculum delivery by using culture as context, content and methodology for learning. It emanated out of a concern that many children knew very little about the country except some of the negative images portrayed in the media. The Programme, which began in 2002, seeks to “ground” children in the realities of the Jamaican culture through the performing arts. Its main objective is to develop activities geared towards fostering greater cultural awareness within the school community and through this engender pride in self and country. The Programme also seeks to encourage the study of reflection on and use of national images, symbols, heroes as well as participation in commemorative and celebratory events marking local and national achievements.

381. The CIEP has established strategic partnerships with many of the communities with which schools are located. They involve community-based organizations including sports clubs, police youth clubs and farmers associations. They also include ancillary workers, vendors, student councils, local churches, and fire stations as many of these entities have the skills that can be placed at the school’s disposal and the potential for becoming critical resources for the school.

382. The CIEP is implemented through the appointment of Culture Agents from among school staff. These Culture Agents:

- (a) Develop the programmes;
- (b) Promote and coordinate a process of curriculum engagement to ensure incorporation of cultural offerings in the curriculum;
- (c) Train and facilitate the training of teachers and students;
- (d) Establish and coordinate a Cultural Committee involving members of the wider community to assist in supporting, planning and implementing of programme activities including civic functions;
- (e) Submit to the MOE periodic reports on the status of the programme.

383. The Culture in Education Programme has been in existence for the past eight years and currently has 800 primary and secondary schools registered in the programme. Of the 800 schools registered 568 are actively involved and have identified and named their Culture Agent. These persons are trained to implement the CIEP programmes in the various schools. Cabinet adopted a National Culture Policy in 2003.

7.1. Addressing challenges

The challenge of equity and quality

384. The Committee recommended that the Government intensify efforts to improve quality of education and management of schools (standards of teaching material and training of staff). Despite efforts made, the challenge for Jamaica is still one of equity and the provision of quality education for all children. The society has been burdened with the vestiges of an inequitable two-tier education system and as a result the quality of education at different schools varies widely. The differences in performance are explanatory: in 2007 in the external Grade Six Achievement Test (GSAT), which is used as a mechanism for placement at the secondary level, the average score in Language Arts for Government primary schools (attended by over 90 per cent of students) was 48 per cent compared with 72 per cent for private preparatory schools; the respective average scores for Mathematics were 46 per cent and 70 per cent.

385. The performance of Jamaica in terminal secondary examinations compare poorly with other CARICOM countries, and highlight the generally poor outcomes of the secondary school system, a serious impediment in the preparation of young people for tertiary level education, for the job market and generally for economic and social development.

Measures to improve academic performance of students

386. Several projects have been and are being implemented to improve the quality of the education system. Among them are the following:

Quality Assurance in Education: The National Education Inspectorate

387. The National Education Inspectorate (NEI) was established in 2008 and is charged with inspecting and quality assuring education services in all schools in Jamaica. Its immediate remit is to inspect and collect baseline data on all 1,078 public primary and secondary institutions by 2013. The new school inspection focus has the outcomes for children as its primary focus and assesses the way in which the school is organised to achieve the GoJ primary objective of raising academic performance and improving educational outcomes. The NEI examines the quality of leadership and management of a school, its use of human and material resource to achieve best results as well as the quality of teaching and learning in the school to arrive at a judgement and make recommendations for improvements in the school. In October 2009 it conducted its pilot inspections and is set, with assistance from the World Bank, to begin its task of inspecting.

Primary Education Support Project (PESP)

388. This project began in January 2001 and is aimed at creating equity and improved achievement at the primary level of the education system. The project addresses a number of concerns such as the quality of the delivery and management of educational services. PESP is a total package designed to achieve the following objectives:

- Improve performance through effective implementation of the Revised Primary Curriculum (RPC) and national assessment standards in schools.
- Increase efficiency through the rationalization of teacher education and the strengthening of educational management capacity at all levels.

- Enhance equity in the delivery of educational services to children from the lower socio-economic background through targeted interventions for improved literacy, numeracy and attendance.

The Reform of Secondary Education Project II (ROSE II)

389. ROSE II is currently being implemented and is a follow-up to ROSE I. It is aimed at bringing equity and improving the quality of secondary education through school-based initiatives and reform support; expanding access to upper secondary education in a cost-effective manner and strengthening the capacity of the central ministry and regional offices to monitor and manage the reform. Consequently, initiatives have been devised to support literacy and numeracy and address students' learning problems as well as anti-social behaviour in Jamaican schools.

Improvements in teacher quality

390. Jamaica has a highly trained and qualified cadre of teachers in schools. There has been some difficulty in recruiting professionally trained staff in rural schools and this has caused those schools to employ a higher percentage of unqualified teachers than urban schools. Government, however, continues to intensify its effort to reduce the number of pre-trained teachers in the system. Data from the Statistics Unit of the MOE shows that since 1998/99, the number of pre-trained teachers at the primary level has been declining yearly by approximately 2 per cent (see Annex Table 7-A11). Efforts have also been made not only to attract but to retain better qualified teachers into the system. These efforts include:

- (a) The strengthening of the Professional Development Unit, which offers in-service training to teachers and other educational personnel;
- (b) A Post-Certificate Diploma programme (through Distance Mode of teaching) which upgrades those teachers who previously held Teachers Certificate to Diploma Level;
- (c) A distance education undergraduate programme targeting teachers at the secondary level who have not yet secured undergraduate degrees;
- (d) Projects funded by loans include training components and provide scholarships, fellowships and bursaries to local and foreign universities.

Physical condition

391. Despite Government's effort to refurbish and improve the physical conditions of schools, some facilities remain below the required standard while others are in need of replacement. Although enrolment at the primary level has been decreasing due to the decline in the birth rate, overcrowding continues to be a problem especially at the secondary level. Programmes and projects jointly funded by the Government of Jamaica and international funding agencies are being implemented in response to the need for additional places, repairs and refurbishing of physical facilities.

Dropout rates

392. Although dropout rates do not appear high, there is still concern about the children leaving the education system, especially after Grade 9. Grade 9 is the transitional grade to upper secondary education and many students opt not to access that level but to leave the system in order to pursue jobs or other activities. There are those who find it difficult to access places in schools offering upper secondary education and therefore are forced to end

their education at Grade 9 or continue at private day and evening institutions. There are several strategies being undertaken to ensure children remain in the school system. These are outlined below:

7.2. Strategies to support education of children

National Compulsory Education Policy

393. The National Compulsory Education Policy is designed to support the mandatory engagement of all children between the ages of 3 to 18 years in a meaningful, structured and regulated learning setting. The policy addresses regular attendance at learning institutions for all children.

394. The policy emphasises inclusiveness and takes into consideration the following issues:

- (a) Provision of a balanced and diverse education;
- (b) Unattached Children/Youth;
- (c) Children in Special Circumstances;
- (d) Children with Special Needs;
- (e) Home Schooling;
- (f) Gender.

Guidance and Counselling Unit

395. The Guidance and Counselling Unit of the Ministry of Education is responsible for the development and management of schools' guidance programmes. It focuses on students' personal and social development, career education and the development of healthy lifestyles. Activities focus on five areas (see below).⁶⁰

Prevention education

396. During 2007 training was conducted for 803 guidance counsellors, 301 students in peer counselling and 247 students as peace ambassadors. In addition 241 principals and PTA representatives were trained in peace promotions. 97 students were provided with substance abuse treatment through the National Council on Drug Abuse.

HIV/AIDS and Health and Family Life Education (HFLE)

397. The major activities under HFLE during 2007 were: the training in 447 schools involving 598 teachers/guidance counsellors, 223 principals and a total of 75,000 students.

Providing related resource materials

398. A number of resource materials were produced and disseminated to schools over the same period. These included: 70 curriculum guides, 690 copies of Facts of Life,

⁶⁰ PIOJ-ESSJ 2008.

2,500 copies of My Body and Me, 1,090 charts, pamphlets and other Health and Family Life Materials.

Programme of Alternative Student Support (PASS)

399. The Programme of Alternative Student Support is a behavioural intervention strategy being implemented to assist secondary schools to cope with students who display chronic maladaptive behaviour patterns. During 2007, 154 students from 35 schools received therapy. Classroom Management and Sensitization Workshops were conducted for 573 teachers/guidance counsellors. In addition training was conducted by the Peace Corps in 20 schools and for 320 National Youth service students.

Safe Schools Programme (SSP)

400. The Safe Schools Programme is undertaken jointly by the MOE and the Ministry of National Security as mentioned before it conducts activities aimed at reducing violence and anti-social behaviours in schools with attention being extended to issues relating to the safety of children on the roads. There are currently 95 schools in the programme with 94 Trained School Resource Officers assigned. The officers provide training on issues relating to rape, carnal abuse, deportment, values and attitudes. During the period some 57 violent cases were reported, of which 49 had police intervention; 18 students were arrested.

401. **Programme of Advancement Through Health and Education (PATH):** This Programme aims at delivering benefits of cash grants to the most needy and vulnerable in society. Among its specific objectives is increasing the attendance at school of children from poor households and ultimately increasing their retention in the education system. (Already discussed in detail under Theme 5)

School Feeding Programme

402. Educators have long reported the strong correlation between the provision of a nutritious meal and the attendance patterns of students in schools. The School Feeding Programme introduced by the Government of Jamaica in 1976 was implemented to provide needy students with nutritional support in order to encourage attendance and enhance their learning capabilities. That Programme is now an integral part of the GOJ Social Safety Net Programme, and its main objectives are:

- (a) To encourage greater and more regular school attendance;
- (b) To alleviate hunger, and enhance the learning capacity of the pupils by providing a breakfast and/or mid-day meal;
- (c) To serve as a source of income transfer for participating families;
- (d) To educate children on the value of food nutrition education classes;
- (e) To encourage children to grow their own food by establishing school gardens;
- (f) To supply at least one third (1/3) of the child's daily nutritional requirements.

403. The cost of this programme is totally financed by the GOJ. It is progressively being expanded to reach more needy children as the Government strives to realize its stated policy for the improvement of basic and primary education. Private Sector Organizations through the Adopt-A-School Programme are encouraged to assist many schools in their school feeding programmes.

Textbook programmes

404. The MOE provides textbooks free of cost to primary schools. At the secondary level, students can obtain textbooks under a loan programme.

405. The following are programmes for those who have left school before school leaving age and graduation:

The Jamaica Foundation for Lifelong Learning (JFLL)

406. The JFLL has been expanding on the number of courses that were offered by the former Jamaica Movement for the Advancement of Literacy (JAMAL), so as to reach its goal of reducing illiteracy among the adult population in Jamaica. JFLL offers programmes to persons who may not be ready for the High School Equivalency Programme (HISEP). It is a total package for adults beginning with basic literacy aimed at preparing them to get a secondary level education. Career counselling is also included in the course offerings. The JFLL offers a modern approach to teaching as well as opportunities to a wide range of training.

High School Equivalency Programme (HISEP)

407. Current data show that a significant percentage of the out-of-school population has not attained Grade 11 certification. This translates into the fact that a number of Jamaicans are under-educated and cannot take advantage of educational and economic opportunities that may arise. In an effort to rectify this problem, programmes are being implemented to improve the educational level of this population. One such initiative is the High School Equivalency Programme (HISEP).

408. HISEP is a modular programme of self-instruction and is aimed at providing persons who were not accommodated by the formal system with another opportunity to get high school education and certification.

7.3. Inclusive education: The way of the future⁶¹

Inclusion – The Jamaican perspective

409. The Government of Jamaica is committed to providing an education system in which all Jamaican children can be included and be supported. Inclusive education from the Jamaican perspective coincides with the definition given by UNESCO, which is “a process of addressing and responding to the diverse needs of all learners by increasing participation in learning and reducing exclusion within and from education.” In addition to addressing the issue of access, we also emphasize quality, equity and relevance.

⁶¹ Extract from paper presented at the Caribbean Symposium on Inclusive Education: The Jamaican Experience, 5-7 December 2007.

410. Consequently, inclusion in Jamaica has taken on a new dimension where the focus is not only on facilitating children with disabilities in the mainstream but a broader look at provisions for all students. The Government embraces the concept that “all children should have equal opportunities regardless of their economic, cultural and social backgrounds or their differences in abilities or capabilities”. Appropriate provisions are being implemented on a phased basis in recognition of budgetary constraints.

411. Even though Jamaica has moved in this direction, there is still the need to maintain segregated facilities for the provision of specialized services and programmes for a select group of students. To do otherwise at this juncture would be to compromise the well-being of students who need special support that would be absent in a mainstream setting.

412. The University of the West Indies has indicated a steady increase in the enrolment of students with visual impairment in its faculties of Arts, Education and Social Sciences. The University further reported that persons with disabilities experience difficulty moving into higher education, or succeeding at that level. This is caused by such challenges as language barrier (as in the case of the hearing impaired) as well as the lack of technical support. The Government is pursuing plans to deal with such challenges to ensure true inclusion and to fulfil the commitment of Jamaica to its responsibility as signatory to a number of international conventions regarding the political and civil rights of persons with disabilities.

413. The Government is cognisant of children’s entitlement to the full range of human rights, and is committed to safeguarding against their marginalisation and exclusion. This is undertaken with full realisation that particular groups will remain vulnerable to further risk factors, requiring the State to remain vigilant and ready to introduce additional interventions. The World Declaration on Education for All (Jomtien 1990) to which Jamaica is committed, supported by the Universal Declaration of Human Rights and the Convention on the Rights of the Child, gives credence to the value Jamaica places on education as an agent of National Development. This commitment, among others, is grounded in the philosophy that “Every Child Can Learn and Every Child Must Learn” and is the theme for the current transformation process.

An inclusive environment – curriculum considerations

414. Approximately sixty per cent (60 per cent) of the population of students with special needs fall within the mid range. These students are recognized by the lag behind their peers in academic performance. On the other hand, there are students who are gifted and talented and must be provided for in an inclusive context and there must be scope within the curriculum to engage these students. The standards set for curriculum achievement must therefore be applied to all students.

415. Expectation of schools and other educational institutions are constantly rising in keeping with the challenges of modern and competitive knowledge-based economies. This implies that schools must constantly add value regarding the output of the educational process based on realistic standards and practices.

416. The Ministry of Education has developed standards at all levels of the system and these standards are drivers of the education process and are grounded in the following principles and understandings:

- (a) The goal of education is to produce well-rounded, responsible individuals who are literate, numerate, environmentally aware, humane, culturally sensitive, and tolerant;

- (b) Learning and education are complex activities and are best carried out by corporate and cooperative actions and interactions;
- (c) All students are capable of learning and should be provided with the opportunities to do so;
- (d) All students are entitled to quality curriculum and instructional methods;
- (e) Mastery of the curriculum offerings and delivery techniques are indispensable for success.

417. In this regard the MOE is introducing curricula that link the emerging needs of the society with the needs of children and adults. Opportunity, in this context, is provided for the involvement of various stakeholders in the development and execution of curricula at the three levels of the education system.

Teacher preparation and inclusion

418. Since 1998, all teachers in training are required to do a module in Special Education. This course is meant to sensitize all teachers to the various types of exceptionalities and the approaches that can be used in working with students even before a formal assessment is done. Teachers are also exposed to other special areas of training in an attempt to provide the best responses to the specific needs of the students.

Box 19

Jamaican Children Speak about Education

Children felt that Jamaica did well in providing primary education but fell down after that. The recommendations for the Government to consider are:

- Provide school supplies, lunch money books;
- Put in scholarships for children to be able to go to college;
- Build more schools;
- Make sure to fix all school facilities so every child can have an education, including books, supplies, doors and windows, electricity, water and more technology in schools, computers;
- Take tax off school uniform, etc. and basic things children need;
- Stop bad corporal punishment.

Children speak about teachers

- Children that don't learn in regular ways or as fast as other children should receive more attention.
- All teachers should have some training in psychology.
- Teachers should never abuse children.
- Code of dress and conduct for teachers.
- Better teachers.

Children speak about the cost of education

- Jamaica is not doing so well on this theme because parents cannot afford to pay for school, school fees, uniforms and books cost too much.
- Fees need to be lowered for school, and ensure that the children who are on the street get to go to school without having to pay for fees.
- The Government should provide assistance with uniforms and fees, children on the street need to be provided with these things.

(For additional data related to Theme 7, see Annex: 7-A1 to 7-A16)

8. Special protection measures

Convention on the Rights of the Child:

- **Article 30:** Children of minority communities and indigenous population have the right to enjoy their own culture and practice their own religion;
- **Article 32:** The right to be protected from labour that threatens health, education or development;
- **Article 33:** The right to be protected from use, production and distribution of drugs;
- **Article 34:** Children must be protected from sexual exploitation, from prostitution and involvement in pornography;
- **Article 35:** To prevent the sale, trafficking and abduction of children;
- **Article 36:** Other forms of exploitation;
- **Article 37 b-d:** Protection from torture and unlawful deprivation of liberty;
- **Article 39:** The recovery of children who are victims of war, neglect and abuse;
- **Article 40:** The protection of children in conflict with the law.

8.1. Economic exploitation (child labour)

Recommendation in paragraph 51 of the Committee's concluding observations

- The State to take further measures to assess scope and nature of economic exploitation of children in all sectors and take the necessary measures to reduce and eliminate child labour in close cooperation with ILO including by introducing a separate legal provision prohibiting the employment of children under the age of 18 in hazardous work, i.e. work that is likely to be harmful to the child's full and holistic development.
- The State to take action to implement policies and legislation relevant to address child labour, economic expense (campaign and public education and protection of rights of children).
- The State party to ratify and implement ILO Conventions 138 and 182.

419. In October 2003 Jamaica ratified the ILO Conventions 138 and 182, concerning the minimum age for the admission to employment and the prohibition and immediate action for the elimination of the worst forms of child labour respectively. In 2002 the Ministry of Labour and Social Security, in conjunction with the local ILO/International Programme for the Elimination of Child Labour (ILO/IPEC) and Statistical Institute of Jamaica (STATIN), completed a Youth Activity Survey⁶² aimed at determining the number of children in child labour, particularly the worst forms. Preliminary findings were presented to the National Steering Committee for the Elimination of the Worst forms of Child Labour.

420. The main conclusions of the Jamaica Youth Activity Survey conducted in 2002 forms the basis of information shared in this section of the report. The survey outlined that an estimated 16,240 children or 2.2 per cent of children in the 15-17 age group were undertaking some form of economic activity. Of these, 75 per cent were males and 25 per cent were females. The main reason for children's economic activity was poverty as 43 per cent spent their earnings on food and clothes and another 31 per cent gave some or all of their earnings to their family. Other information suggests that the typical street child (and any other category of working children) was a thirteen-year-old boy from a female-headed household of five, where his guardian is marginally employed as a vendor, domestic-helper, and self-employed or unskilled worker. The problem of street and working children is therefore largely a problem that affects boys, with the important exception of particular categories of working children, such as girls working as prostitutes.

421. The survey also noted 'many of the children were working in the informal sector of the economy with diverse activities on the street, in small businesses, as own account workers and family concerns'. Many of these jobs are likely to be hazardous both in terms of the work itself and in terms of the environment. For example children working on the street would be exposed to exhaust fumes. Furthermore they are not protected from abuse and there is little job security.

422. A National Plan of Action on Child Labour, Jamaica was endorsed by Cabinet in 2007.⁶³ This Plan of Action was developed from inputs of two national stakeholder consultation sessions where participants identified the following as target groups for priority action:

- (a) Child domestic workers;
- (b) Children in hazardous situations – rural agriculture/fishing sectors;
- (c) Children in prostitution;
- (d) Children in "forced" labour situations, especially street children.

⁶² Jamaica Youth Activity Survey 2002, Kristin Fox.

⁶³ National Plan of Action on Child Labour, Jamaica (2007).

423. The Plan (Table 8.1) identifies seven (7) important areas for focus:

Table 8.1

National Plan of Action for Child Labour – Areas of Focus

<i>Area of Focus</i>	<i>Objective</i>	<i>Status</i>
1. National Policy and Resource Development:	To develop a comprehensive and integrated policy framework to combat child labour and to maintain information systems to guide policy development	Child Labour Unit was established within the Ministry of Labour and Social Security to regulate issues surrounding child labour. The ILO has agreed to fund research as part of new project Tackling Child Labour through Education arising from Youth Activity Survey done by STATIN in 2002.
2. Social and Economic Support Services:	To provide income generating and other opportunities for at risk children and their families and to develop and strengthen community and family support systems to prevent children getting involved in child labour activities	Direct support is provided to children and their parents through assistance from members of the NGO community, who receive a small stipend from the Government. There is the programme PATH the Programme for Advancement through Health and Education which assist qualified children and their families with a fortnightly stipend
3. Health and Child Labour:	To sensitize health care professionals to the special needs of at risk children and to improve the health status of children engaged in child labour through better access to medical services, including reproductive health treatment, etc) To promote healthy lifestyle among children engaged in child labour	There are no special provisions for access to health care for children engaged in child labour. However, all children in Jamaica receive free health care in the public system.
4. Training and Capacity Building:	To provide training and support to social partners who take action in combating child labour and organize for the sharing of best practices among each other.	A number of workshops have been held to provide person with Technical information on Child Labour., Occupational Health Safety (OHS) inspectors are also sensitised on issues of child Labour. The issue will also be addressed in Regulations under the proposed OHS Act.
5. Public Information and Awareness:	To increase and heighten public awareness of child labour issues and to develop and implement a SCREAM (Supporting Child Rights Through Education, Arts, and Media) project in Jamaica.	Produced Video and CD as part of campaign material. This is supported by radio and TV interviews and crawlers seeking the support of the public.
Education:	To increase educational opportunities, facilities and access to children engaged in child labour	To be addressed with greater focus under new project TACKLE

<i>Area of Focus</i>	<i>Objective</i>	<i>Status</i>
6. Social Protection:	To increase the ease with which children in child labour can access social protection programmes and to provide and improve Government support to children and or families in vulnerable conditions	PATH, Possibility Programme
7. Monitoring and Evaluation:	To provide for ongoing assessment of progress and monitor condition of child labour in Jamaica	Information on Child labour is now included in the Labour Market Bulletin produced by the MLSS. National Steering Committee on Child Labour was formed to oversee implementation of National Programme

424. All persons are obliged to prevent child labour and report it immediately to the relevant authorities (the Police, the Family/Children's Court, the Child Development Agency, the Ministry of Labour and Social Security and/or its Labour Inspectors). The Child Care and Protection Act sets out the following conditions pertaining to child labour:

- (a) It is an offence to employ a child who is under the age of 13 to perform any work;
- (b) Children aged 13-15 years may be employed in certain occupations and under certain conditions prescribed by the Ministry of Labour and Social Security (light work appropriate to the child's age);
- (c) Children 15 years and over must not perform work that is likely to be hazardous, interfere with their education, or be harmful to their health or physical, mental, spiritual or social development. They must not be employed in night work (10:00 pm to 5:00 am) or an industrial undertaking (e.g. mining, working in a cigarette factory, manufacturing, construction or transportation of passengers or goods);
- (d) Children detained in correctional centres, serving community service orders, or pursuing school-related activities are allowed to do work that is not likely to be hazardous, or to interfere with their education, or to be harmful to their health or physical, mental, spiritual or social development;
- (e) It is an offence to employ children in night clubs; and
- (f) It is an offence for a child to be used for an indecent or immoral purpose and to knowingly rent or allow one's premises to be used for these purposes.

425. The national policy is also an outcome of the Child Care and Protection Act and will be incorporated under the proposed Occupational Health and Safety Act. In February 2009 the Government of Jamaica, in collaboration with ILO/IPEC and the European Union, launched a new project to combat child labour in Jamaica. The project, entitled "TACKLE (Tackling Child Labour through Education)," is expected to last for 3 years and cost just over US\$1 million. The areas of focus will be public awareness, capacity building, advocacy, community programmes and the mainstreaming of victims of child labour.

The Possibility Programme

426. The Possibility Programme is a multi-agency project aimed at providing the necessary support for children and youths who are on the street, to better improve their life chances. The Office of the Prime Minister implemented the Programme in 2001. In 2008 the implementation of the Programme was transferred to the Ministry of Sports, Youth and Culture.

427. The Programme is comprised of four (4) components with Intervention Centres to address the challenges of the target group. The components are as follows:

- **The Care Centre** – This serves as an intake, diagnostic and referral location for the Programme. The Centre is intended to be the first point of contact with the target population. The Centre connects them with the relevant agencies that will provide a range of services to address physical, emotional and spiritual well-being. The Centre also offers remedial work in Mathematics, English, Social Studies and Physical Education.
- **The Skills Training and Employment Centre** – The HEART/National Training Agency is a key partner in this component as youths are trained in shoe making and shoe repair services, general leather care, remedial education, life skills and conflict resolution skills as well as customer service and civic responsibilities. Participants engage in apprenticeship training at garages, furniture shops and food processing plants. There are some who have been offered employment by private sector companies.
- **The Re-socialization Camp** – This aspect of the Programme is conducted in partnership with the Jamaica Defence Force (JDF). The Camp provides specific programmes to assist the children and youths in coming to grips with and controlling anti-social behaviours. They are also involved in sporting activities to improve social skills.
- **The Possibility Hostel** – This facility houses children and youths who live in violent communities or face difficult situations. Activities of the Hostel take place in a home-like atmosphere with the residents attending school and participating in skill training activities such as chicken rearing and ornamental fish breeding and the development of vegetable gardens.

8.2. Sexual exploitation/trafficking

Recommendation in paragraph 55 of the Committee's concluding observations

- Undertake study to examine the sexual exploitation of children, gathering accurate data on its prevalence.
- Take appropriate legislative measures to develop a comprehensive and effective policy addressing the sexual exploitation of children, including factors that place such children at risk.
- Policies and programmes for prevention, recovery reintegration of child victims.

428. Over the period under review the Government adopted and implemented a wide range of rights-based initiatives and measures to protect children from sexual exploitation. These include:

- (a) Conducting relevant studies on the sale of children, sexual exploitation and child pornography;
- (b) Providing the necessary legal framework and law reform as well as enforcement mechanisms already discussed in “Review of Legislation under Theme 1, General Measures of Implementation”;
- (c) Public education and awareness sessions to sensitize the wider community and children on the nature and impact of sexual exploitation as well as the measures that can be adopted to mitigate such risks;
- (d) Adopting and implementing measures to protect and assist victims and ensure recovery and reintegration;
- (e) Entering into multilateral, regional and bilateral arrangements for the prevention detection, investigation, prosecution and punishment of those responsible for offences related to sexual exploitation of children.

Legal framework

429. To deal with the issue of human trafficking, the Government enacted the Trafficking in Persons (Prevention, Suppression and Punishment) Act in 2007. The provisions of the Act are in keeping with the international Protocol to Prevent, Suppress, and Punish Trafficking in Persons, Especially Women and Children. It seeks to act as a deterrent to offenders and would-be offenders, punish the trafficking in persons, especially as it relates to the sexual exploitation and prostitution of women and children, and stem the proliferation of “sex tourism”. Additionally, the Ministry of Justice, in collaboration with a multi-sectoral team, has put systems in place to support housing and psycho-social services for children and women who have been victims of trafficking and apply a holistic approach to facilitate their re-integration into the wider society. Special consideration is also being given to victim impact assessments and gender-sensitive screening for women and girls. A hotline has been created to report cases of alleged human trafficking.

430. Prior to the enactment of the Trafficking in Persons Act, persons who were convicted of trafficking offenses received prison sentences in accordance with the trafficking statutes of the Child Protection Act, which states in Section 10 (1) that “no person shall sell or participate in the trafficking of any child” and (2) Any person who commits an offence under sub-section (1) shall be liable on conviction or indictment before a Circuit Court, to a fine or to imprisonment with hard labour for a term not exceeding ten years or to both such fine and imprisonment”.

431. There are also substantial penalties for violation of this provision under the CCPA.

Section 39 (1) states that a person commits an offence if that person:

- (a) Employs a child in a nightclub; or
 - (b) In any manner, uses a child for the purposes of any conduct contrary to decency or morality.
- (2) A owner or operator of a nightclub who permits a child to enter in to, or remain in, the nightclub commits an offence.
- (3) An owner or operator of a nightclub or premises, who commits an offence under sub-section (1) or (2) shall, in addition to any other penalty to which he may be liable under this Act, shall be liable to have his license to operate the nightclub revoked and in the case of such revocation, shall not be eligible to be issued a

license to operate a nightclub until the expiration of three years from the date on which such owner or operator is convicted for the offence.

(4) Any person who knowingly rents, or allows his premises to be used for the purposes of any conduct mentioned in sub-section (1) involving a child, commits an offence.

(5) Any person who commits an offence under this section shall be liable upon summary conviction before a Resident magistrate to a fine not exceeding one million dollars or to imprisonment for a term not exceeding one year.

432. To enforce the law, a Trafficking in Persons (TIP) Unit was also established in the Organised Crime Investigation Division of the Jamaica Constabulary Force. The Unit works in collaboration with the Ministry of Labour and Social Security to screen applications for work permits. It also conducts follow-up investigations to review work permits granted, ensure that there are no breaches, and where there are breaches, to recommend suspension of permits.

433. Since the passage of the Trafficking in Persons Act, four persons have been convicted using both the CCPA and the Trafficking in Persons Act.

434. The National Anti-Trafficking Task Force allows for coordination among various NGOs and Government agencies – internal, international, and multilateral – on trafficking-related issues to provide for ongoing assessment of progress and monitor conditions of child labour in Jamaica. The police anti-trafficking unit works closely with liaison officers at the Department of Public Prosecution (DPP), where specially trained officials provide guidance on which cases should be prosecuted under trafficking laws. Police and judicial officials received anti-trafficking training from IOM and other organizations. No reports of official complicity with human trafficking were received in 2008.

435. The existing law provides for the Government to assist victims with: understanding the laws of Jamaica and their rights; obtaining any relevant documents and information to assist with legal proceedings; replacing travel documents; any necessary language interpretation and translation; meeting expenses related to criminal proceedings against the traffickers; and provision of shelters and assistance to cover expenses. A lack of financial resources seriously constrains the Government's ability to provide these services. With the funding that is available, however, the Government has begun construction of a shelter for women and children trafficking victims scheduled to open by mid-2009. As specialized shelters for trafficking victims remain largely unavailable, law enforcement and social service agencies refer victims to safe houses for abuse victims that are run by NGOs.

436. Law enforcement, immigration, and social services personnel use formal mechanisms to proactively identify victims of trafficking among high-risk populations they are likely to encounter, and to refer these victims to NGOs for short- or long-term care. Pursuant to its anti-trafficking statute, Jamaican authorities encourage victims to assist in the investigation and prosecution of their traffickers. Victims may also independently file civil suits or take other legal action against their traffickers. One victim assisted in the investigation and prosecution of traffickers during the reporting period. Victims are not penalized for immigration violations or other unlawful acts committed as a direct result of being trafficked. The Jamaican Government allows foreign trafficking victims participating in a law enforcement investigation or prosecution to stay in Jamaica until their cases have been completed and their safe return to their home countries is certain.

Public education and awareness

437. The Government made steady progress in its effort to raise the public's awareness of trafficking during the reporting period. It has conducted anti-trafficking education campaigns in schools and rural communities. The efforts are assisted by local NGOs, which used videos and live theatrical performances to highlight the dangers of trafficking, and also included anti-trafficking components in outreach to vulnerable populations, especially in popular tourist destinations. The campaigns also targeted potential trafficking victims, i.e. poor and vulnerable adolescent girls and boys. Although the Child Care and Protection Act has clearly outlawed the employment of children in nightclubs, the Government further tightened issuance of "exotic dancer" permits for Jamaican hotel establishments by significantly increasing the permit fee.

Protection of the social and economic rights of asylum seekers and their families

438. A draft refugee policy is being finalized to ensure that Jamaica meets its obligations under the 1951 United Nations Conventions Relating to the Status of Refugees and its 1967 Protocol. The Policy is the outcome of inter-agency consultations coordinated by an Inter-Ministerial Committee that was established in 2001.

439. Persons applying for refugee status shall be determined in accordance with established procedures. In keeping with the procedures outlined in the Policy, immigration officers interview foreign nationals applying for refugee status in Jamaica on arrival. Thereafter, an Eligibility Committee comprising representatives of the Ministries of National Security, Foreign Affairs and Foreign Trade, and Justice interviews the individuals. Every effort is also made to ensure the family reunification of migrants.

Refugee children

440. Jamaica rarely finds itself with refugee children. However on the occurrence of natural disasters or other emergencies, Jamaica has provided assistance in accordance with the stated protocols.

Children in armed conflicts

441. In Jamaica persons under the age of 18 years are not recruited or allowed to enlist voluntarily into the armed forces. Unfortunately however children may become victims in crossfire or recruited into activities associated with community gang violence.

8.3. Juvenile justice

Recommendation in paragraph 57 of the Committee's concluding observations

- Establish an independent mechanism to monitor the situation of children in conflict with the law including children in juvenile detention centres and monitor preventive, recovery and evaluation policies in this regard.
- Amend legislation to ensure children are not sentenced to life imprisonment.
- Strengthen efforts to educate and sensitize police personnel, judiciary and other staff in the Juvenile Justice System to the provisions of the Convention especially concerning the special of needs of children deprived of their liberty ensure the rights of the child.
- Take further measures to ensure that detainees under the age of 18 are not kept in or even placed in police lock-ups in substandard conditions.
- Improving the living conditions of children on remand and encouraging communication between the police and the children's officers responsible for the placement of detained children.
- Take further measures to provide alternatives to institutionalisation of juvenile offenders. In this regard the Committee wishes to emphasize that article 37(b) of the Convention requires that detention shall be a last resort and for the shortest period of time possible.
- Evaluate and improve the standards of juvenile institutions such as Places of Safety, including their living conditions, reintegration and psychological recovery programmes and the quality of personnel.

442. The Department of Correctional Services has the responsibility for safe custody and the rehabilitation of children who are in conflict with the law and are placed in correctional facilities. These children are usually from low socio-economic backgrounds and perform at the lower end of the literacy continuum. While steps have been taken to improve the safety and well-being of children in the custody of the State it is acknowledged that there are challenges to be addressed including the strengthening of the systems in place for the protection of children. These include the upgrading of facilities and the improvement of the monitoring and review of institutions in which children in the care of the State are placed.

Table 8.2

Admission to Juvenile Institutions by Age, Sex and Offence, 2008

Offences	Under						Total	Total	Grand
	13 years	13 years	14 years	15 years	16 years	17 years	Male	Female	Total
Murder	-	-	-	-	-	-	-	-	-
Wounding	-	1	1	4	7	8	21	-	21
Larceny	-	2	2	3	4	5	16	-	16
Possession of Offensive Weapon	1	1	1	6	-	-	9	-	9
Shop/House Breaking/Larceny	-	2	2	1	9	7	21	-	21

<i>Offences</i>	<i>Under</i>						<i>Total</i>	<i>Total</i>	<i>Grand</i>
	<i>13 years</i>	<i>13 years</i>	<i>14 years</i>	<i>15 years</i>	<i>16 years</i>	<i>17 years</i>	<i>Male</i>	<i>Female</i>	
Breach of Probation Order	-	2	1	1	7	5	16	-	16
Dangerous Drug	-	1	2	2	3	4	12	-	12
Assault	-	-	1	4	4	7	16	-	16
Sexual Offences	-	-	2	2	1	-	5	-	5
Rape	-	-	-	-	-	2	2	-	2
Malicious Destruction of Property	-	-	1	2	2	4	9	-	9
Robbery	-	1	1	2	3	4	11	-	11
Illegal Possession of Firearm	-	-	3	1	4	9	17	-	17
Uncontrollable Behaviour	-	3	4	13	12	7	32	7	39
Variation of Fit Person Order	-	-	2	2	2	1	7	-	7
Care and Protection	-	-	-	3	1	1	5	-	5
Traffic Offences	-	-	-	1	-	2	3	-	3
Receiving Stolen Property	-	-	-	-	1	1	2	-	2
Others	-	-	1	6	3	5	14	1	15
Total	1	13	24	53	63	72	218	8	226

443. Since 2006 admissions to the correctional centers have consistently exceeded 200 children, which has posed a challenge for the DCS to comfortably accommodate these additional child offenders. In addition to the limitations posed by the lack of physical space there has been corresponding challenges related to the increasing numbers of children committing more serious crimes and presenting with behaviour problems, which has resulted in the court placing these children in adult correctional facilities. Of note is the steady increase in the number of female child offenders, who now consistently display more serious behavioural challenges than their male counterparts. The country's juvenile custodial population was 430 at the end of 2008. Of this number 73.7 per cent (317) were boys. A total of 218 males and 8 females were admitted to the island's juvenile institutions, with the others being placed in other facilities such as Places of Safety. The majority of these wards were between the ages of 15 and 17 years. Of the 113 girls admitted in the custodial population, 53 were housed in the adult women's prison due to inadequate facilities for high-risk female juveniles.

444. A total of 3,293 juveniles (64.1 per cent) appeared before the courts in 2008, compared with 3,059 in 2007. Approximately 30.9 per cent was for care and protection/child abandonment. Others committed offences; the largest categories were "minor and other offences" 19.9 per cent and "wounding/assault" 16.7 per cent.

445. Table 8.3 below gives a picture of the steady increases in the number of child offenders in Correctional facilities from 2003 to December 2008. It must be noted that there are 306 spaces in the four Juvenile Correction Centres. Currently 80 children are housed in Adult Correctional Centres.

Table 8.3
Number of Offenders in Juvenile Correctional Centres

2005	2006	2007	2008
288	382	332	339

Source: Department of Correctional Services 2008.

446. In May 2009 there was a tragic fire at the Armadale Correctional Centre for Girls in which seven children lost their lives. This incident sharpened public focus on the conditions under which juveniles are housed in some facilities. It highlighted some serious abuses in the current system and indicated a need to focus on providing more suitable facilities and a more humane programme for child offenders.

447. Following the fire the Centre was ordered closed immediately by the Prime Minister, who personally visited the tragic site and commissioned an Enquiry into:

- (a) The causes and circumstances of the fire;
- (b) The response of the management of the institution to the outbreak of the fire, including established evacuation procedures and the availability and readiness of fire prevention and fire fighting equipment at the institution;
- (c) The behaviour of the juvenile detainees occupying the institution before and at the time of the fire, the response of the emergency services, including the police, fire and medical services and the effect these had on the origin, control and consequences of the fire.

448. This incident has evoked harsh condemnation of the Correctional Services and the overall child protection system by much of the wider society. The hearing of the Commission was covered diligently by the media and closely followed by Jamaicans.

449. The Report and Recommendations from the Commission are being awaited.

450. Further to the closure of Armadale on the instruction of the Prime Minister, the wards were relocated to a new facility, which has since been declared by the Minister of National Security a Juvenile Correctional Centre. This facility has been retrofitted and has a capacity of forty-five (45) wards, accommodating three (3) to a room. Each room is fitted with its own bathroom and wards are comfortably housed.

Task Force on Residential Child Care Institutions

451. The Prime Minister directed that a Task Force on Residential Child Care Institutions be established with the mandate to examine Policy issues such as the financing and general physical infrastructure of Child Care Institutions, the recruitment and screening of staff and provision for the health, education and social welfare of all children, including children with special needs. These issues will be examined in the light of the current situation of children in the custody of the State and recommendations made in previous reports, including the Keating Report.

452. The Task Force was asked to make recommendations on each item and to prepare a Plan of Action with costing and a timeline for implementation. The Plan has been completed and is to be presented to the Honourable Prime Minister shortly for his approval.

There is a high level of commitment to this Plan, which when implemented will significantly improve the situation of children in the custody of the State.

Initiatives to improve the Juvenile Justice System

Staff development

453. Cognizant of the need to better equip members of staff who work with wards, a training programme specially designed for these members of staff was implemented in August of 2009. The course covers areas such as the Child Care and Protection Act, Case Management, Treatment of Children, Interview Techniques and Working with Troubled Children. As at 16 October 2009, forty (40) Correctional Officers who work with the Juveniles have been trained.

454. The medical, psychological and psychiatric aspects of rehabilitation have been improved through the employment of additional persons in the system. The DCS is addressing concerns about the education of wards through the recruitment of teachers and instructors.

Behaviour modification programme

455. “Hush the Guns”, a behaviour modification programme, which includes areas such as staff control, relationships and managing emotions, has been successfully implemented at the Diamond Crest and Rio Cobre Juvenile Correctional Centres.

456. Children in correctional facilities are also benefiting from co-curricular sport activities through their inclusion in a cricket programme sponsored by an international cricket personality.

Upgrading of facilities

457. Every effort is being made to resolve problems of overcrowding and inadequate physical infrastructure where these problems exist. This will allow for improved assessment, classification and separation of children. The Ministry of National Security and the Department of Correctional Services have resumed plans to retrofit and upgrade the Montpelier Correctional Institution and Remand Centre to accommodate 250 children. The Facility would help improve compliance with international standards concerning the deprivation of liberty of children.

National Plan of Action for Child Justice (NPA) 2006-2011⁶⁴

458. The National Plan of Action for Child Justice (NPA) is 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 wide ranging consultation across sectors. The goal of the 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 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 Correctional

⁶⁴ Information received from the Ministry of Justice 2009.

Institutions, and to widen support coverage programmes for conflict resolution in schools, among other things.

459. In keeping with a mandate from Cabinet, on 12 October 2009, it was decided that immediate steps should be taken to implement the National Plan of Action. An offer of financial assistance has been made by UNICEF in the amount of J\$17 million towards the implementation of aspects of the Plan.

The Children's Court

460. The Children's Court created by the CCPA is seen as a progressive step in the area of Specialist Courts and is in keeping with the promotion of the best interests principle. It creates a different judicial space for children who come before the courts whether for care and protection or are in conflict with the law.

461. An important feature of the Children's Court is the ability to expedite matters relating to children while providing emotional and psychological support for children in a confidential setting.

The Family Courts

462. Family courts were established under the Judicature (Family Court) Act of 1975. Their aim is to prevent family breakdown, and where this is not possible, they ensure that the welfare of the children are protected. Family courts are a division of the Resident Magistrate's Court and exist in four (4) parishes with social workers, probation officers, counsellors and court staff housed in the same building to amalgamate services in the best interest of the child. Once the police detain a child, the child is brought to an intake counsellor at the Family Court, who determines whether arrest or counselling is appropriate. If the child is required to go to Court the child is placed in a place of safety or remand centre, not the police lock-up. In the ten parishes without a Family Court, Children's Courts carry out these duties with staff from Criminal Court presiding. The Ministry of Justice's recurrent budget allocated \$113.8m to the Family Courts for 2007/08 and a marginal increase to \$118.6m for 2008/09.

463. In 2008 the island's Family Courts heard 39,252 cases. The majority of the cases, 68.1 per cent, were heard in the Western Regional Family Court, which served the parishes of St James, Hanover and Westmoreland. Most of the Family Court cases heard related to maintenance issues (20,181 cases) accounting for 51.4 per cent of the total cases heard. Adoption-related cases were the least number of cases heard (0.2 per cent), followed by Declaration of Paternity (2.1 per cent). Domestic Violence accounted for 5.9 per cent of all cases heard in the island's Family Courts, which, though a relatively small percentage, still remains an issue of serious concern.⁶⁵

(For additional data related to Theme 8, see annex: 8-A1 to 8-A3)

⁶⁵ Source: Economic and Social Survey – 2008p.

References

1. Broadcasting Commission Children's Code for Programming; August 8, 2002 http://www.broadcastingcommission.org/about_the_commission#continue-from-index.
2. Bailey, B. (2006) *Gender and Education in Jamaica: What About the Boys?*, Education for All in the Caribbean: Assessment 2006 (UNESCO monograph series). Ibid.
3. Child Development Agency. Annual Reports (2005-2006, 2006-2007, 2008-2009).
4. Child Development Agency, 2009-20120 Corporate Strategic Plan.
5. Child Development Agency, National Plan of Action for Orphans and Other Children made Vulnerable by HIV/AIDS in Jamaica (2003-2006), UNICEF, CIDA, Kingston Jamaica.
6. Cooke, Ruel, *National Survey of Street and Working Children*, prepared for the Child Support Unit, Ministry of Health, 2002.
7. Daily Gleaner, Dancehall under attack - Broadcasting Commission sticks to ban on vulgar lyrics; Daraine Luton, Staff Reporter Published: Tuesday February 10, 2009 <http://www.jamaicagleaner.com/gleaner/20090210/lead/lead2.html>.
8. Early Childhood Commission (2007). The Status of the Rights of the Young Child in Jamaica Child, A Report prepared to inform the Active Dissemination Process of General Comment 7, Kingston, Jamaica.
9. Early Childhood Commission (2006) Revised Corporate Plan 2006-2009. Kingston, Jamaica.
10. Fox, K. (2004) *Assessing the Level of Birth and Birth registration in Jamaica*.
11. Fox, K. (2002) Jamaica Youth Activity Survey ILO/UNICEF/STATIN/US Dept of Labour, Kingston, Jamaica.
12. Government of Jamaica, Vision 2030 Jamaica National Development Plan.
13. Government of Jamaica, Child Care and Protection Act (2004) www.cda.gov.jm.
14. Government of Jamaica, Children (Adoption of) Act.
15. Government of Jamaica, Ministry of Labour and Social Security (2006) Early Stimulation Programme. <http://www.mlss.gov.jm>.
16. International Disability Rights Monitor (2004) Regional Report of the Americas, International Disability Network, Chicago.
17. Jamaica Coalition on the Rights of the Child, Annual Reports (2005/06).
18. Ministry of Education, Youth and Culture. (2006) Culture in Education Programme.
19. Ministry of Education, Youth and Culture. (2001) National Policy for HIV/AIDS Management in Schools.
20. Ministry of Education, (2008). National HIV and AIDS Strategic Plan for the Education Sector, 2007-2012.
21. Ministry of Education, Youth and Culture. (2004) Task Force on Educational Reform In Jamaica.
22. Ministry of Education, (2000) White Paper on Education Youth and Culture. Kingston Jamaica.

23. Ministry of Health, (2004, 2006, 2007) Annual Reports. Kingston, Jamaica.
24. Ministry of Health, (2002), Jamaica HIV/AIDS/STI National Strategic Plan. Kingston, Jamaica.
25. Ministry Of Justice – Victim’s Charter (MIS Department July 19, 2006) – available at: http://www.moj.gov.jm/pdf/victims_charter.pdf.
26. Ministry of Labour and Social Security (2006) National Plan of Action on Child Labour, Jamaica. IPEC Jamaica/MLSS.
27. Office of Disaster Preparedness and Emergency Management, (2005, Guidelines for Child-Friendly Disaster Management and Response. ODP/EM/UNICEF.
28. Office of the Children’s Advocate. (2006-2007, 2007-2008, 2008-2009) Annual Reports.
29. Office of the Children’s Advocate. Children in Jamaica: Twenty Years after the . OCA/UNICEF.
30. Parry, O. (2000) Male Underachievement in High School Education in Jamaica, Barbados and St. Vincent and the Grenadines.
31. Planning Institute of Jamaica and Statistical Institute of Jamaica (2006, 2007) Jamaica Survey of Living Conditions. Kingston, Jamaica.
32. Planning Institute of Jamaica, National Report of Jamaica, (2009) Millennium Development Goals Report for the UN ECOSOC Annual Ministerial Review – Geneva.
33. Planning Institute of Jamaica. Economic and Social Survey, Jamaica (2003, 2005, 2006, 2007, 2008) Kingston, Jamaica.
34. Ricketts, H and Anderson, P (2009): *Parenting in Jamaica*. Planning Institute of Jamaica, Kingston.
35. Roberts, G. W. Professor, *Mating and Fertility in Four West Indian Populations* (Mona: Institute for Social and Economic Research (ISER), University of the West Indies, 1975). Quoted in Jamaica Survey of Living Conditions 2007.
36. Stanley L.A., Samuels C.V., (2003) *From Rights to Action*, JCRC/UNICEF, Kingston, Jamaica.
37. UNICEF and PIOJ, (2007) Fiscal Expenditure on Services for Children in Jamaica, 2003/4, 2004/5, 2005/6, 2006.
38. United Nations Committee on the Rights of the Child (General Comments 1-10) United Nations.
39. UNICEF, 2007, Progress for Children: A World Fit for Children – Statistical Review, Number 6, December 2007.
40. UNICEF and PIOJ National Report, Jamaica (2009) Child Poverty and Disparities in Jamaica. WHO/UNICEF.
41. UNICEF Mid-Term Review Report (2007- 2011 Programme of Cooperation) Govt. of Jamaica/UNICEF.
42. UNICEF, OACNUDH. (2006) Compilación de observaciones finales del Comité de los Derechos del Niño sobre países de América Latina y el Caribe (1993-2006) English Speaking Caribbean-Section) Santiago, Chile.
43. UNICEF (2008) A World Fit for Children, New York, USA.

44. UNICEF, CIDA, Rapid Assessment of the situation of Orphans and Other Children Living in Households affected by HIV/AIDS in Jamaica (2002), National AIDS Committee, UNICEF, CIDA, Kingston Jamaica.
 45. World Bank, (2005) Natural Disaster Hotspots: A Global Risk Analysis. Disaster Risk Management Series #5.
-